

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JANUARY 2007-08 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” i.e. where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the last full monitoring report to reflect a number of technical adjustments to budget.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Services portfolio							
Older People	167,460	-68,849	98,611	1,246	-1,439	-193	Demographic and placement pressures
People with a Learning Difficulty	72,939	-20,502	52,437	4,267	514	4,781	Demographic and placement pressures
People with a Physical Disability	26,089	-5,558	20,531	1,454	38	1,492	Demographic and placement pressures
Adults Assessment & Related	29,559	-4,357	25,202	-730	-209	-939	Management action around staffing
Older Persons Direct Service Unit	24,273	-3,712	20,561	275	-15	260	Staffing & utility costs
Adult Service Provider Unit	13,868	-780	13,088	-128	7	-121	Management action
SESEU	1,876	-436	1,440	14	10	24	
Occupational Therapy Bureau	9,055	-2,885	6,170	670	-837	-167	Release of provision for replacement hoists
Mental Health Service	23,323	-7,275	16,048	-216	106	-110	Management action around residential placements and staffing
Supporting People	33,006	-33,006	0	-20	0	-20	
Gypsy Unit	625	-280	345	-9	6	-3	
Asylum All Appeal Rights Exhausted	100	0	100	-20	0	-20	
Strategic & Area Management	649	-3	646	21	3	24	
Performance, Contracting & Planning	7,331	-1,784	5,547	-696	-147	-843	Management action around staffing
Training, Duty & Support	15,248	-4,110	11,138	-1,245	-67	-1,312	Staff savings, training budget and facilities
Total Adult Services controllable	425,401	-153,537	271,864	4,883	-2,030	2,853	
Assumed Management Action				-1,227	289	-938	
Forecast after Mgmt Action				3,656	-1,741	1,915	

1.1.3 Major Reasons for Variance:

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

1.1.3.1 General Comment

KASS continues to face significant budget pressures in common with many other local authorities. These primarily relate to demographic and price pressures within services for People with Learning Disabilities.

Contributions to KASS from the Eastern & Coastal Kent PCT

Over recent weeks, we have reached a successful agreement with the Eastern & Coastal Kent PCT in respect of intermediate care proposals and services for patients leaving hospital and requiring social care. We have secured funding from the PCT, which both recognises the growing pressures that have been seen within our financial forecast on services for older people, but also allows us to start working jointly on a strategy for intermediate care across the East Kent area for 2008-09. The income and any associated costs have now been included within the forecast

1.1.3.2 Older People (-£193k)

The number of permanent residential placements continues to fall, both as result of higher than expected attrition, together with the implementation of management actions. The number of placements remains at a level well below target and this has resulted in a significant underspend of £703k. Although the number of permanent nursing placements has fallen since a high of 1,433 in September, the number remains at a level in excess of target and this has resulted in a forecast overspend of £242k. Despite the on-going demand for beds for transfers from hospitals, as with residential, there has been a higher than expected level of attrition in nursing placements. The Directorate also continues to benefit from the Preserved Rights Specific Grant as attrition remains higher than allowed for in the grant allocation. The current underspend against this line is £556k.

Expenditure on domiciliary care remains the most significant pressure within Older People. The reduced rate of residential placements continues to impact on this line as domiciliary care is often seen as the alternative to seeking a permanent placement. From Section 2 of this report it can be seen that although both the number of clients and the amount of hours provided have dropped slightly in Quarter 3, the actual average hours provided to each client has increased. This reflects the increasing level of support that is required to enable those clients, who would otherwise be in residential care, to remain in their own homes. As a result there is an increasing number of cases where two care workers are required to meet the needs of the client leading to increased costs overall. This, together with on-going demographic pressures, and the transfer of budget to Direct Payments without evidence of a corresponding reduction in activity as clients switch to Direct Payments, have all contributed to the forecast overspend of £1,630k.

The forecasts also include the impact of the Ombudsman decision in relation to our practices on charging for domiciliary care, specifically that we backdate charges to the date that a service starts and not to the date of notification of the charge to the client. This has resulted in a reduction in income of £225k. However there have been increases in income of £525k across a number of other budget lines as a result of increased activity.

Following review it has been identified that both the gross and income forecasts relating to the Partnerships for Older People Projects (POPPS) – Independence through the Voluntary Action of Kent's Elders (INVOKE) project in East Kent were incorrectly included against Assessment & Related. Although there has been no impact on the net position this has resulted in a transfer of forecast of £454k gross and income to Older People. The project will be run by a number of partners including KASS, the Eastern & Coastal Kent PCT, Voluntary Sector Providers and Community Action groups. Its objectives include reducing inappropriate hospital admissions and long term placements, creating community services that focus on prevention of ill health and promotion of wellbeing, and involving the public, patients, and other members of the community in the redesign of services and service delivery.

As indicated above funding has been secured from the Eastern & Coastal Kent PCT to allay some of the pressures within Older People and to date some £550k of additional income has been factored into the forecast.

1.1.3.3 People with Learning Disabilities (+£4,781k)

Services for this client group remain under extreme pressure as a result of both demographic and placement price pressures. As a result there continue to be significant forecast overspends against the main budget lines – residential, direct payments and supported accommodation/independent living, day care and domiciliary. Part of the pressure relates to the impact of young adults transferring from Children’s Services, many of whom have very complex needs and require a much higher level of support. Alongside these so-called “transitional” placements is the increasing number of older learning disabled clients who are currently cared for at home by ageing parents who will begin to require more support. There are also more cases of clients becoming “ordinarily resident” in Kent. This is the term used to describe people deemed to be living in the county and therefore the responsibility of KCC, rather than just receiving care in a residential or nursing placement. A client would become “ordinarily resident” following de-registration of a residential home and conversion to supported accommodation, something which is starting to happen more frequently.

In December the Directorate reached agreement with Health over a number of jointly funded residential placements, the responsibility for whom had been in dispute for several years. These clients were jointly assessed as having social care needs rather than health, with the result that the Directorate has had to write off over £300k of invoices that had been raised. Although these invoices had been 100% provided for in previous years, the action of writing off a debt reduces the income reported for the current year.

1.1.3.4 People with Physical Disabilities (+£1,492k)

There are similar pressures here to those for services for People with Learning Disabilities – an increase in direct payments, without a corresponding reduction in domiciliary and other costs, together with demand and demographic pressures against residential care budgets, day-care and supported accommodation.

1.1.3.5 Assessment & Related (-£939k)

The underspend results from management action around staffing vacancies. There is planned slippage across all areas including the Policy team, Direct Payments Advisory service and Exchequer services (Specialist Finance Teams).

Also within this position is £200k of income from the Eastern & Coastal Kent PCT which in part is being used to offset staffing pressures within the hospital care management team. These relate to posts that could not be held vacant and could therefore not form part of the Directorate’s Management Actions.

1.1.3.6 Older People Direct Services Unit (+£260k)

The overspend is a combination of higher than anticipated utility costs, together the continuing need to cover sickness and other absence with agency staff in order to meet care standards set by the regulator (Commission for Social Care Inspection).

1.1.3.7 Adult Services Provider Unit (-121K)

The underspend relates to vacancy management, some additional rent for group homes and the decision to close some respite units over the Christmas period, which was not previously anticipated.

1.1.3.8 Occupational Therapy Bureau (-£167k)

This underspend has arisen for two reasons. Firstly, although a provision of £100K was set up last year to fund the bulk replacement of hoists on health and safety grounds, the OTB has been able to absorb these costs within existing budgets’. This allows the full amount of the provision to be released as an underspend. Secondly there is also some slippage against planned recruitment.

1.1.3.9 Mental Health (-£110k)

The underspend within Mental Health relates to Management Actions, primarily reductions and delays in planned residential placements which has brought the forecast down by £90K in recent months, together with vacancy management.

1.1.3.10 Other (-£2,150k)

Principally relates to management action around staffing vacancies, but there are some specific savings including:

- -£525k – management action against training.
- -£468k – provision for risks in SRP costs not now required
- -£122k – delay in recruitment of the systems support team.
- -£278k – management action in facilities.
- -£336k – management of vacancies in area business units.
- -£207k – Performance, Planning & Contracting – management of vacancies
- -£89k – management of vacancies in Finance.
- -£20k – Asylum All Appeal Rights Exhausted – underspend
- -£326k – management action – Resources
- -£20k – Supporting People Admin underspend

Alongside these savings are several areas of budget pressure:

- +£15k – pressure on Personnel.
- +£80k – pressure on legal costs of Housing PFI
- +£50k – pressure on legal services SLA
- +£79k – pressure on enhanced pensions

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	Older People Domiciliary expenditure	+1,630	KASS	Eastern & Coastal Kent PCT income	-750
KASS	Learning Disability Residential	+1,059	KASS	Assessment & Related - Management action around staffing	-739
KASS	Learning Disability Supported Accommodation	+1,012	KASS	Older People Residential	-703
KASS	Learning Disability Independent Living Schemes & Group Homes	+1,002	KASS	Older People Preserved Rights	-556
KASS	Learning Disability Direct Payments	+839	KASS	Management Action on Training	-525
KASS	Physical Disability Direct Payments	+769	KASS	Older People income	-525
KASS	Learning Disability Domiciliary expenditure	+348	KASS	Provision for risk within SRP expenditure not now required	-468
KASS	Learning Disability Day Care/Day Opportunities	+346	KASS	Area Contracts & planning Teams - management action around staffing	-336
KASS	Learning Disability Impact of review of joint funded placements with Health	+306	KASS	Management Action - Resources	-326
KASS	Physical Disability Supported Accommodation	+268	KASS	Mental Health Assessment & Related - vacancy management	-292
KASS	Older Persons Direct Services Unit (staffing costs)	+247	KASS	Management Action in Facilities	-278
KASS	Older People Nursing (excl Pres Rights)	+242	KASS	HQ Policy & Performance - management action around staffing	-207

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	Physical Disability Day Care Exp.	+226	KASS	Part year saving on establishment of SRP Systems Support Team	-122
KASS	Part year impact of 'fairer charging' decision by Ombudsman	+225	KASS	Occupational Therapy Bureau - Provision for Replacement Hoists	-100
KASS	Mental Health Residential Care exp.	+151			
		+8,670			-5,927

1.1.4 Actions required to achieve this position:

Management Action plans were finalised in August which, at the time, were anticipated to bring us back to a breakeven position. Whilst there has been some progress in Management Actions within the Area commissioning budgets, doubts remain about achieving the full amount required to bring the Directorate back to a balanced position. It is therefore considered prudent to continue to forecast a year end pressure, after Management Action, of £1,915k.

It should be noted that the management actions that KASS has implemented, were considered to be within existing policy and targeted across all expenditure lines. The main elements were:

- Higher level of scrutiny through panel process on new placements of residential and nursing.
- Review all domiciliary care packages to maximise throughput, reduce long term dependency & increase recovery / rehabilitation.
- Invest to Save Scheme for LD Residential Change to reduce residential placements in favour of supported living arrangements.
- Continue to pursue large health debt cases for specific clients.

- Recruit only to posts in care management where the traffic light system indicated as essential.
- Reduce use of agency staff and other costs across the non-direct service lines.

However as a result of discussion in November with the Leader and Chief Executive a number of those actions which potentially impacted on transfers of care and hospital staffing were relaxed.

We do feel that management actions have been achieved in the following areas:

- Older People Residential & Nursing Care – a net reduction of approximately 130 permanent clients, this has however been offset by some increases in non-permanent and intermediate care placements. This has been partly achieved by the joint working with the NHS in respect of their contribution to hospital transfers and the setting up of intermediate care schemes.
- Less clients are now in receipt of domiciliary care, however those new clients now requiring services, generally have more complex needs and therefore the hours being provided have increased, and hence costs have not reduced significantly.
- In the past 5 months there has been no net increase to the number of learning disabled clients in residential care, and there have been significant increases in clients being placed in supported living arrangements. It should be noted however that those clients who are requiring residential care, have far more complex needs and their costs are significantly more than those who are able to move into community type placements.
- The Mental Health service has achieved some £400K of management action in the past 5 months which has been across a number of services.
- Successful negotiation has been reached with the Eastern & Coastal Kent PCT regarding all aged debts, and this has allowed us to release some £300K of our bad debt provision back to revenue.
- We have achieved approximately £200K of savings in Assessment and Related services in recent months.
- A further £200K of savings has been achieved across the non-direct service lines since August.

1.1.5 Implications for MTFP:

The 2008-11 Medium Term Plan fully reflects the underlying pressure the directorate faces.

1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been re-phased.

1.1.7 Details & impact of proposals for residual variance:

The roll forward of the £1.915m residual variance to 2008-09 will be considered at year end in the light of the overall outturn position for the Authority.

1.2 CAPITAL

1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader or relevant delegated authority.

Cash limits have been adjusted since the last full monitoring report to reflect:

	2007-08	2008-09	2009-10	Future Years
	£000s	£000s	£000s	£000s
▪ Re-phasing per 2008-11 MTP	-5,771	155	2,438	2,053
▪ External funding and revenue funding	10			

- for Gypsy Sites
- Reversal of previous virement to CF&EA portfolio in respect of Improving Information Management grant

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1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position.

	Prev Yrs Exp £000s	2007-08 £000s	2008-09 £000s	2009-10 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Revised Budget per Dec Cabinet	16,764	11,023	5,786	1,794	4,687	40,054
Adjustments:						
- Re-phasing per 2008-11 MTP		-5,771	155	2,438	2,053	-1,125
- Gypsy Sites		10				10
- virement from CF&EA portfolio		40				40
						0
Revised Budget	16,764	5,302	5,941	4,232	6,740	38,979
Variance		-795	795	0	0	0
split:						
- real variance		0				0
- re-phasing		-795	+795			0
Real Variance		0	0	0	0	0
Re-phasing		-795	+795	0	0	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2007-08 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- projects at preliminary planning stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary planning stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Even though table 3 above shows re-phasing of £0.795m into 2008-09, table 4 and section 1.2.4 below, contain no detail of forecast capital variances over £250k, and slippage in excess of £1m in 2007-08 respectively, as the individual projects affected fall below these amounts now that the capital cash limits have been adjusted for the re-phasing reflected in the 2008-11 MTP.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Planning Stage £'000s
	Overspends/Projects ahead of schedule					
	None					
			0	0	0	0
	Underspends/Projects behind schedule					
	None					
			0	0	0	0
			0	0	0	0

1.2.4 Projects re-phasing by over £1m:

None

1.2.5 Projects with real variances, including resourcing implications:

KASS are currently not forecasting any real variances within its capital programme.

1.2.6 General Overview of capital programme

(a) Risks

The majority of the directorate's capital programme comprises 'back-to-back' schemes predicated on generating capital receipts. There is a risk around the valuations of the identified capital receipts.

(b) Details on action being taken to alleviate risks

Schemes reliant on capital receipts are being reviewed regularly with our Corporate Property colleagues.

1.2.7 PFI projects

- PFI Housing

The £72.489m investment in the PFI Housing project represents investment by a third party. No payment is made by KCC for the new/refurbished assets until the asset are ready for use and this is by way of an annual unitary charge to the revenue budget, to be funded from the PFI credits.

	Previous	2007-08	2008-09	2009-10	TOTAL
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	years				
	£000s	£000s	£000s	£000s	£000s
Budget	-	8,892	51,818	11,779	72,489
Forecast	-	8,892	51,818	11,779	72,489
Variance	-	-	-	-	0

(a) **Progress and details of whether costings are still as planned (for the 3rd party)**

Overall costings are still as planned.

(b) **Implications for KCC of details reported in (a) i.e. could an increase in the cost result in a change to the unitary charge?**

The unitary charge is not subject to indexation as the contractor has agreed to a fixed price for the duration of the contract. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

During the contract period if one of the partners proposes a change that either results in increased costs or a change in the balance of risk this must be taken to the Project Board for agreement. Each partner has a vote and any decision resulting in a change to the costs or risks would need unanimous approval.

(c) **Reason for Variance/Rephasing**

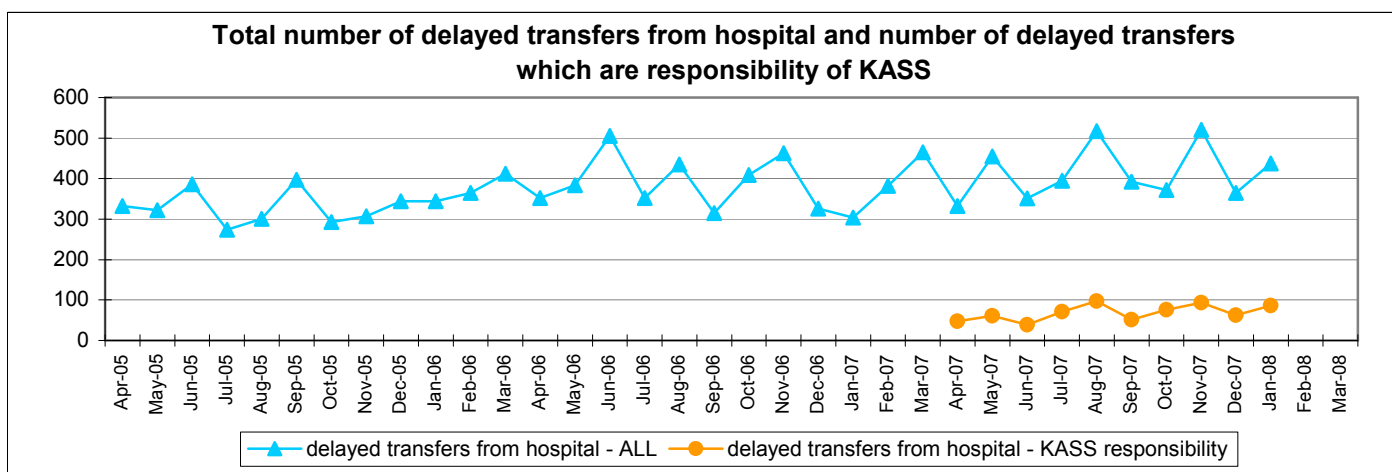
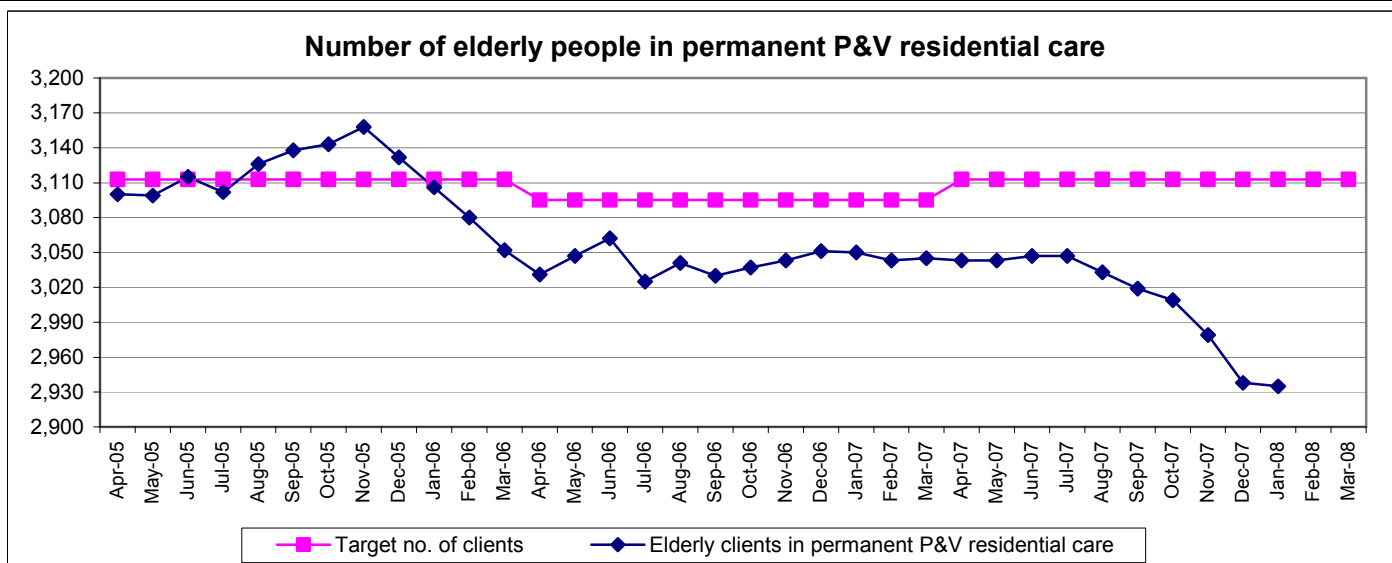
The forecast reflects the anticipated capital expenditure by the contractor in the PFI contract. The contract was signed on 5th October and any figures prior to this were estimated.

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

Owing to delays in implementing SWIFT (client activity system), the activity data for the period August 2006 to March 2007 has been reliant on local records and manual counts.

2.1.1 Numbers of elderly people in permanent P&V residential care, including indicators on delayed transfers:

	2005-06			2006-07			2007-08			
	Target	Elderly clients in permanent P&V residential care	Delayed transfers from hospital	Target	Elderly clients in permanent P&V residential care	Delayed transfers from hospital	Target	Elderly clients in permanent P&V residential care	Delayed transfers from hospital (DTCs)	
									All	KASS
April	3,113	3,100	332	3,095	3,031	352	3,113	3,043	332	47
May	3,113	3,099	322	3,095	3,047	384	3,113	3,043	455	61
June	3,113	3,115	386	3,095	3,062	505	3,113	3,047	351	39
July	3,113	3,102	274	3,095	3,025	352	3,113	3,047	395	71
August	3,113	3,126	301	3,095	3,041	435	3,113	3,033	517	97
September	3,113	3,138	397	3,095	3,030	315	3,113	3,019	392	51
October	3,113	3,143	293	3,095	3,037	409	3,113	3,009	372	76
November	3,113	3,158	307	3,095	3,043	463	3,113	2,979	520	93
December	3,113	3,132	344	3,095	3,051	326	3,113	2,938	365	62
January	3,113	3,106	344	3,095	3,050	304	3,113	2,935	437	86
February	3,113	3,080	365	3,095	3,043	382	3,113			
March	3,113	3,052	412	3,095	3,045	465	3,113			

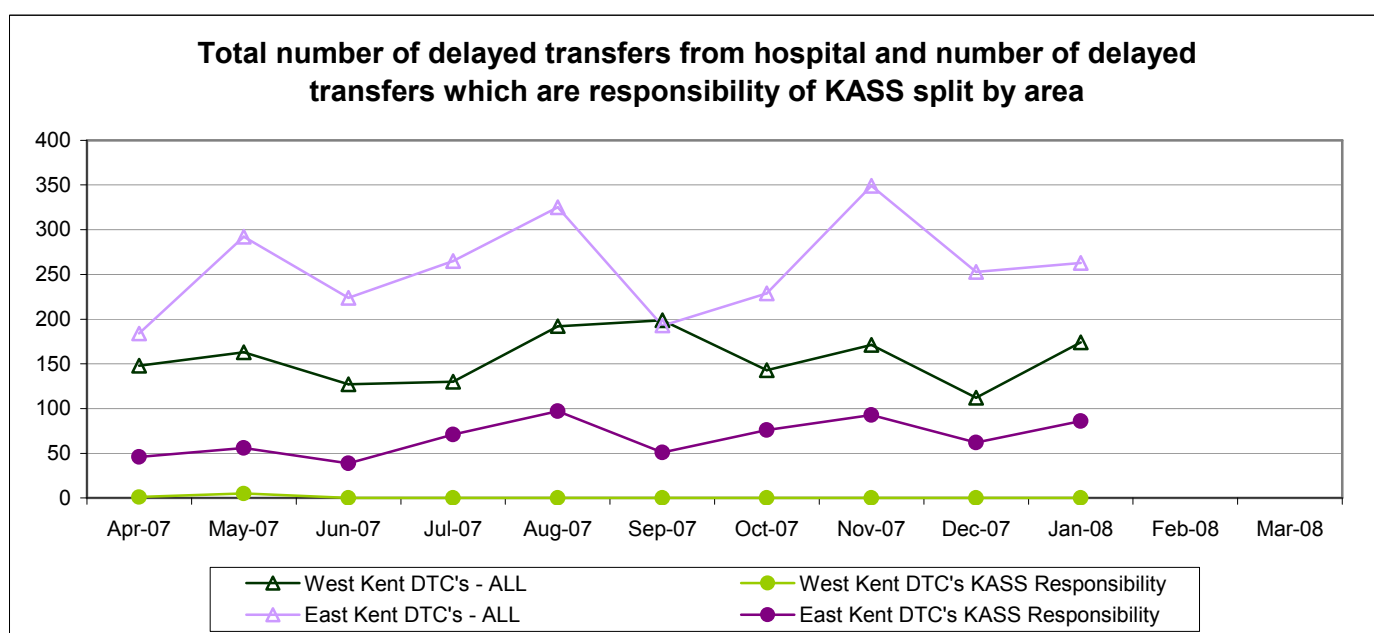


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Typically this may be because they are waiting for an assessment to be completed, they are choosing a residential or nursing home placement, or waiting for a vacancy to become available. This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority and these are also now shown on the graph. There are many reasons for fluctuations in the number of DTCs which result from the interaction of various different factors within a highly complex system over which we have very little influence. It should also be noted that each third month is a five-week month.

2.1.2 Indicators on delayed transfers, split between East and West Kent

2007-08						
	Delayed transfers from hospital (DTCs)					
	West Kent		East Kent		TOTAL	
	ALL	KASS	ALL	KASS	ALL	KASS
April	148	1	184	46	332	47
May	163	5	292	56	455	61
June	127	0	224	39	351	39
July	130	0	265	71	395	71
August	192	0	325	97	517	97
September	199	0	193	51	392	51
October	143	0	229	76	372	76
November	171	0	349	93	520	93
December	112	0	253	62	365	62
January	174	0	263	86	437	86
February						
March						

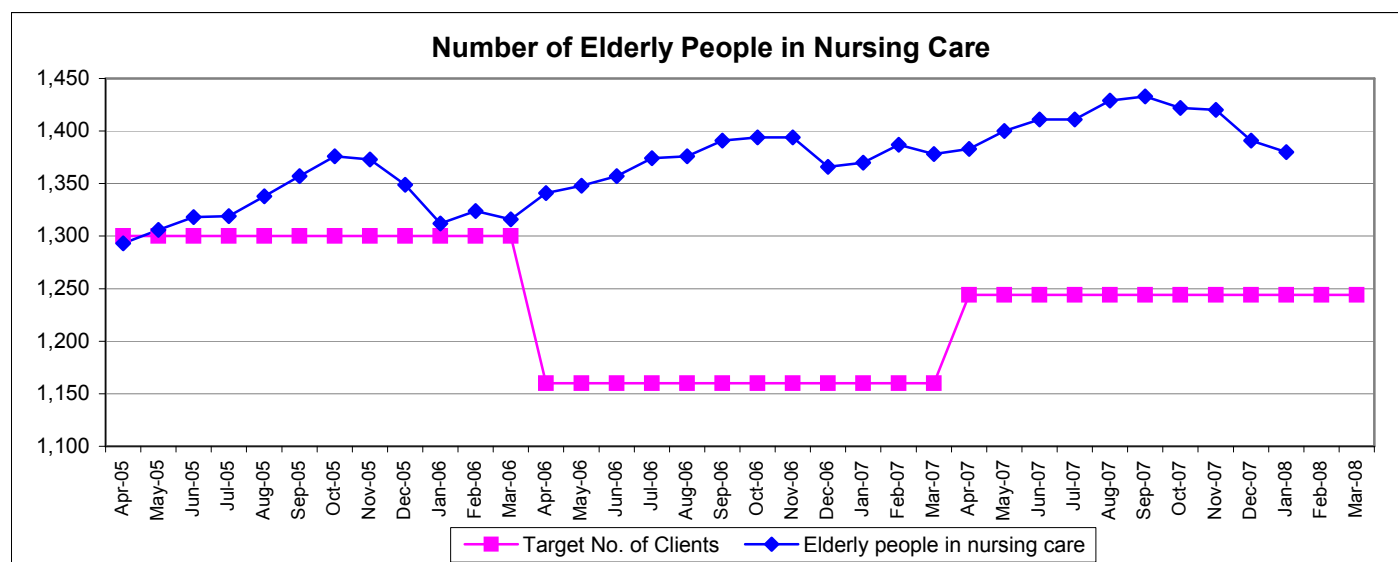


Comments:

- This graph analyses the data by KASS Area in order to reflect the differences in both the finances and performance of the East Kent and West Kent PCTs.

2.2 Numbers of elderly people in nursing care:

	2005-06		2006-07		2007-08	
	Target	Elderly people in nursing care	Target	Elderly people in nursing care	Target	Elderly people in nursing care
April	1,300	1,293	1,160	1,341	1,244	1,383
May	1,300	1,306	1,160	1,348	1,244	1,400
June	1,300	1,318	1,160	1,357	1,244	1,411
July	1,300	1,319	1,160	1,374	1,244	1,411
August	1,300	1,338	1,160	1,376	1,244	1,429
September	1,300	1,357	1,160	1,391	1,244	1,433
October	1,300	1,376	1,160	1,394	1,244	1,422
November	1,300	1,373	1,160	1,394	1,244	1,420
December	1,300	1,349	1,160	1,366	1,244	1,391
January	1,300	1,312	1,160	1,370	1,244	1,380
February	1,300	1,324	1,160	1,387	1,244	
March	1,300	1,316	1,160	1,378	1,244	

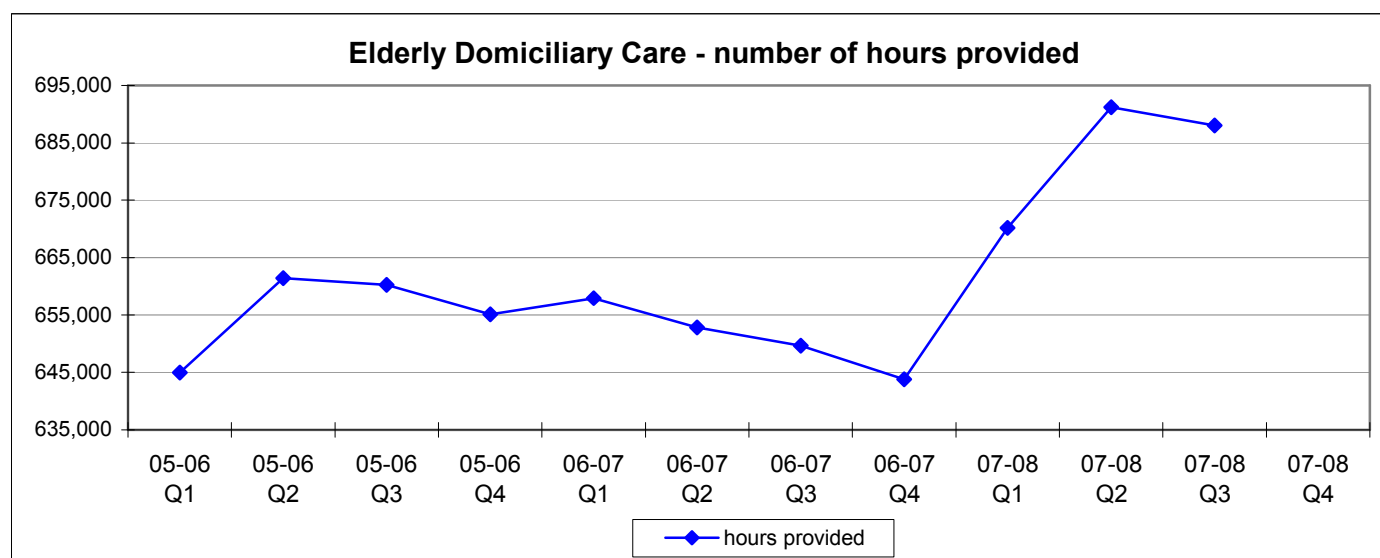
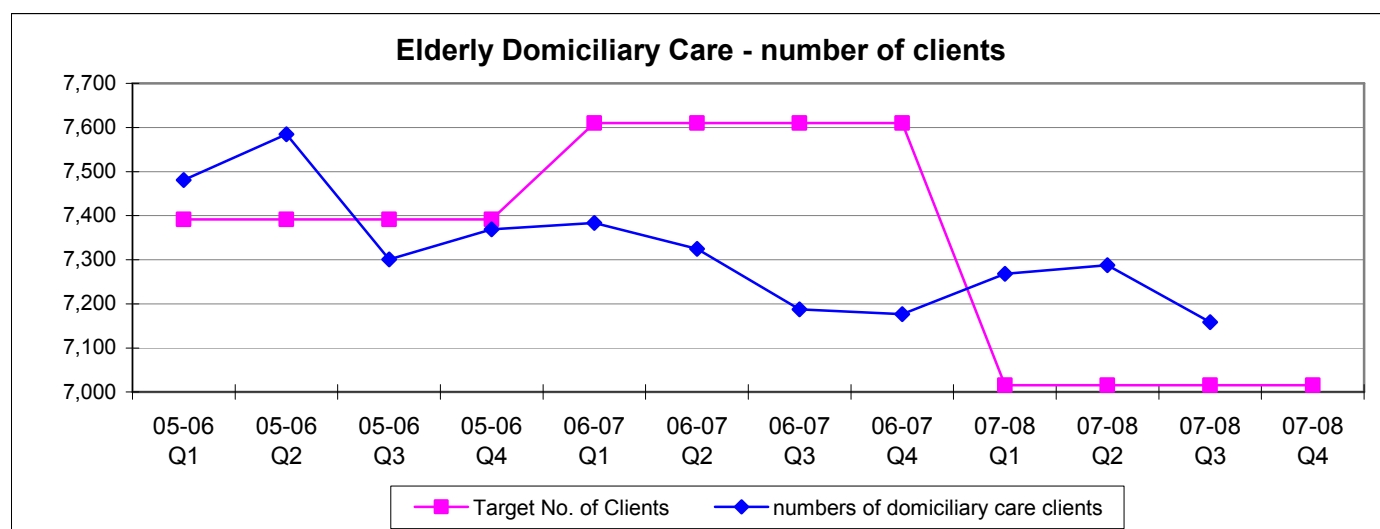


Comment:

- Increases in permanent nursing care may happen for many reasons. The main influences over the last year have been the closure of hospital beds in the East of the County. The knock on effect of minimising delayed transfers of care has resulted in an increase in the number of older people being admitted to nursing care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing more intense nursing care. The recent downturn in placements is the result of higher than expected attrition.

2.3 Elderly domiciliary care – numbers of clients and hours provided:

	2005-06			2006-07			2007-08		
	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided
Apr - Jun	7,391	7,481	644,944	7,610	7,383	657,948	7,015	7,268	670,203
Jul - Sep	7,391	7,585	661,415	7,610	7,325	652,789	7,015	7,288	691,231
Oct - Dec	7,391	7,301	660,282	7,610	7,188	649,624	7,015	7,159	688,032
Jan - Mar	7,391	7,369	655,071	7,610	7,177	643,777	7,015		

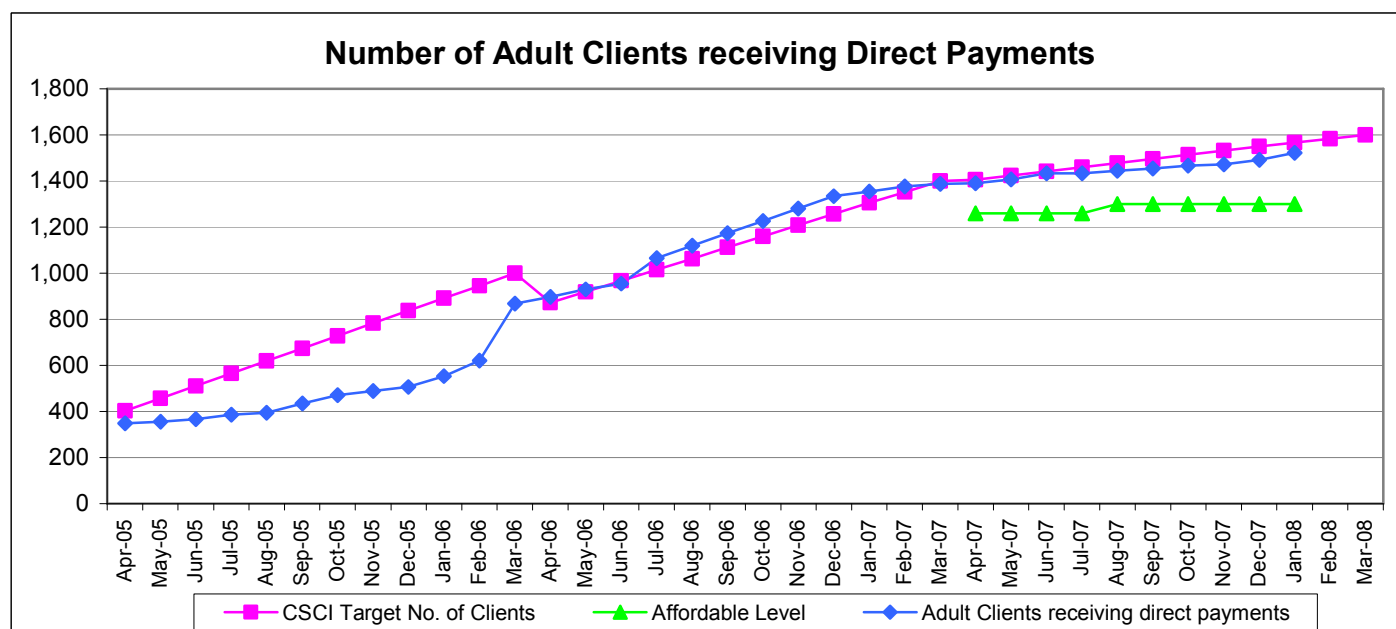


Comment:

- Although the number of people receiving domiciliary care, together with the number of hours provided, has decreased in Quarter 3, the average number of hours provided per client has increased slightly. Indeed the average has been higher than in previous years and reflects the increasing number of clients who require a higher level of support to enable them to remain within their own homes. Often this support could be through two care workers rather than one. As indicated earlier in the report the reduction in residential placements has also had an impact on activity, as this is often the alternative to seeking a permanent placement. Data quality issues in Swift make comparison with last year more difficult which might also explain the significant increase in clients.

2.4 Direct Payments – Number of Adult Social Services Clients receiving Direct Payments:

	2005-06		2006-07		2007-08		
	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments
April	403	349	871	896	1,406	1,259	1,390
May	457	355	919	930	1,424	1,259	1,407
June	511	366	967	954	1,442	1,259	1,434
July	566	386	1,015	1,065	1,460	1,259	1,434
August	620	395	1,063	1,119	1,478	1,299	1,444
September	674	434	1,112	1,173	1,496	1,299	1,454
October	728	470	1,160	1,226	1,514	1,299	1,467
November	783	489	1,208	1,280	1,532	1,299	1,472
December	837	507	1,256	1,334	1,549	1,299	1,491
January	891	553	1,304	1,355	1,566	1,299	1,522
February	945	621	1,352	1,376	1,583		
March	1,000	868	1,400	1,388	1,600		

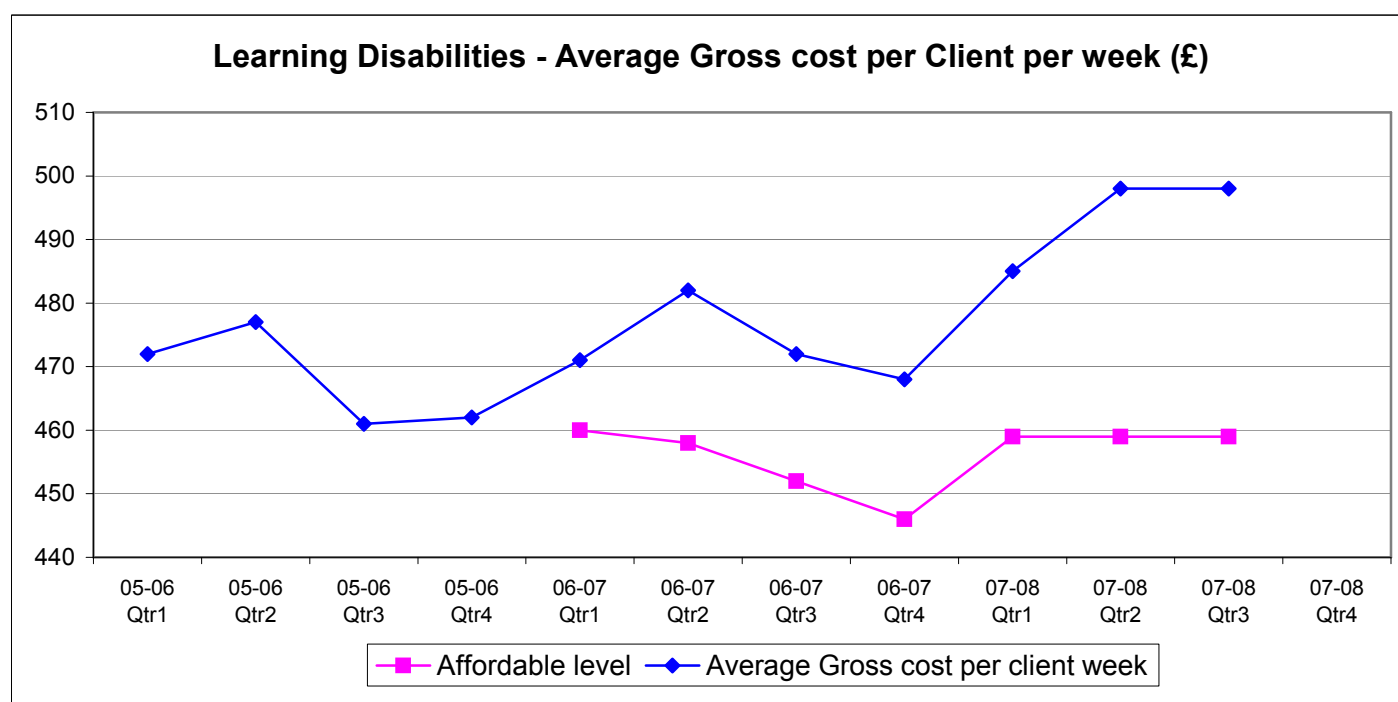


Comments:

- Direct payments are increasing, however a body of evidence is growing which suggests that the introduction of direct payments is identifying some previously unmet demand/need. Work is ongoing to track all new direct payment clients to prove /disprove this belief.
- It should be noted that the affordable level is 1,299, which relates to the budgets that are currently set for direct payments. This level has been increased since July to reflect budgets vired from other service lines, such as domiciliary and day-care, to recognise the move away from traditional services into self directed support.
- The financial forecast and variances being reported cover the ongoing costs of the 1,491 direct payment users we currently have.
- The original target of 1,662 clients was a self-reported target to the Commission for Social Care Inspection (CSCI). Following review the Directorate has now decided to assume a target of 1,600 clients by year-end which would still leave us in the top band.

2.5 Learning Disabilities – Average Gross Cost per Client per Week:

	2005-06	2006-07		2007-08	
	Average Gross cost per client £	Affordable level £	Average Gross cost per client £	Affordable level £	Average Gross cost per client £
April - June	472	460	471	459	485
July - September	477	458	482	459	498
October - December	461	452	472	459	498
January - March	462	446	468		

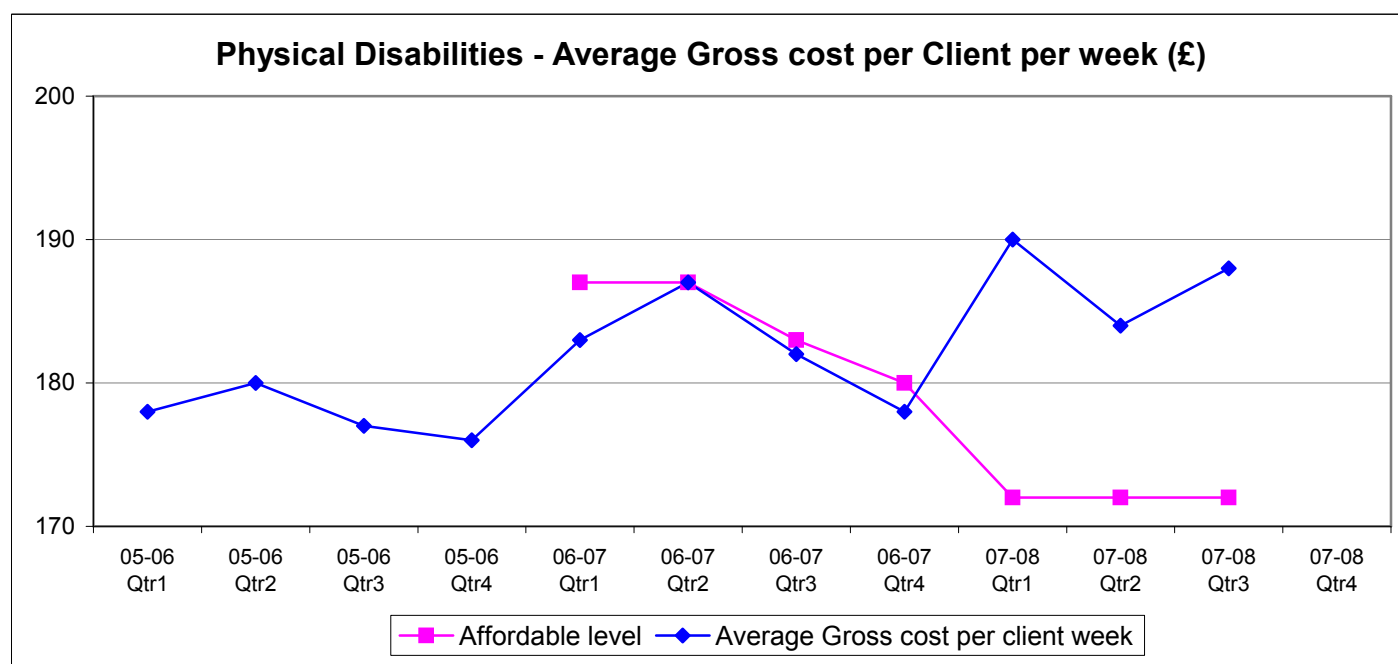


Comments:

- Targets did not exist prior to 2006-07 as this average cost is not a real performance indicator. It is merely intended to demonstrate the general upward trend in the cost of supporting clients with Learning Disabilities.
- This graph reflects the average cost per client week across all Learning Disability services, including those with the lowest levels of need.
- The basis for calculation has changed from last year in order to include both the costs of services provided by the private and voluntary sector and in-house service provision. The previous years' figures have been adjusted accordingly.

2.6 Physical Disabilities – Average Gross Cost per Client per Week:

	2005-06	2006-07		2007-08	
	Average Gross cost per client £	Affordable level £	Average Gross cost per client £	Affordable level £	Average Gross cost per client £
April - June	178	187	183	172	190
July - September	180	187	187	172	184
October - December	177	183	182	172	188
January - March	176	180	178		



Comments:

- Targets did not exist prior to 2006-07 as this average cost is not a real performance indicator. It merely attempts to demonstrate the general upward trend in the cost of supporting clients with Physical Disabilities.
- This graph reflects the average cost per client week across all Physical Disability services, including those with the lowest levels of need.
- The basis for calculation has changed from last year in order to include both the costs of services provided by the private and voluntary sector and in-house service provision. The previous years' figures have been adjusted accordingly.