

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JANUARY 2010-11 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.
- The inclusion of new 100% grants (i.e. grants which fully fund the additional costs) awarded since the budget was set. These are detailed in appendix 2 to the executive summary.

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:							
- Residential Care	89,156	-34,850	54,306	324	412	736	Demographic pressure; staff cover (in-house); falling income unit cost
- Nursing Care	47,906	-23,294	24,612	-817	-866	-1,683	Forecast activity below affordable level.
- Domiciliary Care	48,671	-11,217	37,454	-278	225	-53	Independent sector activity in excess of affordable offsetting significantly reduced in house activity
- Direct Payments	5,062	-532	4,530	495	-54	441	Demographic pressures
- Other Services	24,650	-7,600	17,050	-624	77	-547	Whole System Demonstrator underspend, uncommitted grant funding
Total Older People	215,445	-77,493	137,952	-900	-206	-1,106	
People with a Learning Disability:							
- Residential Care	72,361	-19,794	52,567	1,575	1,487	3,062	Demographic & placement pressures
- Domiciliary Care	7,827	-1,556	6,271	-610	84	-526	Forecast activity & price below affordable level
- Direct Payments	7,865	-143	7,722	460	-126	334	Forecast activity & price above affordable level
- Supported Accommodation	27,170	-16,496	10,674	275	8	283	Additional cost of non section 256 clients
- Other Services	21,268	-897	20,371	-2,430	-13	-2,443	Release of MDs contingency, uncommitted grant funding, various other savings
Total People with a LD	136,491	-38,886	97,605	-730	1,440	710	
People with a Physical Disability							
- Residential Care	12,526	-1,951	10,575	587	262	849	Demographic and placement pressures
- Domiciliary Care	7,661	-449	7,212	336	16	352	Demographic pressures
- Direct Payments	7,132	-249	6,883	969	-90	879	Demographic and placement pressures
- Supported Accommodation	394	-8	386	94	-18	76	
- Other Services	5,594	-685	4,909	-126	-5	-131	Various savings
Total People with a PD	33,307	-3,342	29,965	1,860	165	2,025	

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
All Adults Assessment & Related	38,081	-2,809	35,272	201	-148	53	Temporary staff, additional workloads, and recharge income
Mental Health Service							
- Residential Care	6,416	-882	5,534	915	220	1,135	Forecast activity above affordable, increasing S117 clients
- Domiciliary Care	878	0	878	-85	0	-85	
- Direct Payments	606	0	606	-31	0	-31	
- Supported Accommodation	654	-219	435	180	-10	170	Demographic Pressure
- Assessment & Related	9,911	-786	9,125	-469	4	-465	Vacancy management
- Other Services	7,180	-1,157	6,023	-627	-96	-723	Release of contingency and uncommitted funding
Total Mental Health Service	25,645	-3,044	22,601	-117	118	1	
Gypsy & Traveller Unit	662	-333	329	23	-62	-39	
People with no recourse to Public Funds	100	0	100	0	0	0	
Strategic Management	1,222	0	1,222	-147	0	-147	Vacancies
Strategic Business Support	24,695	-2,054	22,641	-1,526	-137	-1,663	Release of uncommitted funds, Vacancy management, external funded posts, management actions
Support Services purchased from CED	6,787	0	6,787	29	0	29	
Specific Grants	0	-9,910	-9,910	0	362	362	Slipped projects needing to roll forward
Total Adult Services controllable	482,435	-137,871	344,564	-1,307	1,532	225	
Assumed Management Action				0		0	
Forecast after Mgmt Action				-1,307	1,532	225	

1.1.3 Major Reasons for Variance: *[provides an explanation of the 'headings' in table 2]*

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

Winter brings an increased level of pressure to the health and social care community. Seasonal variations in illness have historically resulted in increased emergency admissions and length of stay in hospital during the winter months with pressures peaking between December and March. Although the winter peak in demand is generally no worse than summer, the increased demand occurs alongside peaks in seasonal flu, swine flu and norovirus. This will lead to increased pressure for services from KASS and we expect to see increased levels of activity over the next few months, although to a degree this will be offset by expected increases in attrition.

NHS Support for Social Care 2010/11 – 2012/13

Additional funding streams have been allocated to the NHS for joint working with Local Authorities to promote better services for patients leaving hospital, part of which can be used for increasing capacity of current services such as re-ablement (enablement in Kent) and to invest in a broader range of social care services to benefit health and to improve overall health gain.

The first tranche of funding announced was £70m (nationally) for 'post discharge and re-ablement' services in 2010/11 and is targeted at patients leaving hospital. Of this, £1.8m has been made available for Kent and plans have been developed with the two Kent PCT's to utilise these funds. The second tranche of funding, announced in January, included a figure of £150m in 2011/12 and indicative funding of £300m in 2012/13 to continue to develop these services. The actual amount for Kent has not yet been announced, but on a pro rata basis we could expect £3.8m and £7.7m respectively.

Within the second tranche of funding, an additional £162m was designated as 'Winter Pressures Funding' for 2010/11. This funding will be focussed on a broader range of social care services and is expected to benefit health and to improve overall health gain. Of this funding, £4.1m has been allocated to Kent PCT's for 2010/11. Whilst plans have been agreed jointly, the funds must be transferred to KCC under Section 256 of the 2006 NHS Act. Allocations have been made for future years to continue with these services and this funding is referred to as 'specific PCT allocations for social care' with £648m allocated in 2011/12 and £622m in 2012/13. Kent's share of these funds is £16.2m and £15.7m respectively.

Although much of this allocation has allowed both the PCTs and KASS to commission new projects and services to meet this aim, it has also allowed us to cover some of the additional costs which we would have inevitably had to cover for the anticipated increase due to the winter, and therefore our affordable levels of activity for Older People residential, nursing and domiciliary care have increased to reflect the impact of part of this additional funding.

1.1.3.2 **Older People:**

The overall position for services for Older People is a net underspend of £1,106k.

a. **Residential Care**

This line is reporting a gross pressure of £324k, and an under recovery of income of £412k, leaving a net pressure of £736k. As at December, there were 2,782 permanent clients in independent sector care compared with 2,817 in September, a decrease of 35. The forecast for independent sector residential care is 157,297 weeks against an affordable level of 156,812 which is 485 more than budget. Using the forecast unit cost of £388.80 this increased level of activity generates a pressure of £189k. In addition the forecast unit cost is £1.11 lower than the affordable level, which results in a saving of £174k. Using the forecast unit income of £158.06 this increased level of activity generates additional income of £77k. In addition, the forecast unit income is £6.22 lower than the affordable which results in a pressure of £976k. There is also additional health income secured against this line of £337k, which was not budgeted for. We have now had to allow for a £250k increase to the bad debt provision resulting from the overall increase in debt over the last couple of months.

The overall attrition rate within residential has been low for most of the year however, as expected this has risen recently. The number of clients with dementia continues to cause concern as we have seen a net increase of 58 clients with the number of other residential clients actually reducing by 27 (net). Increased activity within the independent sector also results from not placing clients into permanent care within our own homes whilst the consultation on the modernisation of Older People's care continues; however conversely there will be some reduction in respite care as we seek to maximise the spare capacity in-house for non-permanent placements. It should also be noted that where possible we seek to place people into residential care rather than nursing so there is some off-set of the pressure identified here against that line.

The forecast for Preserved Rights clients is showing minor variances, below £100k on both gross and income.

Internal provision, including integrated care centres, is showing a small forecast pressure of £163k against gross as a result of the continuing need to cover sickness. This pressure has reduced during the year because, as mentioned above, we are not placing anyone permanently in the homes affected by the consultation. There is also a small over-recovery of income of £84k.

This line also includes a £200k under-spend relating to expenditure relating to the modernisation of Older People's care funded through the Social Care Reform Grant which has re-phased to the new financial year. There has also been a corresponding drop in the amount of Specific Grant income forecast for this year as this amount will be rolled forward as a receipt in advance.

b. Nursing Care

This line is reporting a gross saving of £817k, and an over recovery of income of £866k, leaving a net underspend of £1,683k. The number of permanent clients in independent sector placements is 1,372 in December compared to the 1,374 reported in March. The forecast position of 79,696 weeks of care is 1,686 weeks lower than the affordable. The lower than anticipated level of activity results in part from the intention to place people into residential care rather than nursing care. As with residential care the level of attrition remained low over the first six months of the year, although recently this has started to rise as expected. Using the forecast unit cost of £461.75 the reduced level of activity generates a saving of £779k. The unit cost reduced in December because an error in the previously reported figure was discovered, it now stands at £8.26 lower than the affordable which results in a saving of £672k. Using the forecast unit income of £166.03 this reduced level of activity creates a pressure of £280k. In addition the forecast unit income is £7.72 higher than the affordable which results in an over-recovery of £628k

Increased cost and activity for Registered Nursing Care Contribution clients is resulting in a forecast pressure of £466k, however this is completely off-set with additional income from health, meaning a net nil position for this service.

The remaining £168k pressure is due to small pressures, below £100k, against activity and price on Preserved Rights, as well as a £152k increase in the bad debt provision.

c. Domiciliary Care

This line is reporting a gross underspend of £278k, and an under recovery of income of £225k, giving a net underspend of £53k. Domiciliary care continues to be the most difficult to forecast as there is a constant and significant churn in activity; the continuing trend in the number of clients remains volatile and the number receiving a domiciliary care package from the independent sector remains below the average of last year. The number of clients in receipt of a package through the independent sector in December was 6,061 compared with 6,227 clients in March. The forecast position is 2,558,748 hours of care which is 37,372 more than budgeted for. Using the forecast unit cost of £15.393 this increased level of activity generates a pressure of £575k. In addition the forecast unit cost is £0.059 lower than the affordable which results in a saving of £147k. There is also a significant underspend of £577k relating to the in-house domiciliary service as the number of clients remains well below that afforded within the budget. There are also underspends against block contracts, extra care, and enablement, individually below £100k, but together totalling £224k. There is also a £94k increase in the bad debt provision.

Client income is showing a small under-recovery in income of £122k across all domiciliary lines and there is a small under-recovery in other income of £103k.

d. Direct payments

This line is reporting a gross pressure of £495k, and an under recovery of income of £54k. Increasing client numbers mean that the forecast activity is 953 weeks higher than affordable. Using the average weekly cost of £132.58 this additional activity creates a pressure of £126k. The average cost is also £7.04 higher than affordable leading to an additional pressure of £280k. There is also a small pressure on one-off direct payments, e.g. for equipment.

e. Other Services

This line is reporting a gross under-spend of £624k, and an under recovery of income of £77k. £315k of the gross under-spend relates to the Whole System Demonstrator base funding, which was provided because it was expected that the remaining amount of health funding would be insufficient to meet this year's costs. Fortunately the forecast suggests that base budget funding will not now be required in 2010/11, and will instead be funded by the savings found through management actions driving down the cost of equipment & installations. There is also £330k of funding that was identified as uncommitted following a review of all grants in light of potential in-year cuts from Government and this is being used to offset the overall pressure.

1.1.3.3 **People with a Learning Disability:**

The overall position for services for Learning Disabled is a net pressure of £710k. However, as described further on in this section, this position is mitigated by under-spends within Other Services without which the pressure would be over £3m. Services for this client group remain

under extreme pressure, particularly within residential care as a result of both demographic and placement price pressures. This includes 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. There are also increasing numbers of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. Cases of clients becoming/ or who could become "ordinarily resident" in Kent continue to be a problem. A client would become "ordinarily resident" when placed by another local authority in Kent and following de-registration of the home, the individual moves into supported accommodation. We have accepted responsibility for a number of clients, and we are still contesting a number of other applications. The issue of ordinary residence has been discussed nationally through the Association of Directors of Adult Social Services as the current system penalises those authorities, such as Kent, who have historically been a net importer of residential clients, and agreement on a voluntary protocol has now been reached, although this has not yet been "signed up to" by all authorities. Each ADASS region will be monitoring sign up to the protocol. This protocol suggests an 18 month period during which financial responsibility hands over, the intention of which is to give the receiving authority sufficient time to plan for the costs of the transferring placements.

a. Residential Care

This line is reporting a gross pressure of £1,575k with an under recovery of income of £1,487k, giving a net pressure of £3,062k. Details of the individual pressures and savings contributing to this position are provided below.

The number of clients has increased from 632 in March, of which 40 were transferred from health under Section 256, to 708 in December, of which 114 are Section 256. The Section 256 clients are part of the overall transfer of responsibility for most Learning Disability placements from Health. Section 256 clients are 100% funded by Health.

The forecast position for independent sector residential care is 37,645 weeks of care against an affordable level of 36,593 which is 1,052 more than affordable. Using the forecast unit cost of £1,223.31 this increased level of activity generates a pressure of £1,287k. In addition the forecast unit cost is £15.73 higher than the affordable which results in a pressure of £576k. This level of activity, using the forecast unit income of £312.27, generates additional income of £329k. However the forecast unit income is £27.34 lower than the affordable which results in a pressure of £1,000k.

For preserved rights, the forecast position is 30,921 weeks of care against an affordable level of 31,414 which is 493 less than affordable. Using the forecast unit cost of £805.38 this reduced level of activity generates a saving of £397k. In addition the forecast unit cost is £0.10 higher than the affordable which results in a pressure of £3k. Using the forecast unit income of £206.67 this reduced level of activity creates an under recovery of income of £102k. In addition the forecast unit income is £19.94 lower than the affordable which results in a pressure of £626k.

There is a £123k pressure on in-house provision, primarily due to the continuing need to cover sickness and absence with agency staff in order to meet care standards, and additional 1 to 1 support being provided. There are also small variances on in-house income lines.

b. Domiciliary Care

This line is reporting a gross under-spend of £610k, and an under recovery of income of £84k.

The forecast position for independent sector provision is 342,196 hours of care against an affordable level of 351,968 which is 9,772 less than affordable. Using the forecast unit cost of £11.14 this reduced level of activity generates a saving of £109k. In addition the forecast unit cost is £0.85 lower than the affordable which results in a saving of £298k. The unit income is £0.40 higher than budgeted for, which results in an over recovery of income of £140k, which is offset by the reduced activity causing a pressure of £8k.

There is also an under-spend against the Independent living scheme, of £180k, however, this is fully offset by a reduction in corresponding income, which is due to a change in Supporting People related activity. There are also small savings on gross, and small under recovery of income on other domiciliary lines including extra care sheltered housing.

c. Direct payments

This line is reporting a gross pressure of £460k, and an over recovery of income of £126k. Forecast activity is 426 weeks above the budgeted level of 34,219 which when multiplied by the average weekly cost of £241.02 results in a pressure of £103k. In addition, the average cost is £14.63 higher than affordable leading to a pressure of £501k. However, this pressure is offset by the recovery of surplus and unused funds from payments made in 09/10 of £291k although there is a further pressure created by additional one-off direct payments, (e.g. for equipment), of £162k. In addition to this, the unit income is £3.60 more than budgeted for, creating additional income of £123k, and the additional activity adds a small amount to this over recovery.

d. Supported Accommodation

The current position is a gross pressure of £275k and a minor under recovery of income of £8k resulting in a net pressure of £283k. The number of clients having increased to 487 in December from 478 in September; the figure was 309 in March and 408 in June. The increase is almost solely relating to the further transfer of clients from Health under Section 256 arrangements. The gross and income cash limits were realigned to reflect this further transfer of clients and 100% funding from Health in quarter 2, and following further transfers, the cash limit has also been realigned this quarter. The current forecast is 711 weeks more than the affordable level of 24,967 creating a pressure of £716k which entirely relates to non-Section 256 clients. This is based on a forecast unit cost of £1,007.95, although within this are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each client group has a very different unit cost, which when combined give the average forecast unit cost stated above. This combined forecast unit cost is £17.72 less than affordable, which reduces the pressure by £442k. Both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements due to the high cost of these placements.

There are also small variances against group homes and the adult placement scheme.

It should be noted that the Residential Change Strategy is encouraging many small residential providers to move to providing supported accommodation giving people more choice and opportunities to remain within the community rather than live in a residential environment.

e. Other Services

This line is reporting a gross underspend of £2,430k, and an over recovery of income of £13k. The gross underspend includes the release of £830k Contingency held by the Managing Director, as well as £1,005k of uncommitted grant monies used to offset the overall pressure within this client group. There is an underspend of £231k in supported employment, £148k of this is due to some activities being transferred to the private sector and other vacancies being held, with the remaining £83k made up of several other small savings resulting from management actions. This is partially offset by an under-recovery in income of £43k. There is also an under-spend of £202k against day-care and other services. The remaining £162k of the under-spend relates to expenditure funded through the Social Care Reform Grant which has re-phased to the new financial year. There has also been a corresponding drop in the amount of Specific Grant income forecast for this year as this amount will be rolled forward as a receipt in advance.

1.1.3.4 People with a Physical Disability:

Overall the position for this client group is a net pressure of £2,025k. Services for this client group remain under pressure as a result of demographic and placement price pressures, and difficulties in forecasting remain, e.g. the number of road traffic accidents.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £587k and an under recovery of income of £262k. The number of clients in permanent residential care has increased from 222 in September to 229 in December; the number was 218 in June and 222 in March. The forecast assumes 1,071 weeks more than is affordable giving a pressure of £921k. The actual unit cost is £859.39 which is £18.27 lower than the affordable which reduces the pressure by £222k. The additional client weeks add £103k of income to the position however the income per week is less than the level expected which causes a pressure of £339k.

The forecast number of client weeks of service provided to Preserved Rights clients is 110 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £91k and the unit cost is lower than the affordable level which further reduces the position by £80k. The reduced activity and a lower average of income per week means an under-recovery in income of £72k.

Increased cost and activity for Registered Nursing Care Contribution clients is resulting in a minor forecast pressure of £53k, however this is completely off-set with additional income from health, meaning a net nil position for this service.

b. Domiciliary Care

This budget is reporting a gross pressure of £336k, and an under-recovery of income of £16k.

The forecast position for independent sector provision is 579,216 hours of care against an affordable level of 556,354 which is 22,862 more than affordable. Using the forecast unit cost of £12.59 this increased level of activity generates a pressure of £288k. In addition the forecast unit cost is £0.05 higher than the affordable which adds £28k to the pressure. There are minor variances against the other domiciliary budgets.

c. Direct Payments

This line is reporting a gross pressure of £969k, and an over recovery of income of £90k. Client numbers continue to increase meaning that the forecast activity of 42,887 weeks is 3,421 weeks higher than affordable. Using the average weekly cost of £180.45 this additional activity creates a pressure of £617k. The average cost is also £2.54 higher than affordable leading to an additional pressure of £100k. The forecast for respite, one-off payments and direct payments to carers, i.e. the budget not related to the on-going clients, is £220k over budget with a further £32k relating to an increase in the provision for bad debts.

d. Other Services

This line includes Day Services, payments to voluntary organisations, occupational therapy, services for the sensory impaired. There are small variances on several of these lines, which when combined create a saving of £126k.

1.1.3.5 **All Adults Assessment & Related**

This line is reporting a gross pressure of £201k, offset by an over recovery of income of £148k, giving a net position of £53k pressure. £105k of the pressure is due to additional staffing costs related to increased workloads at Kent Contact and Assessment Service, however this is being entirely offset by additional recharge income from CFE for these extra resources. The remaining pressure is as a result of the need to engage Locums, temporary and agency staff, which are typically more expensive than permanent staff, whilst permanent recruitment is delayed, and in order to maintain the skill level within Assessment & Related staffing.

1.1.3.6 **Mental Health**

The overall position for Mental Health is a net pressure of £1k, however there are some significant offsetting variances across the service groups as follows:

a. Residential Care

The forecast for residential care, including preserved rights clients, is a pressure on gross of £915k and an under recovery of income of £220k. The affordable level for non-preserved rights was previously reduced following the decision to realign budgets to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care; however this change has not happened as quickly as anticipated. The intention to keep clients in the community remains, so budgets have been left as they are rather than adjusted back. The result is a forecast which is 1,370 weeks more than is affordable at a cost of £760k. The actual unit cost is £554.79 which is £5.39 higher than the affordable which adds to the pressure an amount of £48k. We are now also forecasting to add £180k into the Section 117 provision as there have been several significant repayments to clients made this year which have wiped out the existing provision of £148k, and the current expectation is that there will be further claims in the next

couple of years. The forecast also assumes a significant under-recovery in income as an increasing proportion of clients fall under Section 117 legislation meaning that they do not contribute towards the cost of their care. This has added £199k to the pressure.

There are small variances against gross and income for both preserved rights and Registered Nursing Care Contribution clients.

b. **Supported Accommodation**

The current position is £180k pressure on gross; the forecast of 2,081 weeks is 568 weeks more than budget which at the average cost of £295.24 per week generates a £168k pressure. There is an additional pressure of £12k as the unit cost is £8.03 higher than budget.

c. **Assessment & Related**

An underspend of £469k on gross expenditure is being forecast which in part results from vacancy management but also from difficulties in recruiting qualified social work staff. Savings also accrue from difficulties experienced in recruiting to senior positions for joint health/social care posts.

d. **Other Services**

This line is showing an under-spend on gross of £627k following the release of £520k of Contingency and other uncommitted funding held by the Managing Director to offset the overall pressure within this client group. The balance of the under-spend on gross is made up of small variances against day-care, payments to voluntary organisations, and community services.

1.1.3.7 **Strategic Management**

This line is reporting a gross saving of £147k, which is due to vacancy management throughout the management structure, the main part of which was achieved through the Director of Operations post being vacant whilst the recruitment process was undertaken.

1.1.3.8 **Strategic Business Support:**

This line is forecasting a significant underspend of £1,526k against gross expenditure with an over recovery in income of £137k. Of the gross underspend, £250k relates to funding that was declared as uncommitted following a review of all grants, in light of potential in-year cuts from Government and this is being used to offset the overall pressure. There have also been significant savings in a number of areas including: £706k of vacancy management through continuing to hold posts vacant and delaying the recruitment process, £163k of printing, stationery, rent and room hire and reduced Girobank charges, and £373k of posts funded externally and not backfilled. The remaining balance is made up of numerous small savings. The over recovery of income is primarily due to £71k of extra income generated for Moving & Handling training, along with numerous other smaller income variances.

1.1.3.9 **Specific Grants:**

This line is now forecasting an under-recovery in income of £362k relating to the roll-forward of income as receipts in advance for expenditure funded through the Social Care Reform Grant which has re-phased to the new year, (£200k within Older Person's Residential Care and £162k within Learning Disability Other Services as reported in sections 1.1.3.2.a and 1.1.3.3.e respectively).

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

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

There are a number of savings referred to in section 1.1.3 above which are below £100k and therefore do not appear in table 2. Therefore overall the net position in table 2 (+£978k) is significantly higher than the overall position presented in table 1 (+£225k)

Pressures (+)			Underspends (-)		
Portfolio		£'000	Portfolio		£'000
KASS	LD Residential Gross Independent Sector Activity higher than affordable	+1,287	KASS	LD Other Gross - uncommitted grant monies	-1,005
KASS	LD Residential Income Independent Sector Unit Income lower than	+1,000	KASS	LD Other Gross - Release of MDs Contingency	-830
KASS	OP Residential Income Independent Sector Unit Income lower than	+976	KASS	OP Nursing Gross Independent Sector Activity less than affordable	-779
KASS	PD Residential Gross Independent Sector Activity higher than affordable	+921	KASS	Strategic Business Support Gross - vacancy management	-706
KASS	MH Residential Gross - P&V activity greater than affordable	+760	KASS	OP Nursing Gross Independent Sector Unit Cost less than affordable	-672
KASS	LD Supported Accommodation Gross - Activity above affordable	+716	KASS	OP Nursing Income Unit income higher than affordable	-628
KASS	LD Residential Pres Rights Income - P&V unit Income less than affordable	+626	KASS	OP Domiciliary Gross In House - Activity below affordable level	-577
KASS	PD Direct Payments Gross Independent Sector Activity higher than affordable	+617	KASS	MH Other Gross - Release of uncommitted funding	-520
KASS	LD Residential Gross Independent Sector Unit Cost higher than affordable	+576	KASS	MH Assessment & related Gross - vacancy management and recruitment difficulties	-469
KASS	OP Domiciliary Gross Independent Sector Activity higher than affordable	+575	KASS	OP Nursing Income increased activity giving rise to increased income from health	-466
KASS	LD Direct Payments Gross Independent Sector Unit Cost higher than affordable	+501	KASS	LD Supported Accommodation Gross - Unit cost below affordable level	-442
KASS	OP Nursing Gross increased cost & activity for RNCC	+466	KASS	LD Residential Pres Rights Gross Independent Sector Activity less than affordable	-397
KASS	PD Residential Income Independent Sector Unit Income lower than affordable	+339	KASS	Strategic Business Support Gross - Posts for which external funding has been secured	-373
KASS	PD Domiciliary Gross Independent Sector Activity higher than affordable	+288	KASS	OP Residential Income - Additional health income	-337
KASS	OP Nursing Income - P&V activity below affordable level	+280	KASS	OP Other Services - uncommitted grant funding	-330
KASS	OP Direct Payments Gross Independent Sector Unit Cost higher than affordable	+280	KASS	LD Residential Income Independent Sector Activity higher than affordable	-329
KASS	OP Residential Gross Increase in Bad Debt Provision	+250	KASS	OP Other Services - Whole System Demonstrator management actions meaning base funding not required for 10/11	-315
KASS	PD Direct Payments Gross additional one offs, respite and payments to carers	+220	KASS	LD Domiciliary Gross Independent Sector Unit Cost less than affordable	-298
KASS	Specific Grant - Social Care Reform Grant re-phasing in OP Residential	+200	KASS	LD Direct Payments Gross - Recovery of unused surplus funds from 09-10 payments	-291
KASS	MH Residential Income - Increased Section 117 clients who do not contribute to costs	+199	KASS	Strategic Business Support Gross - uncommitted grant funding	-250
KASS	OP Residential Gross Independent Sector Activity higher than affordable	+189	KASS	PD Residential Gross Independent Sector Unit Cost less than affordable	-222

Pressures (+)			Underspends (-)		
Portfolio		£'000	Portfolio		£'000
KASS	LD Domiciliary Income In House - Reduction in Supporting People related activity	+180	KASS	LD Other Gross - Savings on Day Care & other services	-202
KASS	MH Residential Gross - S117 provision	+180	KASS	OP Residential Gross - Re-phasing of Social Care Reform Grant funded	-200
KASS	MH Supported Accommodation Gross - Activity in excess of affordable level	+168	KASS	LD Domiciliary Gross In House - Reduction in Supporting People related activity	-180
KASS	OP Residential In House Gross - Staffing issues; maintaining care levels	+163	KASS	OP Residential Gross Independent Sector Unit Cost less than affordable	-174
KASS	LD Direct Payments Gross - additional one off direct payments	+162	KASS	Strategic Business Support Gross - savings found on printing, stationery, room hire & Girobank charges	-163
KASS	Specific Grant - Social Care Reform Grant re-phasing in LD Other Services	+162	KASS	LD Other Gross - Social Care Reform Grant re-phasing	-162
KASS	OP Nursing Gross - Increase to bad debt provision	+152	KASS	LD Other Gross - Transfer of some Supported Employment activities to private sector	-148
KASS	OP Direct Payments Gross Independent Sector Activity higher than affordable	+126	KASS	Strategic Management Gross - Vacancy management	-147
KASS	LD Residential Gross In House - Maintaining care levels and providing additional 1:1 support	+123	KASS	OP Domiciliary Gross Independent Sector Unit Cost less than affordable	-147
KASS	OP Domiciliary Income - under recovery in client income	+122	KASS	LD Domiciliary Income - unit income higher than affordable	-140
KASS	All Adults A&R Gross - additional staffing to cover increased workloads at Kent Contact & Assessment Service	+105	KASS	LD Direct Payments Income Independent Sector Unit income higher than affordable	-123
KASS	LD Direct Payments Gross Independent Sector Activity higher than affordable	+103	KASS	LD Domiciliary Gross Independent Sector Activity less than affordable	-109
KASS	OP Domiciliary Income - under recovery of other income (non-client income)	+103	KASS	All Adults A&R Income - recharge income for additional work undertaken at Kent Contact & Assessment Service	-105
KASS	LD Residential Pres Rights Income Independent Sector Activity lower than affordable	+102	KASS	PD Residential Income Independent Sector Activity higher than affordable	-103
KASS	PD Direct Payments Gross - unit cost higher than affordable	+100			
		+13,317			-12,339

1.1.4 Actions required to achieve this position:

The forecast pressure of £225k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that these savings will be achieved. The reported position also assumes forecasted savings of £203k from the recently announced moratorium.

'Guidelines for Good Management Practice', also referred to below, are in place across the Directorate, and these, together with vacancy management, have significantly reduced the overall pressures. However even though the Directorate has done everything possible to balance we now believe that the remaining pressure of £225k will not be addressed, primarily because of the impact of the increase in debt over the past couple of months which has required us to put more money into the bad debt provision.

1.1.5 Implications for MTFP:

The MTFP assumes a breakeven position for 2010-11.

The significant issues for the KASS portfolio arising from 2010/11 budget monitoring are related to demography and this has been addressed in the 2011-13 MTFP.

It is assumed that the demographic pressures for KASS are likely to be £8.7m per year in the 2011-13 MTFP. This is based on detailed calculations, on trends over the past year of increased clients and complexity. Clearly this will be reviewed on an on-going basis as part of the monitoring process.

1.1.6 Details of re-phasing of revenue projects:

No revenue projects have been identified for re-phasing.

1.1.7 Details of proposals for residual variance: *[eg roll forward proposals; mgmt action outstanding]*

Although the KASS Directorate remains committed to delivering a balanced outturn position by the end of the financial year, as stated above in 1.1.4 we now believe that this is unlikely and we will end the year with a £225k overspend. KASS has 'Guidelines for Good Management Practice' in place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation. The Guidelines include ensuring all high cost placements and support packages are reviewed, plus a continued analysis and scrutiny of all requests for waiving of third party top ups to the cost of placements, and rigorous on-going panel arrangements. Furthermore the successful promotion and increased use of enablement continues to result in fewer people needing long term support. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged.

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.

The capital cash limits have been adjusted to reflect the position in the 2011-14 MTFP as agreed by county council on 17 February 2011, any further adjustments are detailed in section 4.1.

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

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget	4,176	6,749	13,366	5,868	6,045	36,204
Adjustments:						
- December re-phasing		-395	395			0
- Virement to CMY		-28				-28
Revised Budget	4,176	6,326	13,761	5,868	6,045	36,176
Variance		-678	692	0	0	14
split:						
- real variance		+14				+14
- re-phasing		-692	+692			0

Real Variance	0	+14	0	0	0	+14
Re-phasing	0	-692	+692	0	0	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 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 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 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.

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 Stage £'000s
Overspends/Projects ahead of schedule						
			+0	+0	+0	+0
Underspends/Projects behind schedule						
KASS	LD Good Day Programme	phasing			-327	
			0	-0	-327	-0
			-0	-0	-327	-0

1.2.4 Projects re-phasing by over £1m:

None

1.2.5 Projects with real variances, including resourcing implications:

The real variance of £0.014m is to be covered by developer contributions.

1.2.6 General Overview of capital programme:**(a) Risks**

There are no current risks

(b) Details of action being taken to alleviate risks**1.2.7 PFI projects**

The £44.3m investment in the PFI Excellent Homes for All project also represents investment by a third party. No payment is made by KCC for the assets until they were ready for use and this is by way of an annual unitary charge to the revenue budget

	Previous years	2010-11	2011-12	2012-13	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget		22,300	22,000		44,300
Forecast		22,300	22,000		44,300
Variance					

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

Overall costings still as planned.

(b) Implications for KCC of details reported in (a) ie 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.

1.2.8 Project Re-Phasing

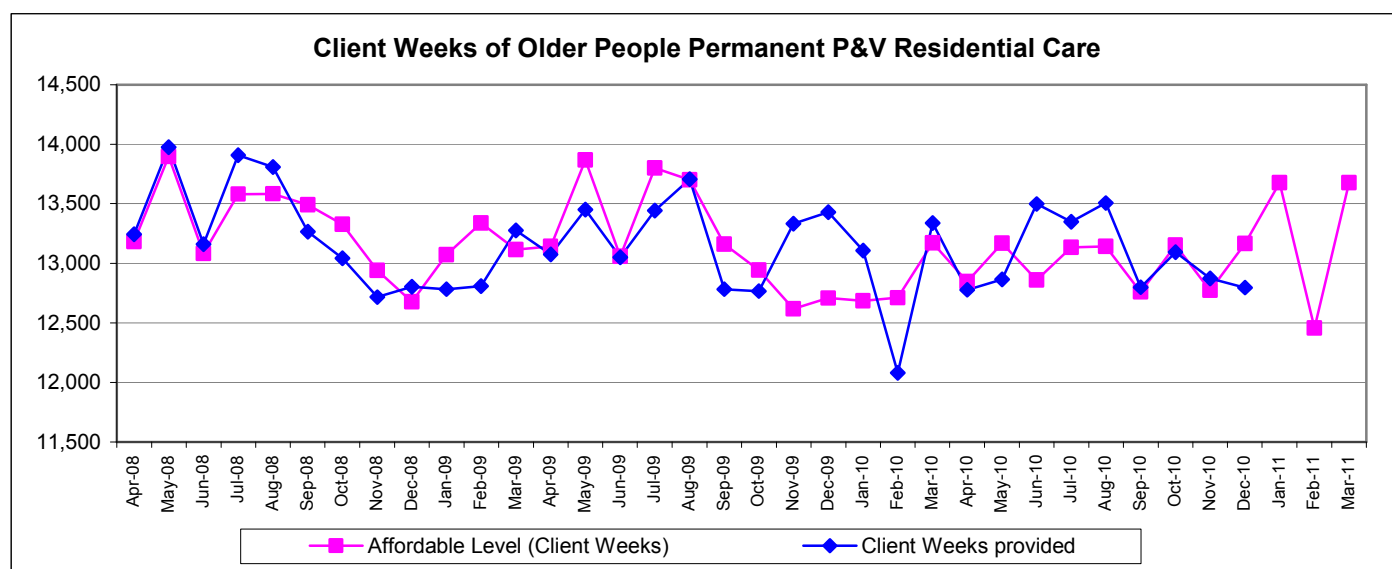
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

	2010-11	2011-12	2012-13	Future Years	Total
	£'000	£'000	£'000	£'000	£'000
Broadmeadow Extension					
Amended total cash limits	+1,718	+38	0	0	+1,756
re-phasing	-111	+111		-20	-20
Revised project phasing	+1,607	+149	0	-20	+1,736
LD Good Day Programme					
Amended total cash limits	+452	+3,325	+1,600	+1,521	+6,898
re-phasing	-327	+327			0
Revised project phasing	+125	+3,652	+1,600	+1,521	+6,898
Total re-phasing >£100k	-438	+438	0	-20	-20
Other re-phased Projects below £100k					
	-254	+254			
TOTAL RE-PHASING	-692	+692	0	-20	-20

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1.1 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided
April	13,181	13,244	13,142	13,076	12,848	12,778
May	13,897	13,974	13,867	13,451	13,168	12,867
June	13,084	13,160	13,059	13,050	12,860	13,497
July	13,581	13,909	13,802	13,443	13,135	13,349
August	13,585	13,809	13,703	13,707	13,141	13,505
September	13,491	13,264	13,162	12,784	12,758	12,799
October	13,326	13,043	12,943	12,768	13,154	13,094
November	12,941	12,716	12,618	13,333	12,771	12,873
December	12,676	12,805	12,707	13,429	13,167	12,796
January	13,073	12,784	12,685	13,107	13,677	
February	13,338	12,810	12,712	12,082	12,455	
March	13,114	13,275	13,172	13,338	13,678	
TOTAL	159,287	158,793	157,572	157,568	156,812	117,558

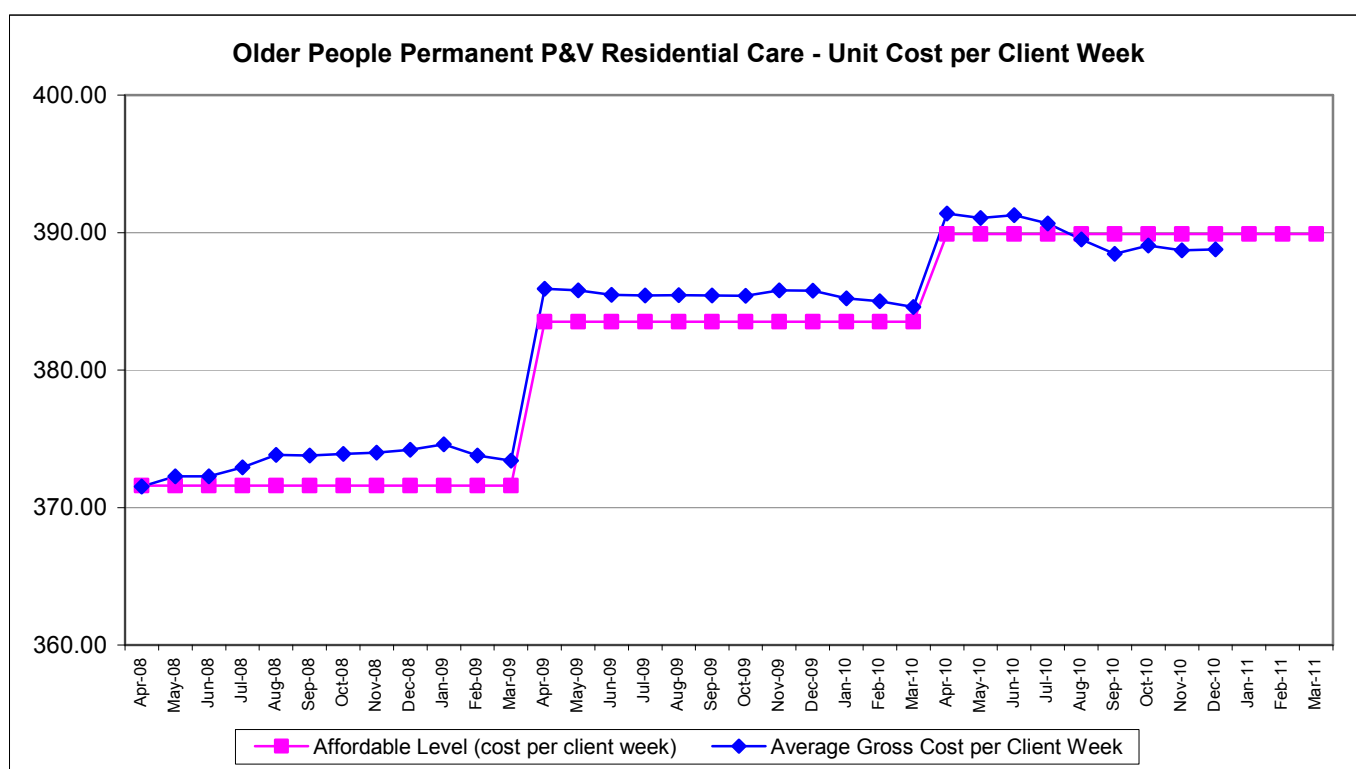


Comments:

- The affordable level for the period January to March has been adjusted since the last quarter to reflect the additional winter pressures and re-ablement funding from health referred to in section 1.1.3.1.
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2008-09 was 2,832, at the end of 2009-10 it was 2,751 and at the end of December 2010 it was 2,782. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia has increased from 1,195 in March to 1,253 in December, and the other residential clients have decreased from 1,556 in March to 1,529 in December.
- The current forecast is 157,297 weeks of care against an affordable level of 156,812, a difference of +485 weeks. Using the forecast unit cost of £388.80 this increase in activity increases the forecast by £189k, as highlighted in section 1.1.3.2.a.
- To the end of December 117,558 weeks of care have been delivered against an affordable level of 117,002; a difference of +556 weeks.

2.1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	371.60	371.54	383.52	385.90	389.91	391.40
May	371.60	372.28	383.52	385.78	389.91	391.07
June	371.60	372.27	383.52	385.47	389.91	391.29
July	371.60	372.94	383.52	385.43	389.91	390.68
August	371.60	373.84	383.52	385.44	389.91	389.51
September	371.60	373.78	383.52	385.42	389.91	388.46
October	371.60	373.91	383.52	385.39	389.91	389.06
November	371.60	374.01	383.52	385.79	389.91	388.72
December	371.60	374.22	383.52	385.76	389.91	388.80
January	371.60	374.61	383.52	385.20	389.91	
February	371.60	373.78	383.52	385.01	389.91	
March	371.60	373.42	383.52	384.59	389.91	

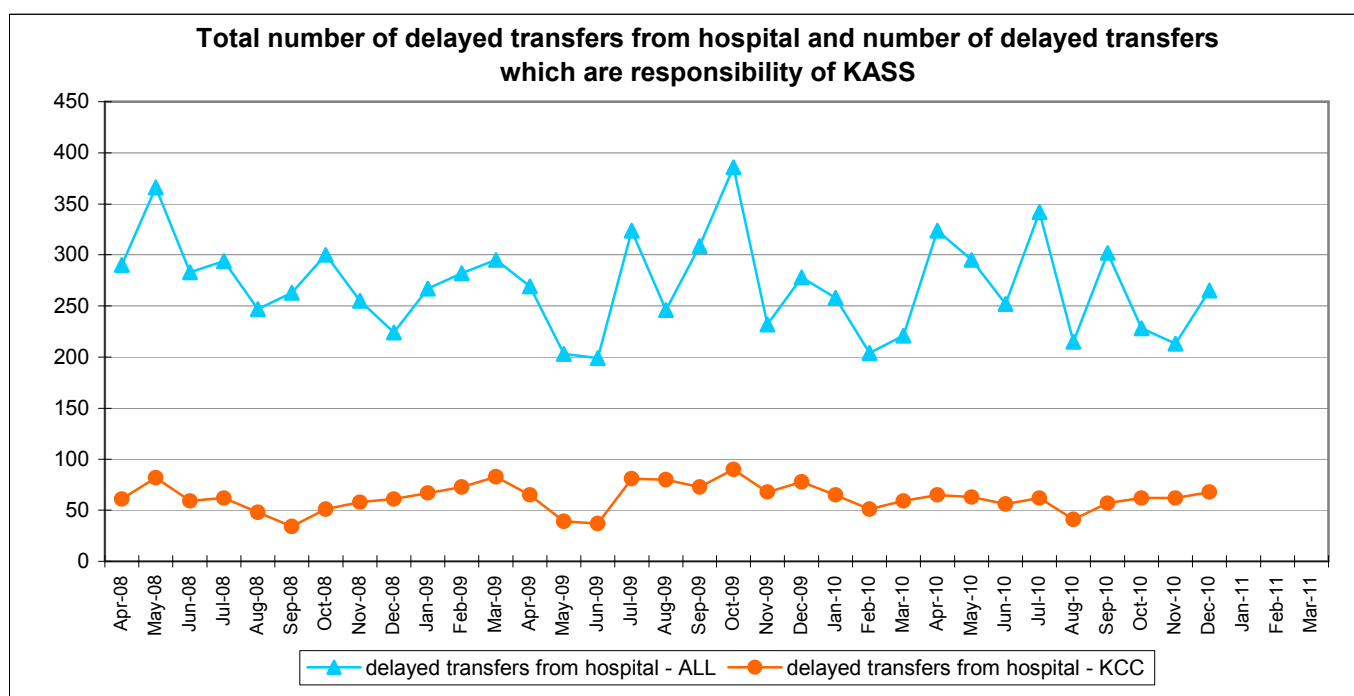


Comments:

- The forecast unit cost of £388.80 is lower than the affordable cost of £389.91 and this difference of £1.11 creates a saving of £174k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a

2.1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2008-09		2009-010		2010-11	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	290	61	269	65	324	65
May	366	82	203	39	295	63
June	283	59	199	37	252	56
July	294	62	324	81	342	62
August	247	48	246	80	215	41
September	263	34	309	73	302	57
October	300	51	386	90	228	62
November	255	58	232	68	213	62
December	224	61	278	78	265	68
January	267	67	258	65		
February	282	73	204	51		
March	295	83	221	59		

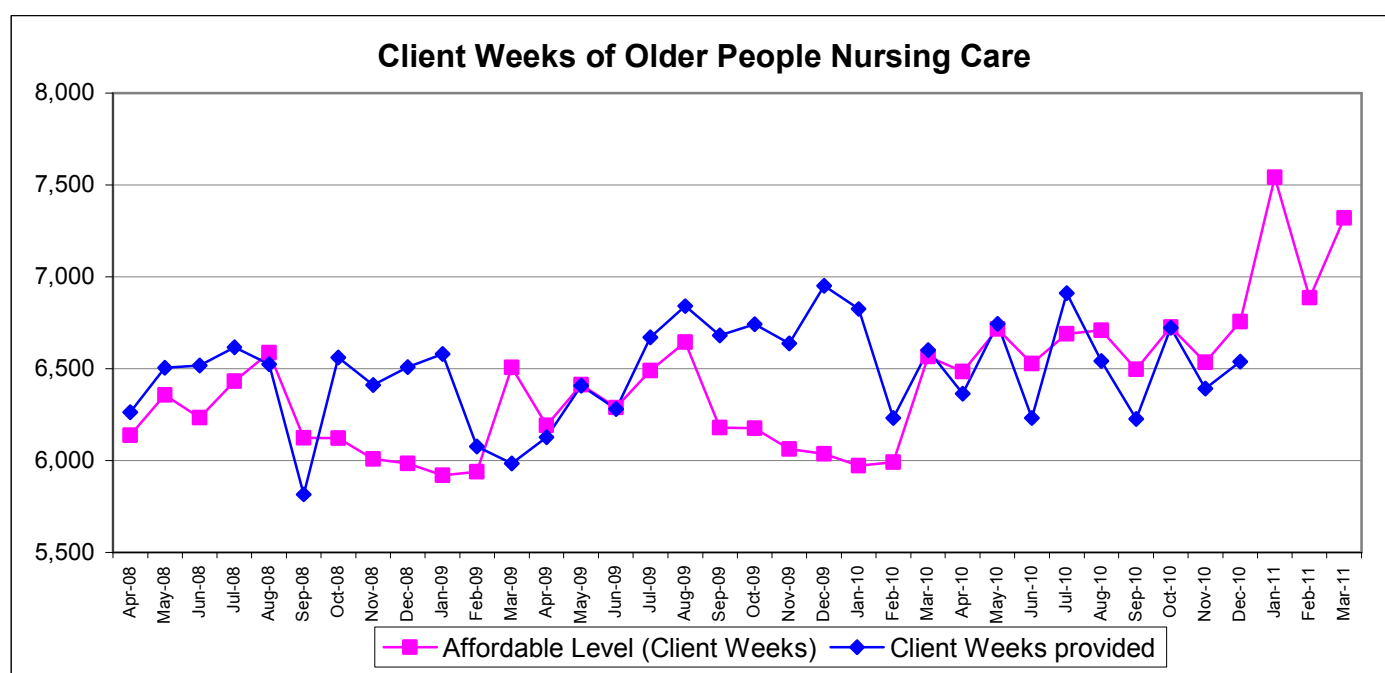


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Generally, the main reasons for delay are 'Patient Choice' (just over 25%), with the reasons 'Awaiting non-acute NHS care' and 'Awaiting assessment' being the next highest (approx. 19% each). This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority. 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 across both Health and Social Care.
- This activity information is obtained from the KASS hospital teams who monitor delayed discharges on a weekly basis and validate the figures with the Hospital Trust.

2.2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided
April	6,137	6,263	6,191	6,127	6,485	6,365
May	6,357	6,505	6,413	6,408	6,715	6,743
June	6,233	6,518	6,288	6,279	6,527	6,231
July	6,432	6,616	6,489	6,671	6,689	6,911
August	6,586	6,525	6,644	6,841	6,708	6,541
September	6,124	5,816	6,178	6,680	6,497	6,225
October	6,121	6,561	6,175	6,741	6,726	6,722
November	6,009	6,412	6,062	6,637	6,535	6,393
December	5,984	6,509	6,037	6,952	6,755	6,539
January	5,921	6,580	5,973	6,824	7,541	
February	5,940	6,077	5,992	6,231	6,885	
March	6,507	5,985	6,566	6,601	7,319	
TOTAL	74,351	76,367	75,008	78,992	81,382	58,670



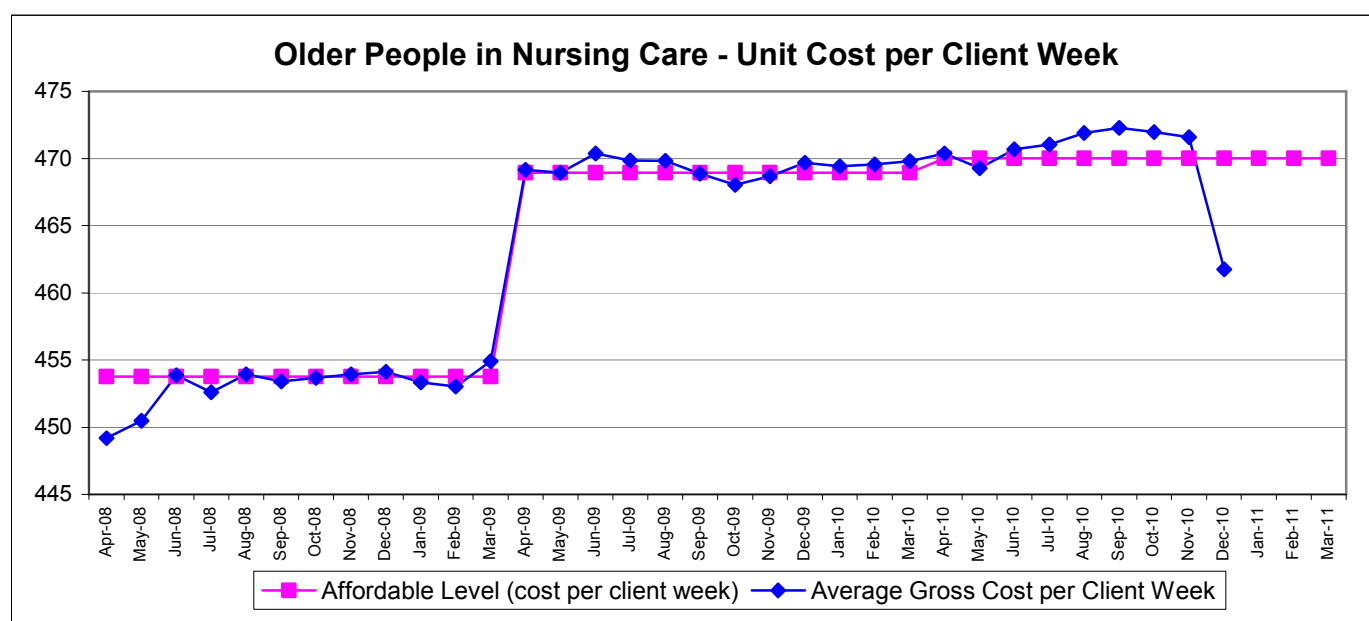
Comment:

- The affordable level for the period January to March has been adjusted since the last quarter to reflect the additional winter pressures and re-ablement funding from health referred to in section 1.1.3.1.
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2008-09 was 1,332, at the end of 2009-10 it was 1,374 and at the end of December 2010 was 1,372. In nursing care, there is not the same distinction between clients with dementia, as with residential care.
- The current forecast is 79,696 weeks of care against an affordable level of 81,382 a difference of -1,686 weeks. Using the forecast unit cost of £461.75, this reduction in activity reduces the forecast by £779k, as highlighted in section 1.1.3.2.b.
- To the end of December 58,670 weeks of care have been delivered against an affordable level of 59,637, a difference of -967 weeks.
- There are always pressures in permanent nursing care which may occur for many reasons. Increasingly, older people are entering nursing care only when other ways of support have been explored. This means that the most dependent are those that enter nursing care and consequently

are more likely to have dementia. In addition, there will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of 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 nursing care.

2.2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	453.77	449.18	468.95	469.15	470.01	470.36
May	453.77	450.49	468.95	468.95	470.01	469.27
June	453.77	453.86	468.95	470.37	470.01	470.67
July	453.77	452.61	468.95	469.84	470.01	471.03
August	453.77	453.93	468.95	469.82	470.01	471.90
September	453.77	453.42	468.95	468.88	470.01	472.28
October	453.77	453.68	468.95	468.04	470.01	471.97
November	453.77	453.92	468.95	468.69	470.01	471.58
December	453.77	454.13	468.95	469.67	470.01	461.75
January	453.77	453.33	468.95	469.42	470.01	
February	453.77	453.02	468.95	469.55	470.01	
March	453.77	454.90	468.95	469.80	470.01	



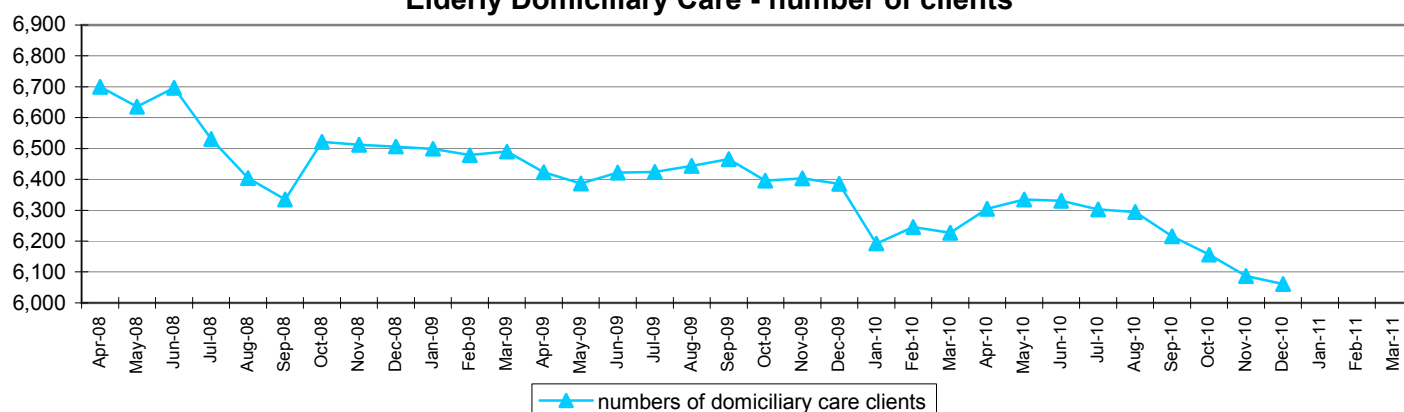
Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care.
- The forecast unit cost of £461.75 is lower than the affordable cost of £470.01 and this difference of £8.26 reduces the position by £672k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.b
- The unit cost has reduced significantly in December due to an error identified in the previously reported figure.

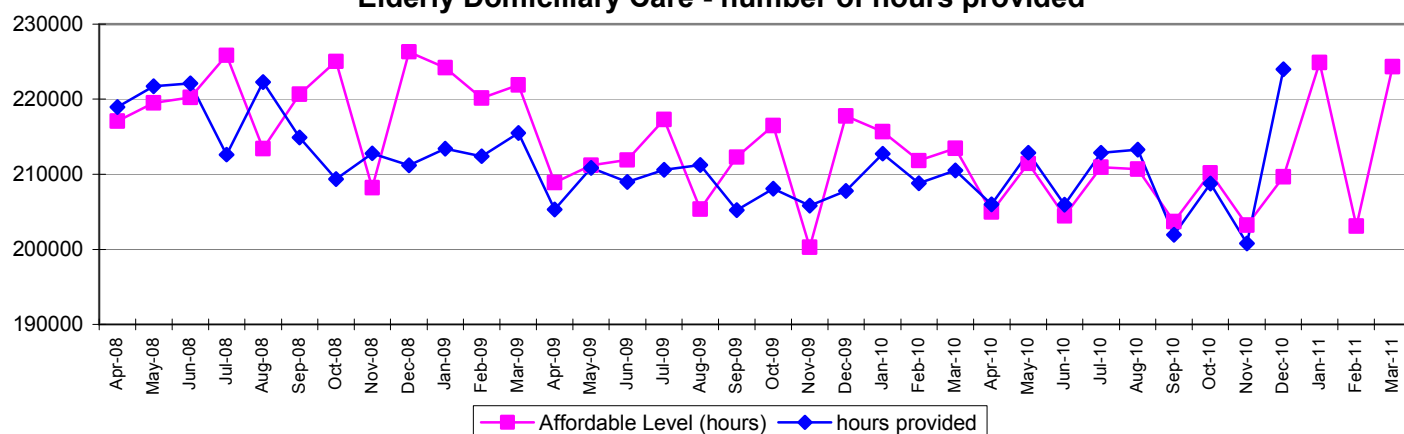
2.3.1 Elderly domiciliary care – numbers of clients and hours provided:

	2008-09			2009-10			2010-11		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
April	217,090	218,929	6,700	208,869	205,312	6,423	204,948	205,989	6,305
May	219,480	221,725	6,635	211,169	210,844	6,386	211,437	212,877	6,335
June	220,237	222,088	6,696	211,897	208,945	6,422	204,452	205,937	6,331
July	225,841	212,610	6,531	217,289	210,591	6,424	210,924	212,866	6,303
August	213,436	222,273	6,404	205,354	211,214	6,443	210,668	213,294	6,294
September	220,644	214,904	6,335	212,289	205,238	6,465	203,708	201,951	6,216
October	225,012	209,336	6,522	216,491	208,051	6,396	210,155	208,735	6,156
November	208,175	212,778	6,512	200,292	205,806	6,403	203,212	200,789	6,087
December	226,319	211,189	6,506	217,749	207,771	6,385	209,643	223,961	6,061
January	224,175	213,424	6,499	215,686	212,754	6,192	224,841		
February	220,135	212,395	6,478	211,799	208,805	6,246	203,103		
March	221,875	215,488	6,490	213,474	210,507	6,227	224,285		
TOTAL	2,642,419	2,587,139		2,542,358	2,505,838		2,521,376	1,886,399	

Elderly Domiciliary Care - number of clients



Elderly Domiciliary Care - number of hours provided



Comment:

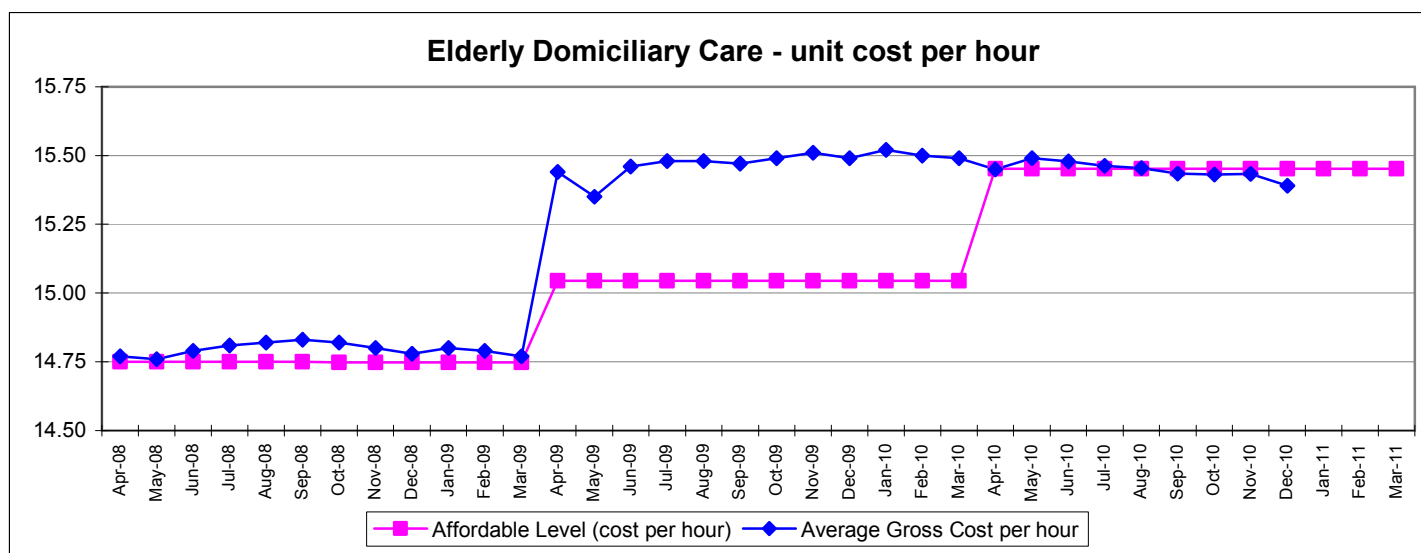
- The affordable level for the period January to March has been adjusted since the last quarter to reflect the additional winter pressures and re-ablement funding from health referred to in section 1.1.3.1.
- Actual hours of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- Figures exclude services commissioned from the Kent Enablement At Home service.
- The current forecast is 2,587,139 hours of care against an affordable level of 2,521,376, a difference of +65,763 hours. Using the forecast unit cost of £15.393 this additional activity increases the forecast

by £575k, as highlighted in section 1.1.3.2.c. We are expecting an increase in permanent clients in the final quarter of the year, which explains why the year to date (YTD) appears low when compared to this forecast.

- To the end of December 1,886,399 hours of care have been delivered against an affordable level of 1,869,147, a difference of +17,252 hours. The higher figures in July and August follow a trend in previous years where the figures for the summer months appear to peak and then drop again.
- While the number of clients receiving domiciliary care has been decreasing over the past two years, this trend appears to have slowed, and flattened out as the number of clients forecast is now 6,194 133 more than the current figure of 6,061. In addition, the intensity of care appears to have increased such that clients are receiving more hours per week on average than in previous years as a result of the implementation of Self Directed Support (SDS) within the Directorate.

2.3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour
April	14.75	14.77	15.045	15.44	15.45	15.45
May	14.75	14.76	15.045	15.35	15.45	15.49
June	14.75	14.79	15.045	15.46	15.45	15.48
July	14.75	14.81	15.045	15.48	15.45	15.46
August	14.75	14.82	15.045	15.48	15.45	15.45
September	14.75	14.83	15.045	15.47	15.45	15.44
October	14.75	14.82	15.045	15.49	15.45	15.43
November	14.75	14.80	15.045	15.51	15.45	15.43
December	14.75	14.78	15.045	15.49	15.45	15.39
January	14.75	14.80	15.045	15.52	15.45	
February	14.75	14.79	15.045	15.50	15.45	
March	14.75	14.77	15.045	15.49	15.45	

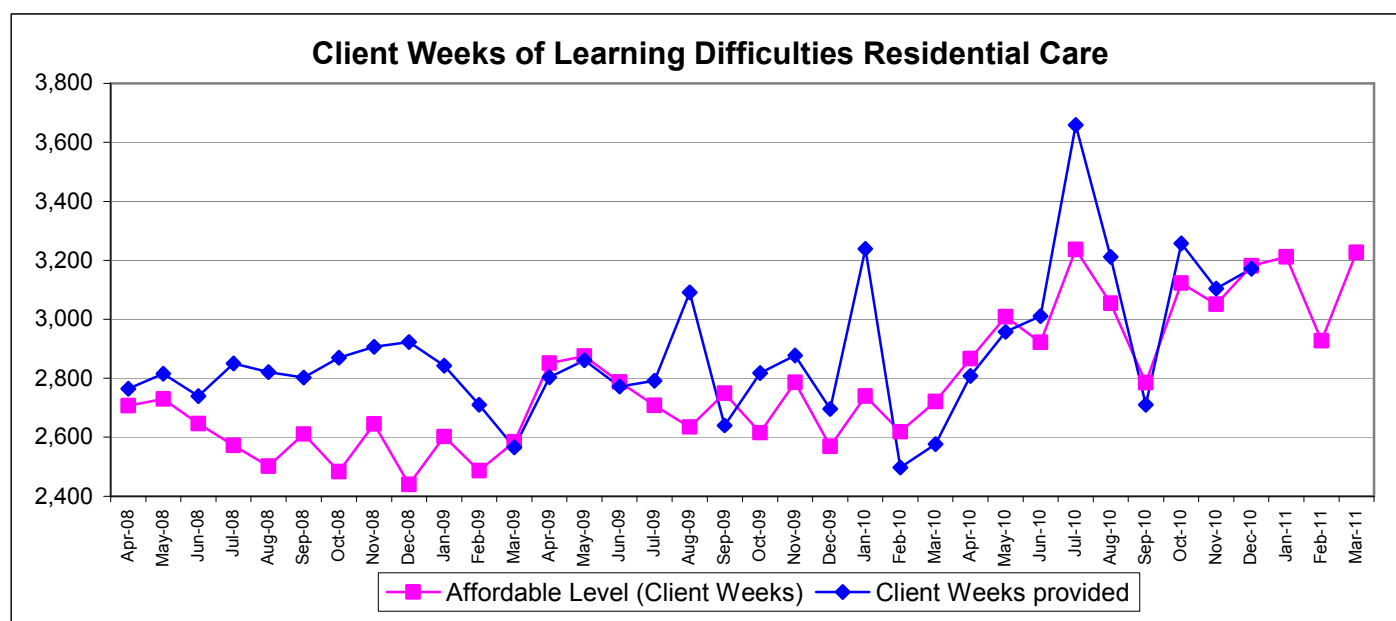


Comments:

- The forecast unit cost of £15.393 is slightly lower than the affordable cost of £15.452 and this difference of £0.059 creates a saving of £147k when multiplied by the affordable hours, as highlighted in section 1.1.3.2.c

2.4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April	2,707	2,765	2,851	2,804	2,866	2,808
May	2,730	2,815	2,875	2,861	3,009	2,957
June	2,647	2,740	2,787	2,772	2,922	3,011
July	2,572	2,850	2,708	2,792	3,236	3,658
August	2,502	2,821	2,635	3,091	3,055	3,211
September	2,611	2,803	2,750	2,640	2,785	2,711
October	2,483	2,870	2,615	2,818	3,123	3,257
November	2,646	2,906	2,786	2,877	3,051	3,104
December	2,440	2,923	2,569	2,696	3,181	3,171
January	2,602	2,842	2,740	3,238	3,211	
February	2,487	2,711	2,619	2,497	2,927	
March	2,584	2,565	2,721	2,576	3,227	
TOTAL	31,011	33,611	32,656	33,662	36,593	27,888

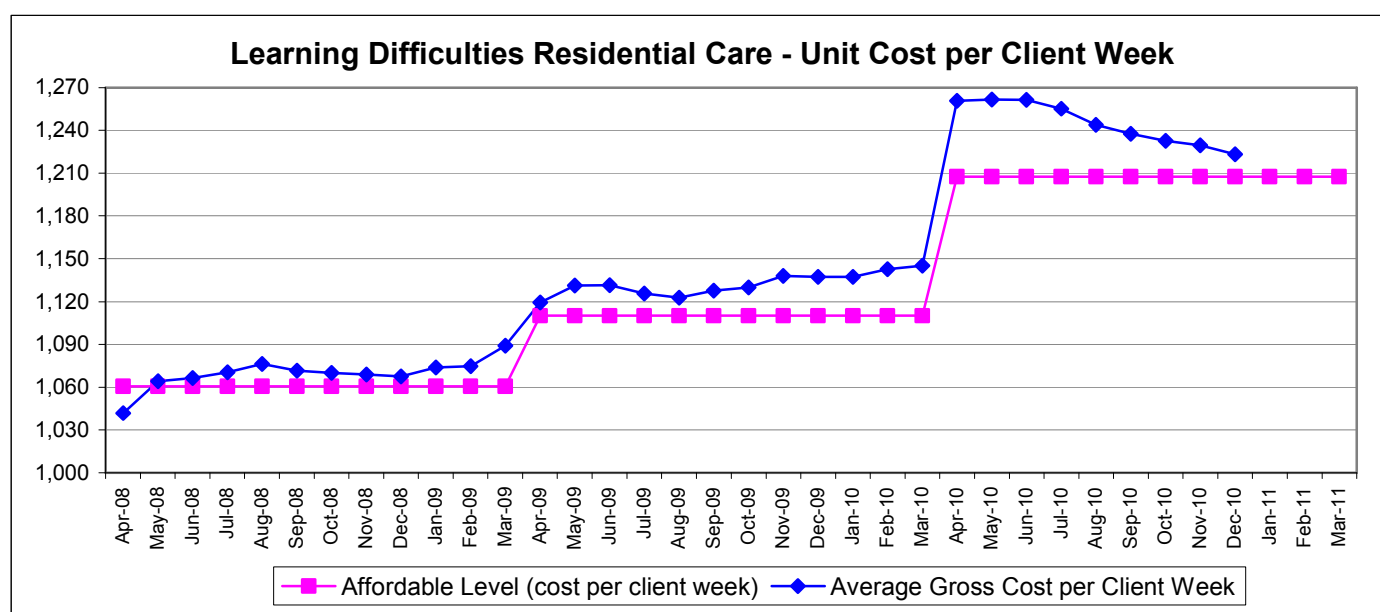


Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2008-09 was 640, at the end of 2009-10 it was 632 and at the end of December 2010 it was 708 of which 114 are S256 clients.
- The current forecast is 37,645 weeks of care against an affordable level of 36,593 a difference of +1,052 weeks. Using the forecast unit cost of £1,223.31 this additional activity adds £1,287k to the forecast, as highlighted in section 1.1.3.3.a. We are expecting an increase in both permanent clients, and non permanent episodes in the remaining months of the year, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of December 27,888 weeks of care have been delivered against an affordable level of 27,228, a difference of +660 weeks.

2.4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	1,060.70	1,041.82	1,110.15	1,119.42	1,207.58	1,260.82
May	1,060.70	1,064.19	1,110.15	1,131.28	1,207.58	1,261.67
June	1,060.70	1,066.49	1,110.15	1,131.43	1,207.58	1,261.46
July	1,060.70	1,070.50	1,110.15	1,125.65	1,207.58	1,255.21
August	1,060.70	1,076.27	1,110.15	1,122.81	1,207.58	1,243.87
September	1,060.70	1,071.59	1,110.15	1,127.79	1,207.58	1,237.49
October	1,060.70	1,070.02	1,110.15	1,130.07	1,207.58	1,232.68
November	1,060.70	1,068.95	1,110.15	1,137.95	1,207.58	1,229.44
December	1,060.70	1,067.59	1,110.15	1,137.28	1,207.58	1,223.31
January	1,060.70	1,073.71	1,110.15	1,137.41	1,207.58	
February	1,060.70	1,074.67	1,110.15	1,142.82	1,207.58	
March	1,060.70	1,089.10	1,110.15	1,145.12	1,207.58	

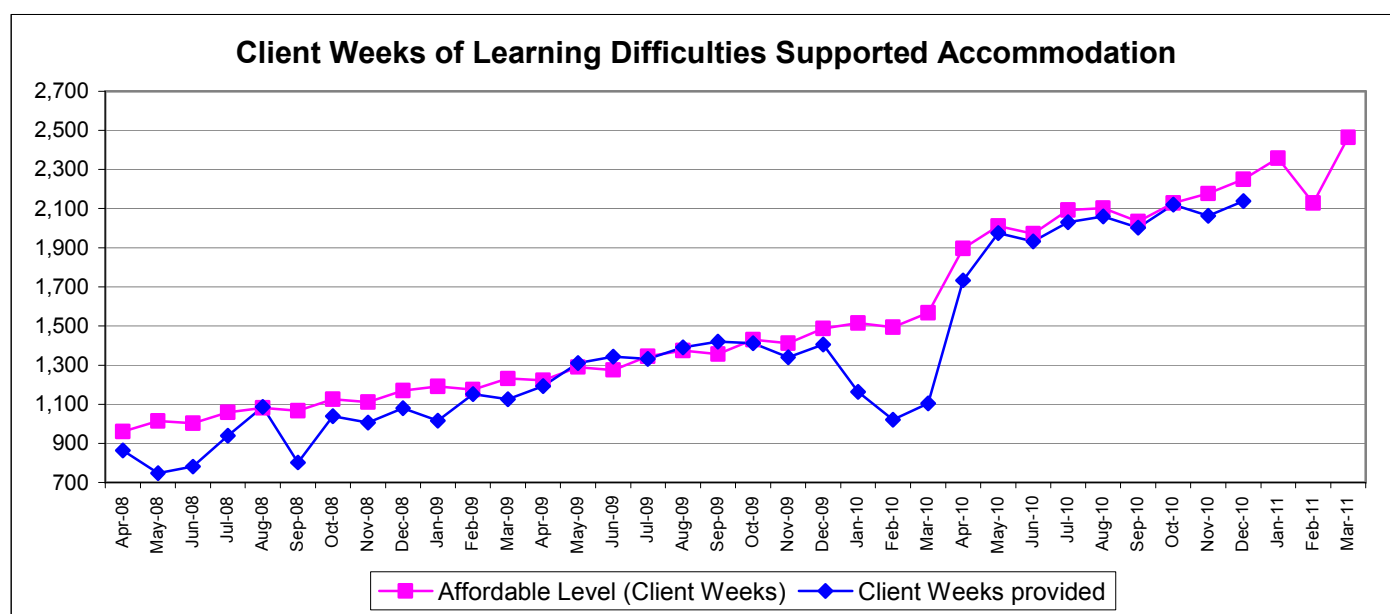


Comments:

- Clients being placed in residential care are those with very complex and individual needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,200 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high cost – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The forecast unit cost of £1,223.31 is higher than the affordable cost of £1,207.58 and this difference of £15.73 adds £576k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.a

2.5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April	960	865	1,221	1,192	1,841	1,752
May	1,014	747	1,290	1,311	1,951	1,988
June	1,003	782	1,276	1,344	1,914	1,956
July	1,058	939	1,346	1,333	2,029	2,060
August	1,081	1,087	1,375	1,391	2,034	2,096
September	1,067	803	1,357	1,421	1,951	2,059
October	1,125	1,039	1,431	1,412	2,080	2,119
November	1,110	1,006	1,412	1,340	2,138	2,063
December	1,169	1,079	1,487	1,405	2,210	2,137
January	1,191	1,016	1,515	1,163	2,314	
February	1,174	1,151	1,493	1,021	2,088	
March	1,231	1,125	1,567	1,105	2,417	
TOTAL	13,183	11,639	16,770	15,438	24,967	18,229



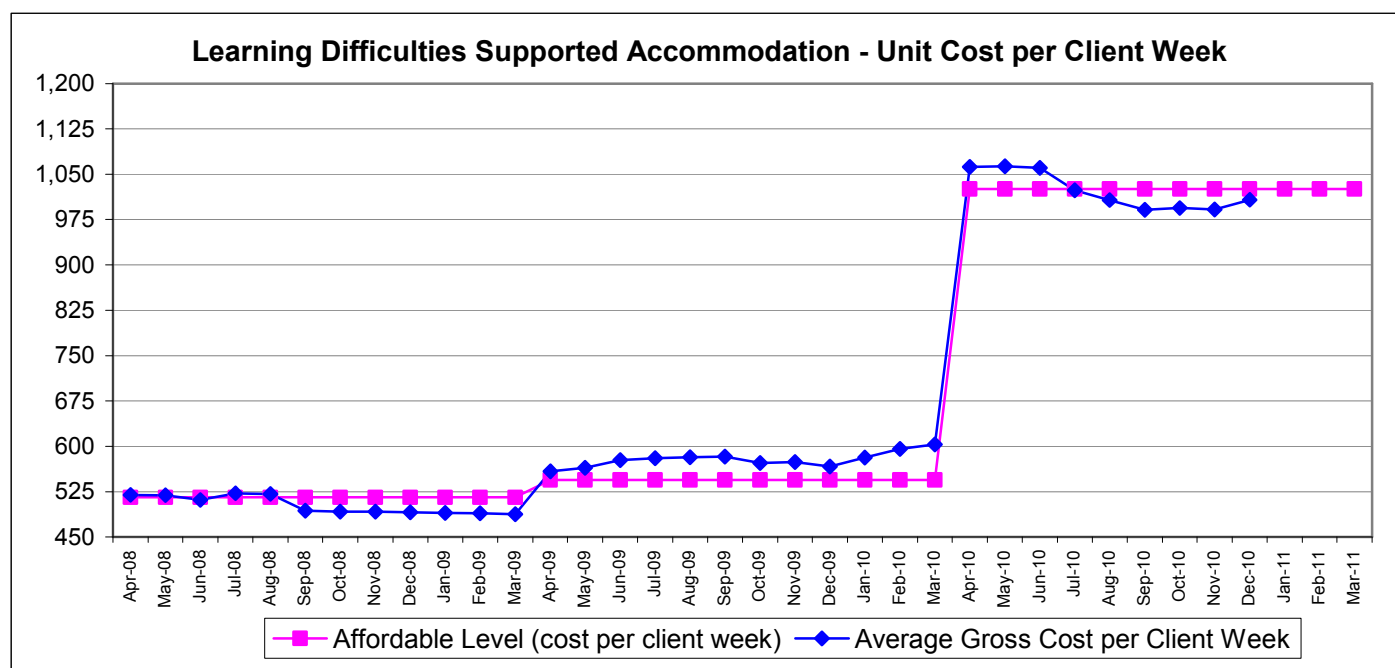
Comments:

- The affordable level of weeks has been amended to reflect the additional transfer of S256 clients and their funding from Health. It also now includes Ordinary Residence clients. The overall weeks have been increased to reflect the latest average hours per week for clients in receipt of supported living. This service is counted in hours rather than weeks and the process for converting to weeks for this report uses the latest average hours per week.
- The above graph reflects the number of client weeks of service provided. The actual number of clients in LD supported accommodation at the end of 2008-09 was 233, at the end of 2009-10 it was 309 and at the end of December 2010 was 487. This increase is almost solely due to S256 clients.
- The current forecast is 25,678 weeks of care against an affordable level of 24,967, a difference of +711 weeks which relates entirely to non-S256 clients. Using the forecast unit cost of £1,007.95 this increased activity creates a pressure of £716k as highlighted in section 1.1.3.3.d.
- To the end of December 18,229 care have been delivered against an affordable level of 18,148 a difference of +81 weeks. The year to date looks low compared to forecast and affordable as there are approximately 1,000 weeks included within the forecast relating to Ordinary Residence clients who have yet to show within the year to date activity. The forecast assumes that we take responsibility for the majority of these clients from April 2010 but they will only appear in actual activity once responsibility is confirmed.

- Like residential care for people with a learning disability, every case is unique and varies in cost, depending on the individual circumstances. Although the quality of life will be better for these people, it is not always significantly cheaper. The focus to enable as many people as possible to move from residential care into supported accommodation means that increasingly complex and unique cases will be successfully supported to live independently.

2.5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	2008-09		2009-10		2010-11	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	515.41	519.60	544.31	558.65	1,025.67	1,062.38
May	515.41	519.40	544.31	564.49	1,025.67	1,063.22
June	515.41	511.10	544.31	577.33	1,025.67	1,060.59
July	515.41	522.30	544.31	580.27	1,025.67	1,023.90
August	515.41	521.40	544.31	581.76	1,025.67	1,007.58
September	515.41	493.33	544.31	583.26	1,025.67	991.20
October	515.41	491.85	544.31	572.59	1,025.67	993.92
November	515.41	491.47	544.31	574.24	1,025.67	991.56
December	515.41	490.83	544.31	566.87	1,025.67	1,007.95
January	515.41	489.75	544.31	581.53	1,025.67	
February	515.41	488.90	544.31	595.89	1,025.67	
March	515.41	487.60	544.31	603.08	1,025.67	

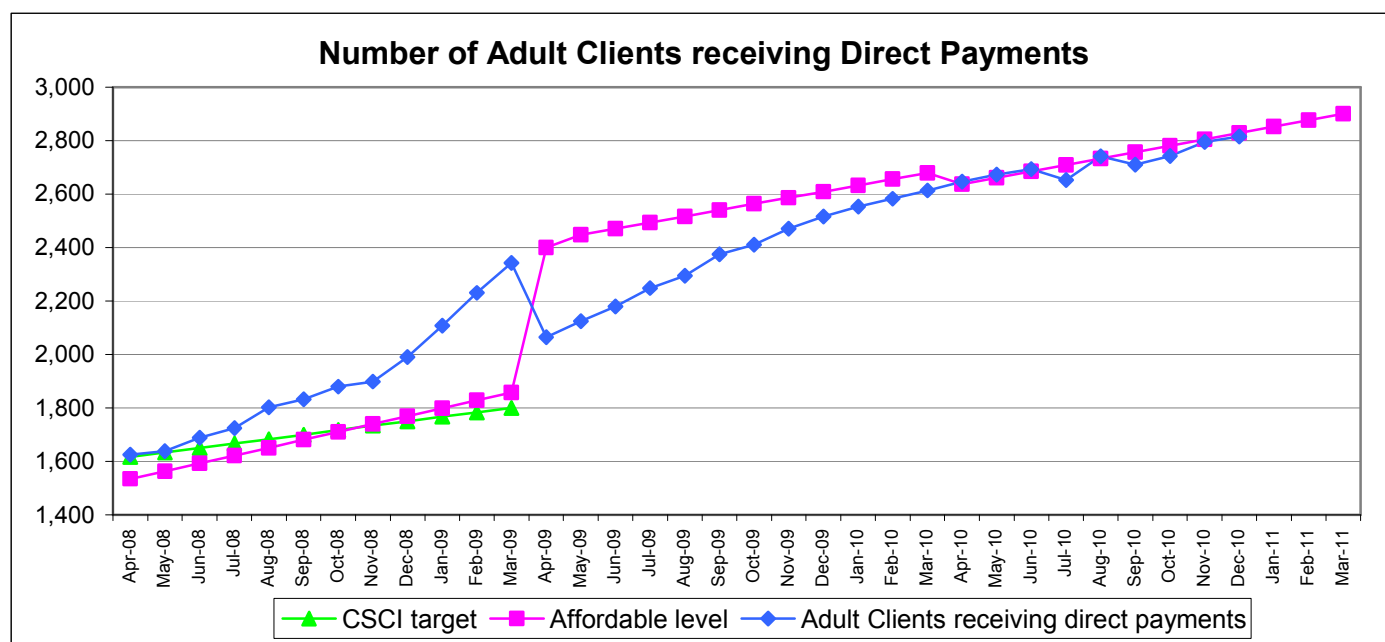


Comments:

- The affordable unit cost has been changed again in Quarter 3, to reflect the inclusion of new S256 clients and their funding, transferred from Health.
- The forecast unit cost of £1,007.95, which is lower than the affordable cost of £1,025.67. This difference of -£17.72 creates a saving of £442k when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.d. As referred to in section 1.1.3.3.d, there are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each group has a very different unit cost which are combined to provide an average unit cost for the purposes of this report.

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

	2008-09			2009-10		2010-11	
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	1,617	1,535	1,625	2,400	2,065	2,637	2,647
May	1,634	1,564	1,639	2,447	2,124	2,661	2,673
June	1,650	1,593	1,689	2,470	2,179	2,685	2,693
July	1,667	1,622	1,725	2,493	2,248	2,709	2,653
August	1,683	1,651	1,802	2,516	2,295	2,733	2,741
September	1,700	1,681	1,832	2,540	2,375	2,757	2,710
October	1,717	1,710	1,880	2,563	2,411	2,780	2,742
November	1,734	1,740	1,899	2,586	2,470	2,804	2,795
December	1,750	1,769	1,991	2,609	2,515	2,828	2,815
January	1,767	1,799	2,108	2,633	2,552	2,852	
February	1,783	1,828	2,231	2,656	2,582	2,876	
March	1,800	1,857	2,342	2,679	2,613	2,900	



Comments:

- The activity being reported is as per the Department of Health definition for counting Direct Payments, which includes anyone who has received a Direct Payment during the preceding 12 months, but includes only those that are 'on-going'. i.e. in April the figures include clients who have received an on-going Direct Payment between 1st May 2009 and 30th April 2010, and the December figures includes clients who have received an on-going Direct Payment between 1st January 2010 and 31st December 2010. This compares with what was reported last year.

3. SOCIAL CARE DEBT MONITORING

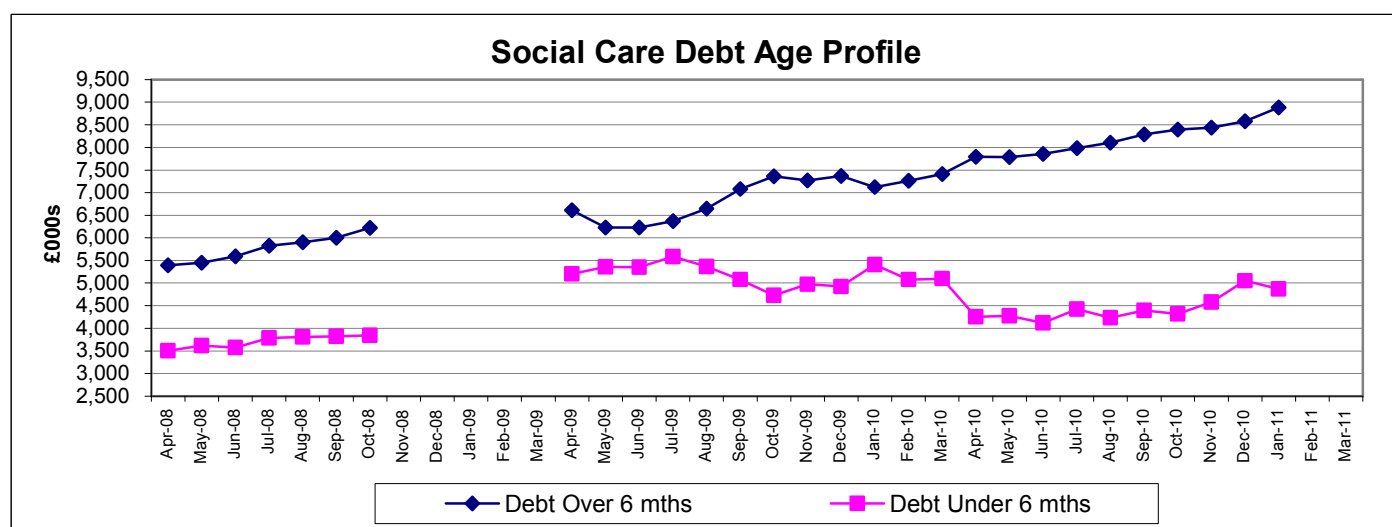
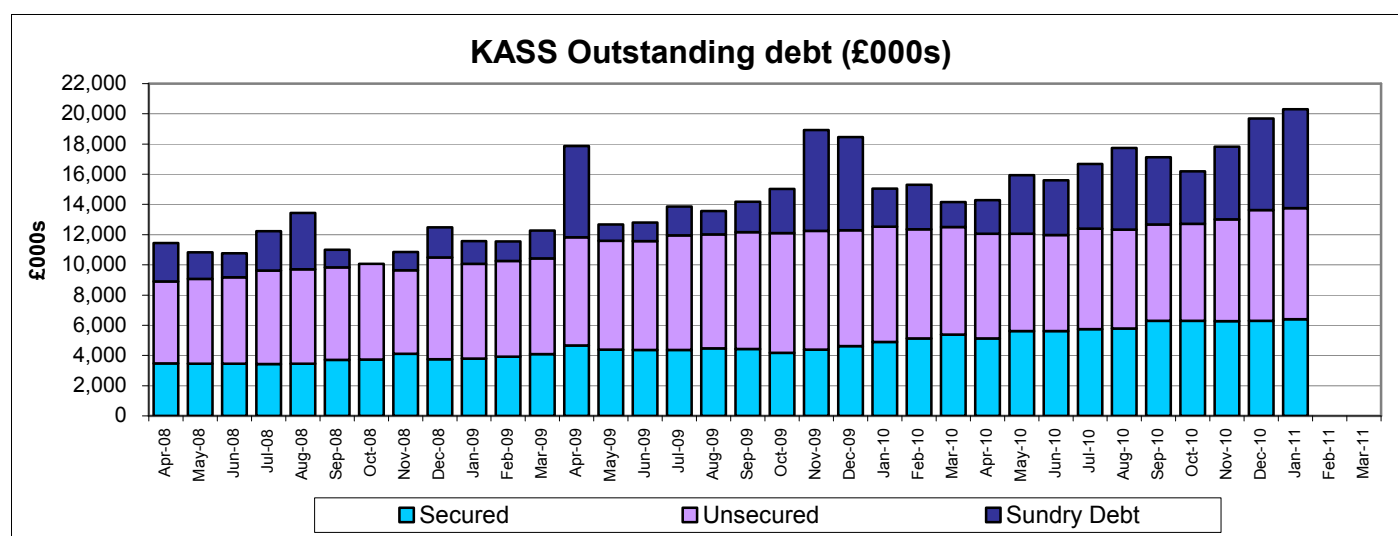
The outstanding due debt as at the January 2011 was £20.313m compared with October's figure of £16.200m (reported to Cabinet in November) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £6.560m of sundry debt compared to £3.489m at the end of October. The amount of sundry debt can fluctuate for large invoices to health. Also within the outstanding debt is £13.753m relating to Social Care (client) debt which is an increase of £1.042m from the last reported position to Cabinet in November (October position). The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. It also means that as the Directorate moved onto the new Client Billing system in October 2008, the balance will differ from that reported by Corporate Exchequer who report on a calendar month basis, apart from the period November 2008 to March 2009, when the figures are based on calendar months, as provided by Corporate Exchequer, because reports at that time were not aligned with the four weekly billing runs. From April 2009 the debt figures revert back to being on a four weekly basis to coincide with invoice billing runs. The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April.

Now that the full client debt monitoring and recovery function has been fully integrated into KASS, we have been able to develop bespoke reports that accurately reflect the ageing of Social Care debt. This has therefore meant that since April there has been some slight changes to how debt is categorised between that which is over six months and that which is under six months and this has resulted in slightly more debt being classed as over six months.

Debt Month	Social Care Debt						
	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-08	11,436	2,531	8,905	5,399	3,506	3,468	5,437
May-08	10,833	1,755	9,078	5,457	3,621	3,452	5,626
Jun-08	10,757	1,586	9,171	5,593	3,578	3,464	5,707
Jul-08	12,219	2,599	9,620	5,827	3,793	3,425	6,195
Aug-08	13,445	3,732	9,713	5,902	3,811	3,449	6,264
Sep-08	11,004	1,174	9,830	6,006	3,824	3,716	6,114
Oct-08	*	*	10,071	6,223	3,848	3,737	6,334
Nov-08	10,857	1,206	9,651			4,111	5,540
Dec-08	12,486	2,004	10,482			3,742	6,740
Jan-09	11,575	1,517	10,058			3,792	6,266
Feb-09	11,542	1,283	10,259			3,914	6,345
Mar-09	12,276	1,850	10,426			4,100	6,326
Apr-09	17,874	6,056	11,818	6,609	5,209	4,657	7,161
May-09	12,671	1,078	11,593	6,232	5,361	4,387	7,206
Jun-09	12,799	1,221	11,578	6,226	5,352	4,369	7,209
Jul-09	13,862	1,909	11,953	6,367	5,586	4,366	7,587
Aug-09	13,559	1,545	12,014	6,643	5,371	4,481	7,533
Sep-09	14,182	2,024	12,158	7,080	5,078	4,420	7,738
Oct-09	15,017	2,922	12,095	7,367	4,728	4,185	7,910
Nov-09	18,927	6,682	12,245	7,273	4,972	4,386	7,859
Dec-09	18,470	6,175	12,295	7,373	4,922	4,618	7,677
Jan-10	15,054	2,521	12,533	7,121	5,412	4,906	7,627
Feb-10	15,305	2,956	12,349	7,266	5,083	5,128	7,221
Mar-10	14,157	1,643	12,514	7,411	5,103	5,387	7,127

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-10	14,294	2,243	12,051	7,794	4,257	5,132	6,919
May-10	15,930	3,873	12,057	7,784	4,273	5,619	6,438
Jun-10	15,600	3,621	11,979	7,858	4,121	5,611	6,368
Jul-10	16,689	4,285	12,404	7,982	4,422	5,752	6,652
Aug-10	17,734	5,400	12,334	8,101	4,233	5,785	6,549
Sep-10	17,128	4,450	12,678	8,284	4,394	6,289	6,389
Oct-10	16,200	3,489	12,711	8,392	4,319	6,290	6,421
Nov-10	17,828	4,813	13,015	8,438	4,577	6,273	6,742
Dec-10	19,694	6,063	13,631	8,577	5,054	6,285	7,346
Jan-11	20,313	6,560	13,753	8,883	4,870	6,410	7,343
Feb-11							
Mar-11							

* In October 2008, KASS Social Care debt transferred from the COLLECT system to Oracle. The new reports were not available at this point, hence there is no data available for this period. The October Social Care debt figures relate to the last four weekly billing run in the old COLLECT system.



- The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April (i.e. once these debts became 6 months old in the new system).