

(1) REVENUE AND CAPITAL BUDGET OUTTURN 2007-08

REVENUE

3.2.5 Kent Adult Social Services Portfolio:

The overall position for the portfolio has only marginally moved since the last report to Cabinet, with a £0.023m improvement in the position reported. However there have been some significant changes between client groups. The main changes are:

- +£0.566m on Older People – a reduction in the underspend from £1.514m to £0.948m. Approximately £0.250m of this reduction relates to domiciliary care, this budget is continuing to prove very difficult to forecast with great accuracy, as it is the most volatile activity line within Adult Social Services. The hardware issues since the beginning of March have resulted in more manual interrogation being undertaken through Oracle Financials, especially in relation to domiciliary services. This has picked up some clients that have not previously been identified or included in the forecasts, particularly where suppliers have invoiced for clients at a later stage and backdated charges.

Although there has been a reduction of 17 residential placements in March, any saving has more than been offset by an increase of 29 nursing placements in March. There have been a number of smaller changes to other budgets and some bad debt adjustments.

There has been a movement in gross and income to represent different accounting treatment for funding received from the Department of Health for the Whole System Demonstrator. This will provide a large number of Kent residents with access to telehealth, as well as to telecare, as part of a wider programme that will include greater joint working between Health and Social Care. The funding has now been treated as a receipt in advance rather than dealt with through reserves.

- -£0.359m on Learning Disability – a reduction in the pressure from £4.735m to £4.376m. Of this £0.090m relates to increased income, partly following agreement with Eastern and Coastal Kent PCT to contribute to a residential placement. The amount recharged by direct service units through internal trading arrangements is also about £0.080m less than forecast. There have been a number of smaller changes to other budgets and some bad debt adjustments.
- -£0.211m on Physical Disability – a reduction in the pressure from £1.223m to £1.012m. The main reduction has been in East Kent where the actual cost of non-permanent residential weeks was £0.093m less than predicted. Although March saw a significant increase in the number of clients accessing Direct Payments, the increase came later in the month than expected resulting in a lower cost. There have been small changes on many other service lines, including residential, day-care, domiciliary care and supported accommodation.
- +£0.164m on Assessment and Related – a reduction in the underspend from £0.954m to £0.790m primarily as a result of changes to the bad debt provision. Four invoices to Health, amounting to £0.1m that had been provided for in previous years were actually paid in 2007-08, which meant that the provision could be released back to reduce the revenue position. Although this was previously reflected against Assessment and Related, the closure of accounts process identified that this should be more accurately included against In-House services as the debts related to a couple of Learning Disability Day Opportunities units.
- -£0.146m on Other Services – an increase in the underspend from £1.708m to £1.854m, relating to a number of different budgets.

Also, £3.535m has been transferred to the Supporting People reserve to meet likely funding shortfalls in future years. This is consistent with the practice adopted in previous years. There are proposals (to be agreed by the Supporting People Commissioning Body,) to utilise all of the reserve over the next four years, primarily to fund inflationary uplifts year on year at an assumed 2.5% each year, as the specific grant (Area Based Grant from 2009-10) does not allow for it. There are also proposals for some new developments as well as extensions to existing services. The proposed new developments include:

- Floating Support Accommodation Services from January 2009
- Home Improvement Agency Handy Person scheme in East & West Kent from 2008-09
- Service User Involvement from 2008-09

- Horizons Thanet PFI Bid from 1 November 2008
- Dual Diagnosis Mental Health Service, Dover from 1 November 2008

The activity indicators shown at Appendix 3 generally show a continued increase in direct payments and expenditure on services for the learning disabled. Older persons residential has reduced, whilst nursing care has remained relatively static. Although the number of clients receiving domiciliary care has remained fairly static, the number of hours of service provided has increased reflecting an increasing number of clients who require a higher level of support to enable them to remain within their own homes.

CAPITAL

3.7.6 Kent Adult Social Services Portfolio:

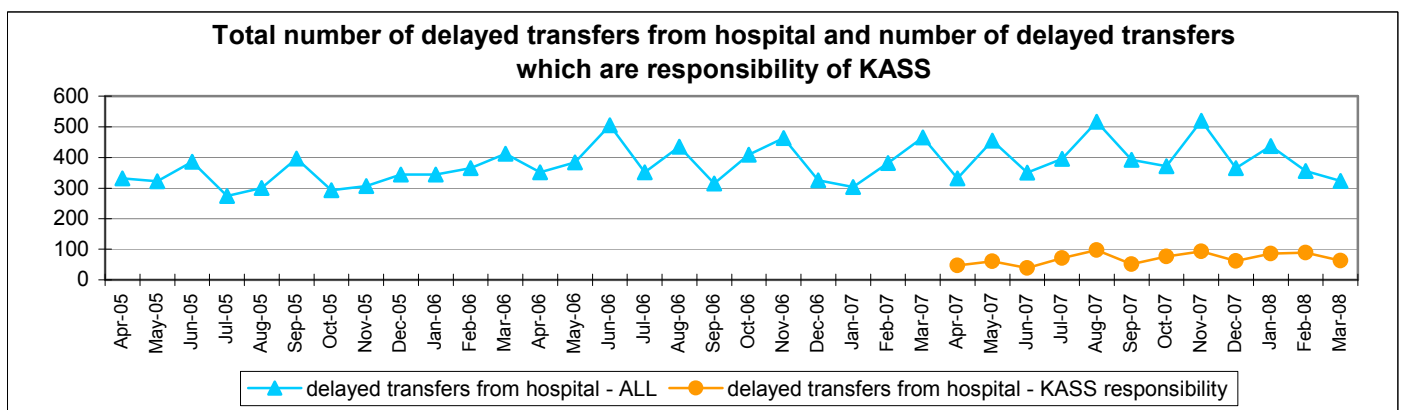
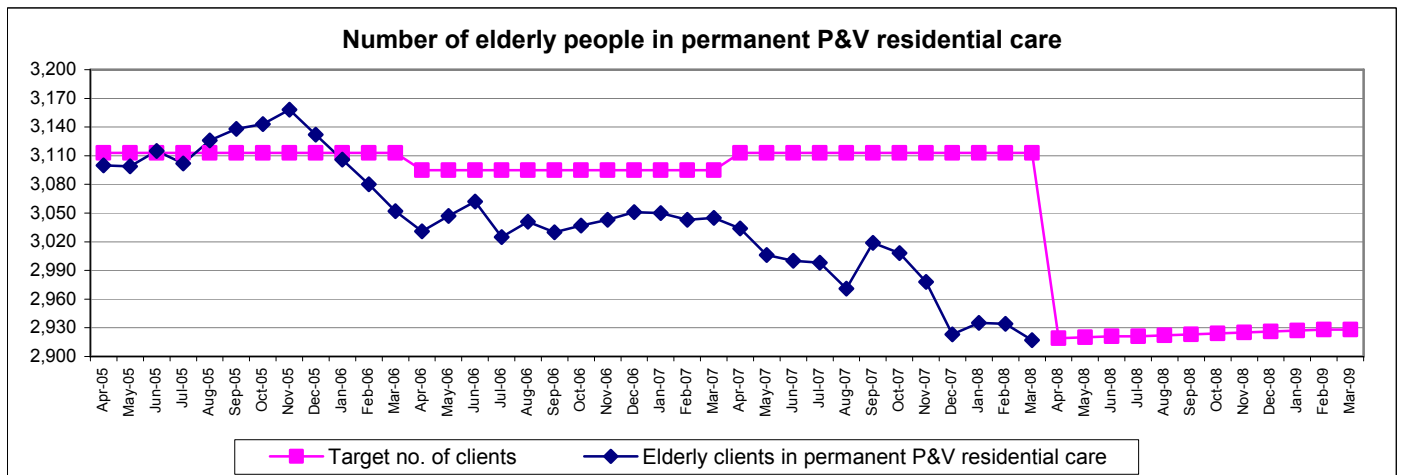
The overall capital position for the portfolio has moved by +£0.454m since the last report to Cabinet on 12 May, which is mainly due to the quicker than expected completion of numerous works in residential homes funded by Dignity In Care Grant (£0.399m).

2. KENT ADULT SOCIAL SERVICES DIRECTORATE

Owing to delays in implementing SWIFT (client activity system), the activity data for the period August 2006 to March 2007 was entirely reliant on local records and manual counts. Since April 2007 SWIFT data has been used in conjunction with local records and manual counts to produce the performance information contained within this report. The information is regularly revisited as part of the on-going validation and data quality process and it is often the case that previous months' figures will change. This is more evident at year-end because of the work required to produce the statistical returns completed by the Directorate.

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

	2005-06			2006-07			2007-08				2008-09 Target
	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	3,034	332	47	2,919
May	3,113	3,099	322	3,095	3,047	384	3,113	3,006	455	61	2,920
June	3,113	3,115	386	3,095	3,062	505	3,113	3,000	351	39	2,921
July	3,113	3,102	274	3,095	3,025	352	3,113	2,998	395	71	2,921
August	3,113	3,126	301	3,095	3,041	435	3,113	2,971	517	97	2,922
Sept	3,113	3,138	397	3,095	3,030	315	3,113	3,019	392	51	2,923
Oct	3,113	3,143	293	3,095	3,037	409	3,113	3,008	372	76	2,924
Nov	3,113	3,158	307	3,095	3,043	463	3,113	2,978	520	93	2,925
Dec	3,113	3,132	344	3,095	3,051	326	3,113	2,923	365	62	2,926
Jan	3,113	3,106	344	3,095	3,050	304	3,113	2,935	437	86	2,927
Feb	3,113	3,080	365	3,095	3,043	382	3,113	2,934	356	89	2,928
March	3,113	3,052	412	3,095	3,045	465	3,113	2,917	323	63	2,928

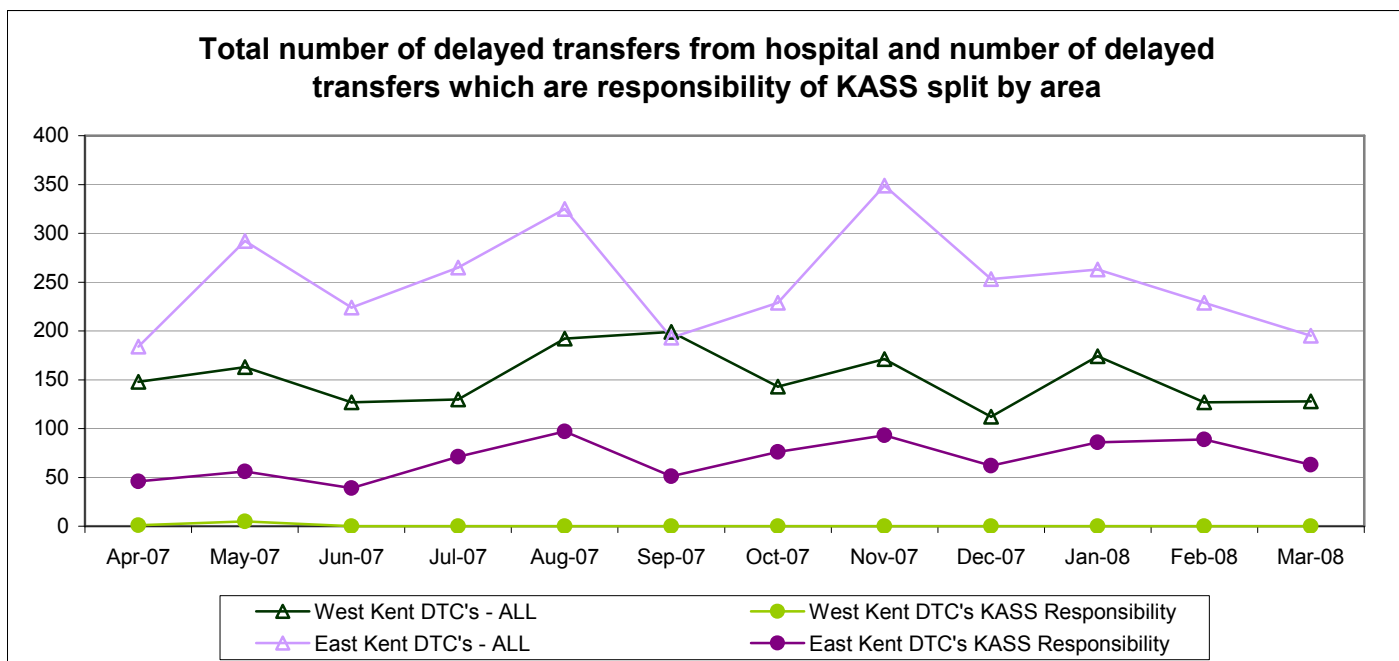


Comments:

- 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	127	0	229	89	356	89
March	128	0	195	63	323	63

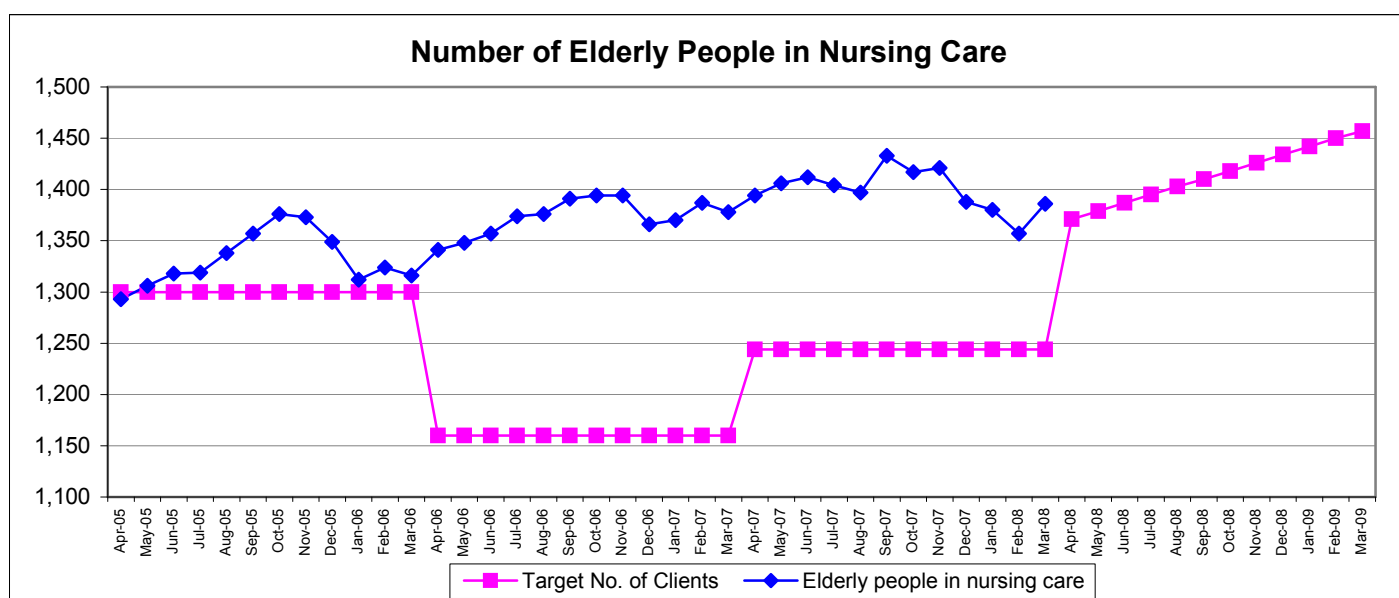


Comments:

- 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		2008-09
	Target	Elderly people in nursing care	Target	Elderly people in nursing care	Target	Elderly people in nursing care	Target
April	1,300	1,293	1,160	1,341	1,244	1,394	1,371
May	1,300	1,306	1,160	1,348	1,244	1,406	1,379
June	1,300	1,318	1,160	1,357	1,244	1,412	1,387
July	1,300	1,319	1,160	1,374	1,244	1,404	1,395
August	1,300	1,338	1,160	1,376	1,244	1,397	1,403
September	1,300	1,357	1,160	1,391	1,244	1,433	1,410
October	1,300	1,376	1,160	1,394	1,244	1,417	1,418
November	1,300	1,373	1,160	1,394	1,244	1,421	1,426
December	1,300	1,349	1,160	1,366	1,244	1,388	1,434
January	1,300	1,312	1,160	1,370	1,244	1,380	1,442
February	1,300	1,324	1,160	1,387	1,244	1,357	1,450
March	1,300	1,316	1,160	1,378	1,244	1,386	1,457

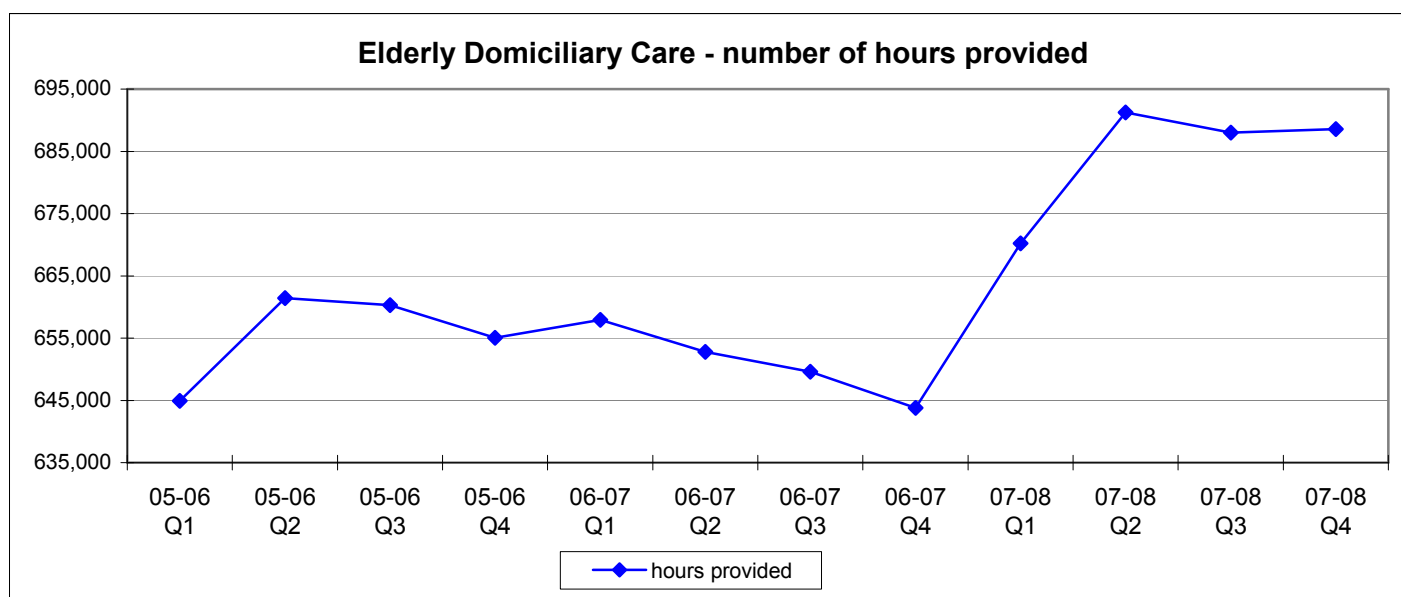
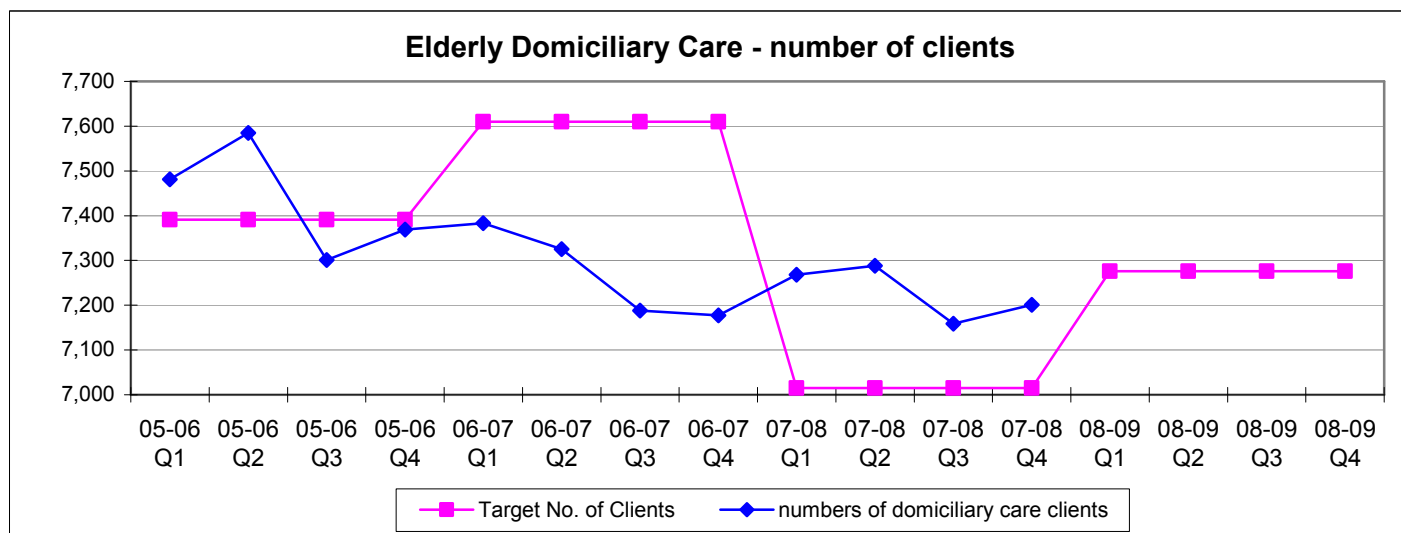


Comment:

- 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 general 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			2008-09
	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided	Target	numbers of domiciliary care clients	hours provided	Target
Apr-Jun	7,391	7,481	644,944	7,610	7,383	657,948	7,015	7,268	670,203	7,276
Jul-Sep	7,391	7,585	661,415	7,610	7,325	652,789	7,015	7,288	691,231	7,276
Oct-Dec	7,391	7,301	660,282	7,610	7,188	649,624	7,015	7,159	688,032	7,276
Jan-Mar	7,391	7,369	655,071	7,610	7,177	643,777	7,015	7,201	688,571	7,276

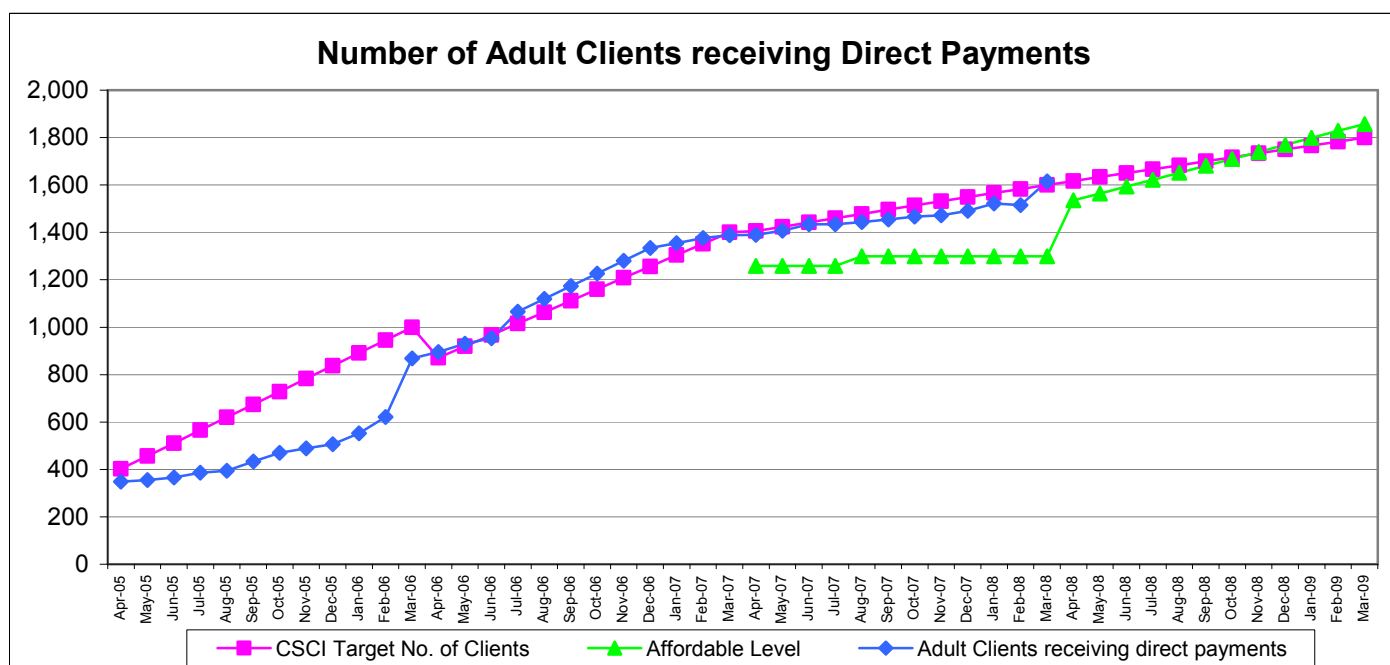


Comment:

- The number of people receiving domiciliary care, together with the number of hours provided, has increased in Quarter 4. In addition, the average number of hours provided per client has increased slightly and continues to reflect 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			2008-09	
	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level
April	403	349	871	896	1,406	1,259	1,390	1,617	1,535
May	457	355	919	930	1,424	1,259	1,407	1,634	1,564
June	511	366	967	954	1,442	1,259	1,434	1,650	1,593
July	566	386	1,015	1,065	1,460	1,259	1,434	1,667	1,622
August	620	395	1,063	1,119	1,478	1,299	1,444	1,683	1,651
Sept	674	434	1,112	1,173	1,496	1,299	1,454	1,700	1,681
Oct	728	470	1,160	1,226	1,514	1,299	1,467	1,717	1,710
Nov	783	489	1,208	1,280	1,532	1,299	1,472	1,734	1,740
Dec	837	507	1,256	1,334	1,549	1,299	1,491	1,750	1,769
Jan	891	553	1,304	1,355	1,566	1,299	1,522	1,767	1,799
Feb	945	621	1,352	1,376	1,583	1,299	1,515	1,783	1,828
March	1,000	868	1,400	1,388	1,600	1,299	1,615	1,800	1,857

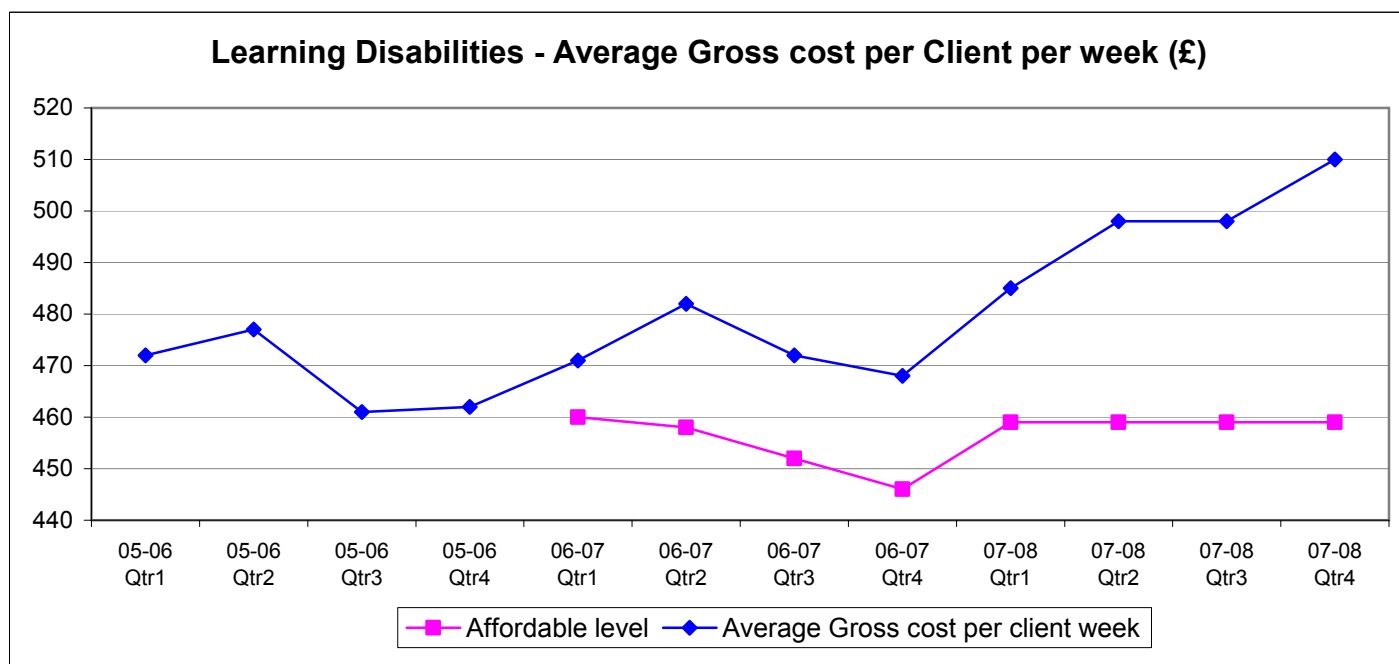


Comments:

- 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 1,615 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 decided to assume a target of 1,600 clients by year-end which would still leave us in the top band. The actual number of clients in receipt of a Direct Payment by 31st March was 1,615, 15 higher than the revised target.

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	459	510

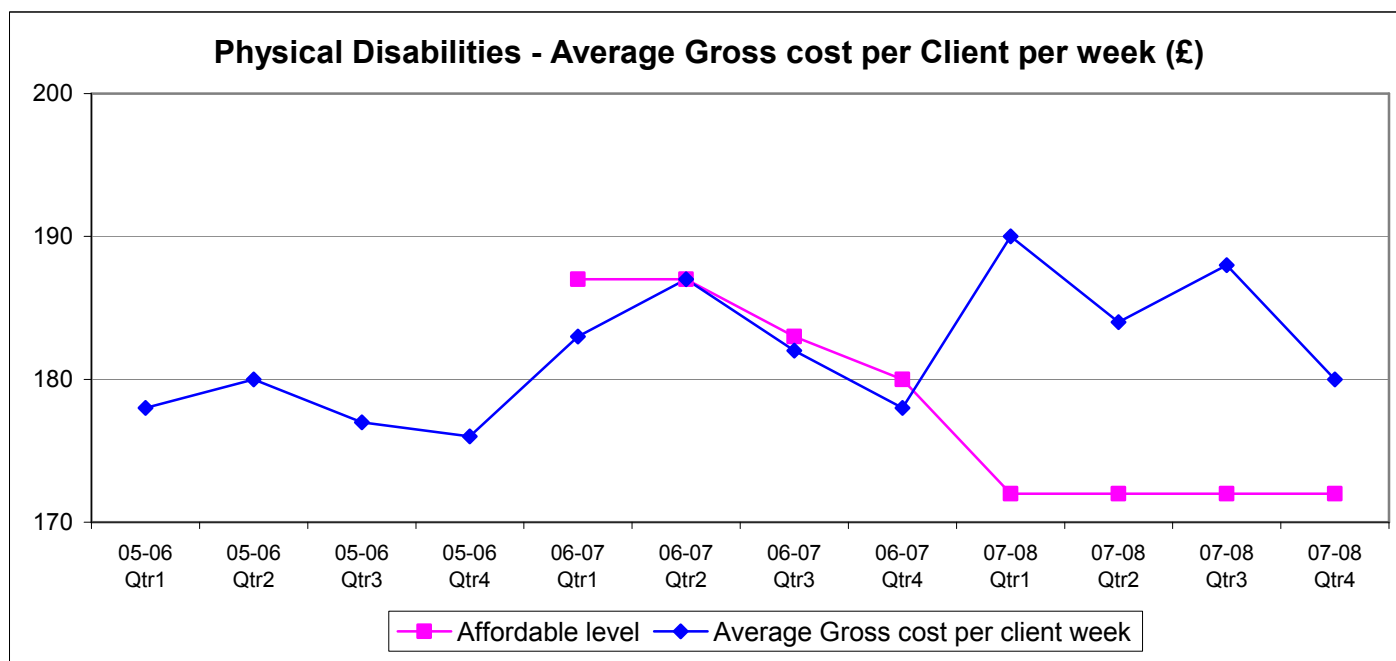


Comments:

- 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.
- There is no target for 2008-09 for this indicator as this indicator will be replaced by more detailed analysis around the cost of residential care in 2008-09.

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	172	180



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.
- There is no target for 2008-09 for this indicator as we do not propose to continue reporting on this indicator for 2008-09 because it is considered that the activity associated with this client group is less volatile than others and is not a high financial risk. If this position changes, we will consider the most appropriate replacement.