

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JULY 2008-09 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 The cash limits that the Directorate is working to, **and upon which the variances in this report are based**, include adjustments for both formal virement and technical adjustments, the latter being where there is no change in policy. The Directorate would like to request formal virement through this report to reflect adjustments to cash limits required for the following two reasons:

- Firstly, changes required in respect of the allocation of previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process. This primarily relates to how the Directorate allocated demography/growth and savings, decisions for which were made following a Special Budget SMT in mid February. Where necessary allocations have been adjusted in light of the 2007-08 out-turn, whereas before they would have been based on forecasts from several months earlier. As a result demography/growth and savings have in some cases been allocated across different headings to those assumed within budget build. The value of these changes is a reduction in gross expenditure of £1,710k and a corresponding £1,710k reduction in income.
- Secondly, cash limits need to be adjusted to reflect the changing trends in services over the past couple of years through modernisation of services and the move towards more self directed support. Services are now more likely to be community based, for example in supported accommodation, or through a domiciliary care package, or via a direct payment, rather than residentially based. The value of these changes is a £1,858k reduction in gross expenditure and a £1,858k reduction in income.

Cash limits have also been adjusted to reflect a number of technical adjustments to budget, including realignment of gross and income to more accurately reflect current levels of services and the inclusion of a number of 100% grants/contributions (i.e. which fully fund the additional costs) awarded since the budget was set. These include £1,725k from the Eastern and Coastal Kent Primary Care Trust, and £701k in respect of the Learning Disability Campus Closure Grant. Throughout 2007/08 it was acknowledged that some of the income budgets were not correctly aligned to where the gross budget was held. This should have been rectified in budget build but regrettably was not hence a number of adjustments are now required. The value of these changes is a £1,176k increase in gross expenditure and a £1,176k increase in income.

These adjustments have resulted in an overall decrease in the gross expenditure budget of £2,392k (-£1,710k - £1,858k + £1,176k) and a reduction in the income budget of an equal amount, giving a net nil effect.

In addition there has been an increase of £1,617k in the gross budget, which includes a £1,384k allocation from the corporate contingency set aside from the rolled forward underspend from 2007-08 for the impact of the current economic situation and the transfer of services from other portfolios.

Therefore, the overall movement in cash limits shown in table 1a below is a reduction of £775k in gross expenditure (-£2,392k + £1,617k) and a reduction in income of £2,392k.

Table 1a shows:

- the published budget,
- the proposed budget following adjustments for both formal virement and technical adjustments, together with Corporate allocations,
- the total value of the adjustments applied to each service line.

Cabinet is asked to approve these revised cash limits:

1.1.2 Table 1a: Movement in cash limits since Published Budget

Budget Book Heading	Published Budget			Revised Cash limit			Movement in Cash limit		
	G	I	N	G	I	N	G	I	N
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Kent Adult Social Services portfolio									
Older People:									
- Residential Care	89,446	-31,330	58,116	87,732	-29,891	57,841	-1,714	1,439	-275
- Nursing Care	44,144	-19,084	25,060	42,753	-18,982	23,771	-1,391	102	-1,289
- Domiciliary Care	43,457	-9,606	33,851	45,964	-10,461	35,503	2,507	-855	1,652
- Direct Payments	4,138	-432	3,706	3,927	-327	3,600	-211	105	-106
- Other Services	22,793	-6,980	15,813	23,373	-7,157	16,216	580	-177	403
Total Older People	203,978	-67,432	136,546	203,749	-66,818	136,931	-229	614	385
People with a Learning Difficulty:									
- Residential Care	63,332	-11,927	51,405	62,104	-9,946	52,158	-1,228	1,981	753
- Domiciliary Care	5,129	-419	4,710	5,822	-696	5,126	693	-277	416
- Direct Payments	3,858	-97	3,761	3,772	-49	3,723	-86	48	-38
- Supported Accommodation	5,666	-597	5,069	7,247	-593	6,654	1,581	4	1,585
- Other Services	19,405	-1,818	17,587	19,139	-1,076	18,063	-266	742	476
Total People with a LD	97,390	-14,858	82,532	98,084	-12,360	85,724	694	2,498	3,192
People with a Physical Disability									
- Residential Care	12,024	-2,381	9,643	10,897	-1,649	9,248	-1,127	732	-395
- Domiciliary Care	8,105	-521	7,584	8,039	-689	7,350	-66	-168	-234
- Direct Payments	5,857	-215	5,642	5,712	-247	5,465	-145	-32	-177
- Supported Accommodation	287	0	287	604	-59	545	317	-59	258
- Other Services	4,828	-82	4,746	4,734	-78	4,656	-94	4	-90
Total People with a PD	31,101	-3,199	27,902	29,986	-2,722	27,264	-1,115	477	-638
All Adults Assessment & Related	33,893	-496	33,397	35,088	-1,596	33,492	1,195	-1,100	95
Mental Health Service									
- Residential Care	7,759	-1,692	6,067	6,441	-948	5,493	-1,318	744	-574
- Domiciliary Care	915	-2	913	874	0	874	-41	2	-39
- Direct Payments	321	0	321	234	0	234	-87	0	-87
- Supported Accommodation	51	0	51	303	-62	241	252	-62	190
- Assessment & Related	9,435	-726	8,709	10,131	-854	9,277	696	-128	568
- Other Services	6,555	-996	5,559	6,569	-881	5,688	14	115	129
Total Mental Health Service	25,036	-3,416	21,620	24,552	-2,745	21,807	-484	671	187
Supporting People	32,957	0	32,957	32,957	0	32,957	0	0	0
Gypsy & Traveller Unit	632	-283	349	628	-279	349	-4	4	0
People with no recourse to Public Funds	100	0	100	100	0	100	0	0	0
Strategic Management	1,327	0	1,327	1,407	0	1,407	80	0	80
Policy, Performance & Quality Assurance	6,680	-175	6,505	6,152	-307	5,845	-528	-132	-660
Resources	15,265	-510	14,755	14,881	-392	14,489	-384	118	-266
Specific Grants	0	-34,187	-34,187	0	-34,945	-34,945	0	-758	-758
Total Adult Services controllable	448,359	-124,556	323,803	447,584	-122,164	325,420	-775	2,392	1,617

1.1.3 Table 1b below details the revenue position by Service Unit against the revised cash limits shown in table 1a:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Kent Adult Social Services portfolio							
Older People:							
- Residential Care	87,732	-29,891	57,841	41	-83	-42	Demographic and placement pressures offset by one-off release of loan and additional income
- Nursing Care	42,753	-18,982	23,771	-8	-212	-220	Demographic and placement pressures offset by one-off release of loan and additional income

Appendix 1

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- Domiciliary Care	45,964	-10,461	35,503	-231	89	-142	Reducing clients but more intensive packages
- Direct Payments	3,927	-327	3,600	22	-2	20	
- Other Services	23,373	-7,157	16,216	-561	93	-468	Balance of Managing Director's Contingency to offset overall pressure
Total Older People	203,749	-66,818	136,931	-737	-115	-852	
People with a Learning Difficulty:							
- Residential Care	62,104	-9,946	52,158	1,971	-347	1,624	Demographic and placement pressures offset by additional income
- Domiciliary Care	5,822	-696	5,126	121	-4	117	Demographic and placement pressures
- Direct Payments	3,772	-49	3,723	77	-10	67	
- Supported Accommodation	7,247	-593	6,654	52	2	54	
- Other Services	19,139	-1,076	18,063	-137	34	-103	Balance of Managing Director's Contingency to offset overall pressure
Total People with a LD	98,084	-12,360	85,724	2,084	-325	1,759	
People with a Physical Disability							
- Residential Care	10,897	-1,649	9,248	996	-285	711	Demographic and placement pressures offset by additional income
- Domiciliary Care	8,039	-689	7,350	-87	19	-68	
- Direct Payments	5,712	-247	5,465	34	-4	30	
- Supported Accommodation	604	-59	545	-21	9	-12	
- Other Services	4,734	-78	4,656	-127	14	-113	Balance of Managing Director's Contingency to offset overall pressure
Total People with a PD	29,986	-2,722	27,264	795	-247	548	
All Adults Assessment & Related	35,088	-1,596	33,492	732	-125	607	Pressure of increments, low turnover and increasing numbers of referrals/assessments
Mental Health Service			0			0	
- Residential Care	6,441	-948	5,493	415	10	425	Forecast activity in excess of affordable level
- Domiciliary Care	874	0	874	49	0	49	
- Direct Payments	234	0	234	0	0	0	
- Supported Accommodation	303	-62	241	-62	0	-62	
- Assessment & Related	10,131	-854	9,277	-473	58	-415	Vacancy management
- Other Services	6,569	-881	5,688	-27	-1	-28	
Total Mental Health Service	24,552	-2,745	21,807	-98	67	-31	
Supporting People	32,957	0	32,957	-9	0	-9	
Gypsy & Traveller Unit	628	-279	349	30	-4	26	
People with no recourse to Public Funds	100	0	100	-20	0	-20	
Strategic Management	1,407	0	1,407	-33	0	-33	
Policy, Performance & Quality Assurance	6,152	-307	5,845	-321	6	-315	Vacancy management
Resources	14,881	-392	14,489	-186	169	-17	Release from reserve, write back of debtor
Specific Grants	0	-34,945	-34,945	0	0	0	
Total Adult Services controllable	447,584	-122,164	325,420	2,237	-574	1,663	
Assumed Management Action				-1,663		-1,663	
Forecast after Mgmt Action				574	-574	0	

1.1.4 Major Reasons for Variance:

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

1.1.4.1 General Comment

The Directorate continues to face significant demographic pressures, primarily within services for People with Learning and Physical Disabilities, and although they are offset by underspends elsewhere, there remains an overall pressure of £1,663k.

Contributions to KASS from the Eastern & Coastal Kent PCT

As previously reported the Directorate secured funding from the Eastern & Coastal Kent PCT in late 2007/08 in respect of intermediate care proposals and services for patients leaving hospital and requiring social care. This funding has continued into 2008/09 and recognises the growing pressures that have been seen within our financial forecast on services for older people, and has allowed us to work jointly on a strategy for intermediate care across the East Kent area for 2008/09. The income and associated costs are included within the forecast.

1.1.4.2 Older People:

Although the overall net position is an underspend of £852k, this is only achieved after releasing the one-off Deferred Payments Loan of £1,256k from the Department of Health, therefore there is an underlying pressure of £404k. Significant pressures remain, particularly the increasing proportion of clients who are suffering from dementia.

a. Residential Care

There is a pressure of £41k against gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to residential care (£628k). There is also a small over-recovery in income of £83k. Although the number of clients in permanent placements in the independent sector has reduced from 2,917 in March to 2,901 in June, in terms of client weeks the forecast assumes 790 weeks more than is affordable at a cost of £294k. This primarily results from additional non-permanent/respite placements to assist clients to remain within their own homes. In addition the forecast unit cost is £372.27 per week against an affordable figure of £371.60 which has resulted in a pressure of £107k. This pressure reflects the increasing number of clients with dementia that the Directorate is having to contend with as placements are more expensive.

It should also be noted that the residential budget has been adjusted with funding transferred to the domiciliary and direct payments lines to support current levels of clients and/or expected growth in these services.

A pressure of £149k is forecast against Preserved Rights because the actual attrition rate is currently less than that assumed in the budget.

In house residential provision is showing a pressure of £117k on staffing because of the continuing need to cover sickness and absence with agency staff in order to meet care standards set by the regulator (Commission for Social Care Inspection - CSCI).

b. Nursing Care

There is an underspend of £8k gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to nursing care (£628k); there is also an over-recovery in income of £212k. Client numbers have increased from 1,386 in March to 1,420 in June with the result that the forecast is assuming 1,577 weeks more than budget. The cost of these extra weeks is £716k. The unit cost is also forecast to be marginally higher than budget, £453.86 instead of £453.77, and this adds £7k to the pressure. The additional activity has resulted in increased income of £212k.

It is worth noting that there is some evidence to suggest that client numbers may have increased more than they have done but for the implementation of the National Framework for NHS Continuing Healthcare in October 2007. This greatly clarified when someone should receive NHS care with the result that many clients that may otherwise have received a service via KASS are now paid for directly by Health.

The attrition within Preserved Rights is actually higher than budgeted for and this has resulted in an underspend of £103k against gross expenditure.

c. Domiciliary Care

This service remains the most volatile and difficult to forecast. Currently this line is forecasting an underspend against gross of £231k, and a corresponding under-recovery of income of £89k. The number of clients receiving packages of care from an independent sector provider has dropped from 6,739 in March to 6,696 in June and as a result the forecast assumes 19,735 hours less than the budget, a saving of £292k. The forecast unit cost is slightly more expensive than affordable, at an additional cost of £106k. The average number of hours per client per week has increased from 7.2 in March 2008 to 7.6 in June and reflects the increasing number of clients with higher needs, including those with dementia, requiring more intensive packages to enable them to remain within their own homes. The higher unit cost reflects these intensive packages and the increasing number of clients requiring 'double-handers' (two carers).

It was estimated that the number of clients on residential would fall, with clients instead remaining in their own homes and receiving a domiciliary package, and as a consequence budget has transferred from residential care to domiciliary. However it may be the case that increasing numbers of clients with higher levels of need, particularly those with dementia, have no option but to go into residential care.

d. Direct Payments

Since March there has been a significant increase in the number of clients accessing a service via a direct payment – 626 clients in June compared with 518 in March – but approximately 60 of these only require small payments to access transport to day-care facilities. These payments are well below the average cost per week afforded in the budget which explains why this budget line is only forecasting a minor net pressure of £20k.

e. Other Services

The position is a £561k underspend against the gross budget with an under-recovery against income of £93k. There are small variances against a number of services, including meals, payments to voluntary organisations, and in-house day-care, but the significant portion of the underspend relates to the £436k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate.

1.1.4.3 People with a Learning Difficulty:

Overall the position for this client group is a net pressure of £1,759k. Services for this client group remain under extreme pressure as a result of both demographic and placement price pressures. As a result there continue to be significant forecast overspends against both residential and domiciliary care. 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, continues to be felt. Alongside these so-called "transitional" placements are the increasing number of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. There are also more cases of clients becoming "ordinarily resident" in Kent. This is the term used to describe people deemed to be living in the county and therefore the responsibility of KCC, rather than just receiving care in a residential or nursing placement. A client would become "ordinarily resident" following de-registration of a residential home and conversion to supported accommodation, something which is starting to happen more frequently.

a. Residential Care

Although the number of clients has reduced from 633 in March to 623 in June the forecast assumes 1,060 more weeks than is affordable. It should be noted that the Directorate has transferred a significant proportion of the cash limit from this line to support the increasing demand for services against domiciliary care, direct payments and supported accommodation. The additional weeks result in a pressure of £1,130k. The forecast unit cost is also above the affordable level which adds £180k to the position. The additional activity has resulted in an over-recovery of income of £203k.

The position on Preserved Rights clients is also a pressure. Lower than expected attrition means that there are 873 more weeks than budgeted for at a cost of £789k. However the actual unit cost

is £904.17 per week which is nearly £14 lower than the £918.05 budgeted for. This reduces the pressure by £313k. Also there is additional income from this extra activity of £144k.

As with Older People, in house residential provision is showing a pressure of £176k on staffing because of the need to cover sickness and absence with agency staff to meet CSCI care standards.

b. Domiciliary Care

Demand against this budget continues to be significant as the Directorate tries to support clients to remain at home rather than in a residential placement. The current forecast pressure of £121k relates to the in-house independent living scheme.

c. Direct Payments

Client numbers have increased from 338 in March to 365 in June which is slightly above the affordable level of clients. This budget is therefore showing a pressure of £77k on gross expenditure with a small over-recovery on income of £10k.

d. Other Services

There is an underspend on gross of £137k but within this is the £264k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. There are minor pressures against a number of services including day-care, supported employment and payments to voluntary organisations. These services also show minor under-recoveries of income.

1.1.4.4 **People with a Physical Disability:**

There are similar pressures here to those for services for People with Learning Disabilities, especially demand and demographic pressures against residential care budgets. The overall position is a net pressure of £548k.

a. Residential Care

This line is forecasting a pressure against gross expenditure of £996k. Client numbers have increased from a figure of 207 in March to 219 in June and overall the forecast assumes 1,268 weeks of care above the affordable level. The additional cost of these weeks is £1,046k. The additional activity has resulted in an over-recovery income of £285k. The unit cost is also forecast to be £824.88 per week as opposed to the £823.38 assumed within the budget, and this adds nearly £16k.

It should be noted that the residential budget has been adjusted with funding transferred to domiciliary, direct payments and supported accommodation to support current levels of clients and/or expected growth in these services.

The attrition within Preserved Rights is actually higher than budgeted for and this has resulted in an underspend of £108k against gross expenditure.

b. Domiciliary Care

The forecast is for an underspend of £87k on gross and an under-recovery in income of £19k. The adjusted budget gives an affordable level of activity which is currently in excess of actual demand. It is expected that this underspend will reduce over the course of the year as the Directorate looks to keep clients out of residential care.

c. Direct Payments

This budget is currently forecasting a small pressure of £34k, with a small over-recovery of income. The number of clients has increased from 547 in March to 586 in June.

d. Supported Accommodation

There is a small underspend on gross expenditure of £21k as client numbers remain slightly below what is affordable. As with domiciliary, the supported accommodation budget has been increased at the expense of residential care and gives an affordable level of in excess of actual demand. Again it is expected that this underspend will reduce over the remaining months of the year as clients in residential care are reviewed, and where appropriate transferred back into the community.

e. Other Services

The current forecast is an underspend of £127k on gross, however within this is £90k released as the balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. The remaining budgets, which include day-care, OT equipment, sensory disabilities unit, payments to voluntary organisations and assisted telephones are showing a small underspend of £37k. These services also show a minor under-recovery of income of £14k.

1.1.4.5 **All Adults Assessment & Related:**

There is a pressure against gross expenditure of £732k, with an over-recovery in income of £125k. As a result there is currently a freeze on all non-essential posts. An impact assessment is also currently being undertaken on the use of agency staff to inform any decision that may be taken to reduce their numbers or move to a position of no agency staff. The over-recovery in income relates to additional one-off contributions from Health.

For several years now the Directorate has taken the decision not to fund the cost of increments on the assumption that staff turnover will cover this cost. However there is some evidence, including from the staff survey, that the level of turnover is reduced on previous years, and this has impacted on the forecast. The forecast also includes the additional costs of their travel due to the recent increases.

Although there has been no increase in the number of staff within care management for a number of years there is strong evidence of increases in the number of referrals made to the Directorate. Between 2004 and 2007 there was a 25% increase in referrals to care management, but more importantly the number of referrals leading to a formal assessment, and therefore potentially a service, increased from 78% to 88%. The requirements of the Directorate, for both professional and non-professional staff, need to be seen in light of demographic pressures and the clear impact that this is having on numbers of referrals.

The move towards more self directed support should mean less support is needed from professionals. There are also a number of initiatives to modernise the service, particularly through mobile technology. However it should be recognised that as more clients remain within their own homes and receive more complex packages of care in a community setting, the support from care managers is higher than if they were in traditional residential placements.

Although there is little benchmarking data currently available to enable comparison with other authorities, we are pursuing this to try and obtain further information

1.1.4.6 **Mental Health Service:**

The overall position for Mental Health is an under-spend of £31k.

a. Residential Care

Although client numbers have reduced slightly from 278 in March to 270 in June this budget is reporting a pressure of £415k against gross expenditure. This is due to the fact that cash limit has been transferred to Supported Accommodation to reflect the changed priorities in the Directorate and the desire for clients to remain within a community based setting. A similar pressure on this line was reported through much of last year but the application of good financial practice and delaying planned placements brought this budget in at an underspend. Where appropriate, specialist resettlement teams will work to get clients out of residential care into the community.

b. Assessment & Related

A significant underspend of £473k on gross expenditure is being forecast as a result of the vacancy management necessary to offset the pressure within residential care. Savings also accrue from difficulties experienced in recruiting to senior posts in both social care and health. This is especially so in the north west of the county because of the proximity to London.

There is an under-recovery of income of £58k which relates primarily to a joint funded post with Health that is forecast to remain vacant as a result of the recruitment savings identified above.

1.1.4.7 **Policy, Performance & Quality Assurance:**

The gross budget is estimated to underspend by £321k which is spread across a number of teams both at Headquarters and in the two Areas. The forecast position is very much in line with the 2007/08 out-turn and reflects savings through vacancy management. There are also cases where costs have been funded through a grant. For example several posts are either partly or totally covered through the Whole Systems Demonstrator (Telecare/Telehealth) funding awarded by the Department of Health. Backfilling of posts has either been done at a lower cost or the post has not been covered, both of which have added to the underspend.

1.1.4.8 **Resources:**

There is a £186K underspend on gross expenditure. Within this is a credit of £300k released from the Supporting People reserve to fund some of the legal costs incurred in 2007/08 on the Better Homes Active Lives PFI as agreed by the Supporting People Commissioning Body. The release from reserve is shown as a credit entry in revenue and offsets the £225K debit against income as outlined below. Fortuitously the remaining £75K released from reserve reduces the Directorate's position as the costs were incurred last year. There are pressures relating to the legal SLA, and other legal costs involved with the new PFI scheme, and pensions but much of this is covered by the additional income outlined below.

The current position is an under-recovery in income of £169k. The position is skewed by the writing back (to revenue as a debit) of a debtor for £225K set up in 2007/08 in respect of contributions from District Councils towards the legal costs of the Better Homes Active Lives PFI scheme. The contribution will instead come from the Supporting People reserve as described above. In addition we are expecting income from Medway Council in respect of Enhanced Pensions as well as contributions from District Councils involved in the new Excellent Homes For All PFI scheme.

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

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - activity in excess of affordable level in independent sector placements	1,130	KASS	Older People Residential gross - release of Deferred Payments Loan from DoH	-628
KASS	PD Residential gross - activity in excess of affordable level in independent sector placements	1,046	KASS	Older People Nursing gross - release of Deferred Payments Loan from DoH	-628
KASS	LD Residential gross - Preserved Rights reduced attrition	789	KASS	MH Assessment & Related gross - vacancy management	-473
KASS	All Adults Assessment & Related Gross - staffing pressures	732	KASS	Older People Other Services - release of the balance of the Managing Director's contingency	-436
KASS	Older People Nursing gross - activity in excess of affordable level in independent sector placements	716	KASS	PPQA gross - vacancy management	-321
KASS	MH Residential gross - activity in excess of affordable level	415	KASS	LD Residential gross - Preserved Rights change in unit cost	-313
KASS	Older People Residential gross - activity in excess of affordable level in independent sector placements	294	KASS	Resources gross - release of Supporting People reserve to fund PFI legal costs	-300
KASS	Resources income - write back of PFI debtor	225	KASS	Older People Domiciliary gross - reduction in hours in independent care	-292
KASS	LD Residential gross - pressure relating to change in unit cost of independent sector placements	180	KASS	PD Residential gross - additional income through additional activity	-285
KASS	LD Residential gross - in house provision staffing	176	KASS	LD Other Services - release of the balance of the Managing Director's contingency	-264
KASS	Older People Residential gross - Preserved Rights reduced attrition	149	KASS	Older People Nursing income resulting from additional activity	-212
KASS	LD Domiciliary gross - cost of Independent Living Scheme	121	KASS	LD Residential income - additional income resulting from additional activity	-203
KASS	Older People Residential gross - in house provision staffing costs	117	KASS	LD Residential income resulting from additional Preserved Rights activity	-144
KASS	Older People Residential gross - pressure relating to change in unit cost in independent sector placements	107	KASS	All Adults Assessment & Related one-off income from Health	-125
KASS	Older People Domiciliary gross - pressure relating to change in unit cost in independent sector placements	106	KASS	PD Residential gross - Preserved Rights increased attrition	-108
			KASS	Older People Nursing gross - Preserved Rights increased attrition	-103
		+6,303			-4,835

1.1.5 **Actions required to achieve this position:**

The forecast pressure of £1,663k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that all savings will be achieved. The Management Action, or 'Guidelines for Good Financial Practice' as they are now referred to, required to address the residual pressure is detailed in section 1.1.8 below.

1.1.6 **Implications for MTP:**

The MTP includes an underlying pressure of £1,256k for 2008/09 as this year's position has been reduced by this same amount in respect of the Deferred Payments Loan. The impact of the Current Economic Situation has also identified a pressure of £7,102k in 2009/10 as highlighted in the report to Cabinet on 4 August.

1.1.7 **Details of re-phasing of revenue projects:**

No revenue projects have been identified for re-phasing.

1.1.8 **Details of proposals for residual variance:**

1.1.8.1 Over recent weeks the KASS Management Team have been refining the 'Guidelines for Good Financial Practice', which were previously referred to as 'Management Action Plans' in 2007-08. Details of these guidelines are provided below. Robust monitoring arrangements are in place on a monthly basis to ensure that all areas and HQ budgets are aggressively challenged and monitored.

It should be noted that at this time of the year, history tells us that managers tend to be overly cautious with their forecasts, and in recent years we have seen that forecasts begin to fall over the summer and autumn months, especially on non-direct services. At this stage we would predict that this is likely to happen again.

The KASS Directorate is wholly committed to delivering a balanced outturn position by the end of the year. The range of innovations that the Directorate has implemented will help us to achieve this, for example telehealth and telecare through the successful investment of the 'Whole Systems Demonstrator Programme', and extra care sheltered housing in the latter part of the year.

The guidelines below are currently expected to balance the £1.663m forecast pressure by year end:

1.1.8.2 Guidelines for Good Financial Practice – Residential/Nursing:

Waivers

Action: **Residential** – No waivers or exceptions to be agreed

Impact: Service users may not get District of choice/no transport for visiting outside of District.

Action: **Nursing** – No waivers to be agreed

Exceptions to be agreed when there is a risk to the service user.

District Manager and Head of Adult Services (HOAS) sign off at agreed limits.

Impact: Letter to be updated and handed out by District Manager in hospitals.

Action: **All** Placements under contract price to be agreed by HOAS

Impact: Contract team to be aware that there will be an increase in spot contracts and that "under price" negotiations are unavoidable.

Transition – LD & PD

- Supported living default position for Transition Service Users.
- 6 Monthly Area and 2 monthly District transition meetings to be held between Children disability teams and KASS.
- All transition cases are to be presented at panel, cost model applied, in control (Resource Allocation Statement) Person Centred Planning (PCP) to be used.
- LD Contracts to receive handover from contracts in CFE for all Service Users in transition from CFE to KASS.
- Spreadsheet to be maintained by Budget Team of all transition clients and presented to Area Finance Managers Meeting monthly.

- Outcomes of JRAP to be communicated to HOAS

Continuing Care

- Monthly Continuing Care panels to continue. Weekly District panel notes to be emailed to HOAS.
- KASS attendance at NHS Continuing Care panel.
- Hospital teams to close referral where potential Service User is medically unfit.
- Note family are not to look for homes until decision at panel has been made.
- Budget Team to maintain a Continuing Care spreadsheet to be presented quarterly at Area Activity & Finance Monitoring Group (AAFMG).
- Panel notes to include a summary of decisions made and a risk assessment of clients on waiting list.
- Panels to put expected admission dates in notes.
- If a client is not accepted for NHS Funded Continuing Care, Practitioners to review the decision support tool information from panel; reconcile with health practitioner and provide enhanced evidence to support the application for arbitration.

OPMH Nursing

- When nursing is required because of enhanced nursing needs, the cost above the band price is to be charged to the PCT under joint funding arrangements as set out by policy. If it is required because of behavioural issues continuing care should be applied for.
- Agreement should be reached before placement is made.
- If an existing placement is moved from Elderly Mentally ill residential to nursing, move to go ahead, application to PCT for top up above nursing home level.

Placement Panels – OP & PD

- All Districts to hold panels.
- All placements including respite in P&V to go to panel.
- Panel to assess risk of delaying placements and to report accordingly to appropriate District Manager.
- Assessment beds to be used for hospital placements.
- Unit Managers Direct Provision to ensure maximum bed usage.

Wealth Depleters

- Can Third Party Top Up (TPTU) be arranged?
- Can home within price band be found?
- Can service user move?
- Can contract price be reduced?
- Could shared room/reduced price room to be an option?

Action

- Hospital Teams to ensure the TPTU is signed by the Service User and on file prior to case notes transferring to the community.
- Directorate to introduce standard letter to be sent to the client stating that when assets reduce KASS will not pick up top up.

LD Placements

- All placements and supported living (up to £500) to be presented to monthly panel.
- Panel notes to all DMs/HOAS/Team Managers.
- All districts to implement Invest to Save model with a view to reducing placements. Identify Service Users with “moving on” potential.
- DP respite requests to go to panel.
- Panels to assess risks.
- Identify Service Users who could apply for Continuing Care.
- Ensure service users moving out of residential care have a minimum 20% reduction on care costs.
- Review 1:1 funding using the cost matrix model.
- Leaflet to be designed for Service User/Family member.
- TOR placement panel to be adhered to.

1.1.8.3 Guidelines for Good Financial Practice – Community:

Domiciliary

- All service users to receive up to 4 – 6 weeks intermediate care, active care or re-ablement service prior to agreement for an ongoing care package.
- Practice guidance case reviews to be followed and developed through Self Directed Support.
- Domiciliary Purchasing Strategy to be developed Per District/review of block contracts.
- In supervision review of low level care packages (under 2.5hrs) – cancel if not for personal care or essential for service users to remain in the community.
- Review packages within Independent Living Fund (ILF) limit and apply for ILF funding.
- No packages above the ceiling hours agreed as in guidance (incl. Direct Payments) unless client tops up privately.
- No domestic and shopping to be given unless informal carer does all the personal care and there is critical risk to carer whereby maximum of up to 2 hours per week can be provided. (1 hour for shopping, 1 hour domestic). Clients in Receipt of Disability Living Allowance/Attendance Allowance (DLA/AA) will have to pay for domestic and shopping service from DLA/AA.
- All new packages above 8 hours to be agreed by Team leaders and above 14 hour with District Manager

Meals

- Discontinue all meals after 4 weeks unless Domiciliary Package is required in its place.
- Contract Team to review the optimum usage before a block contract increases in price due to optimum not being reached.

Day Care

- In House and block service to be considered first.
- Direct Payment default for external respite.
- Direct Provision to use over-booking system showing decrease in costs
- New transport arrangements to show decrease in costs;
- Direct Payment and Kent Card to be default position for transport

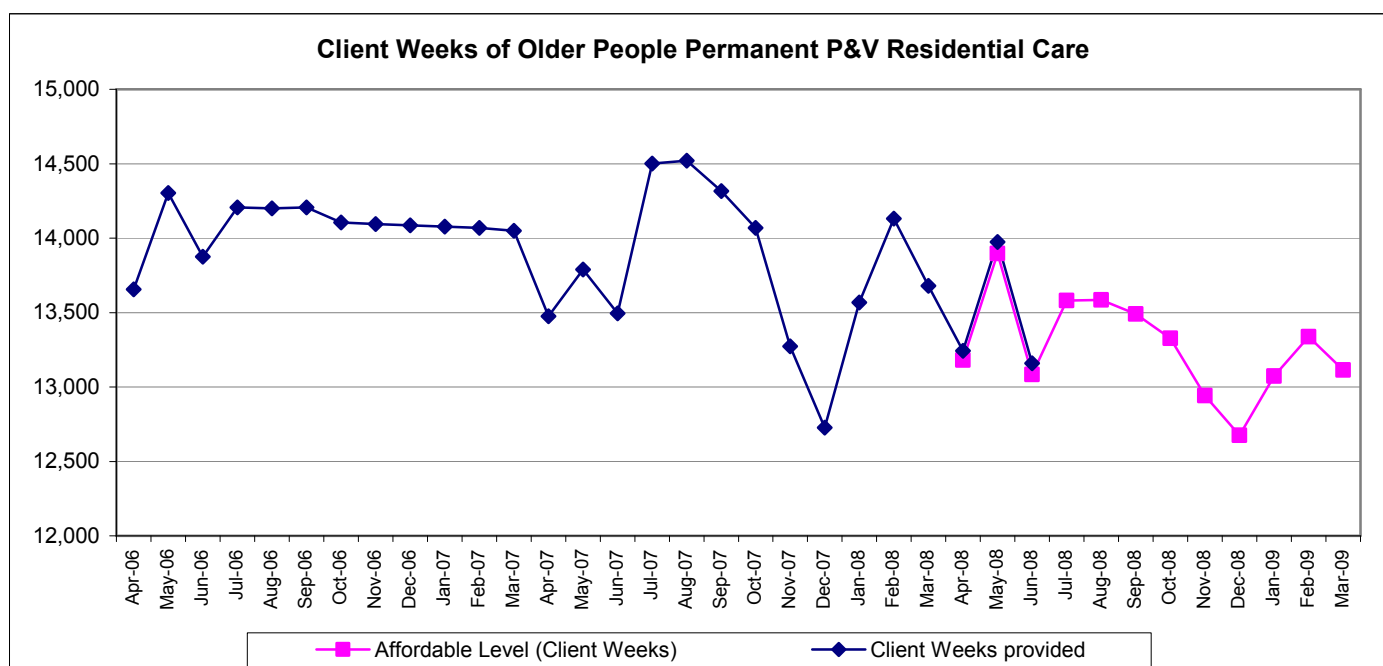
Direct Payments (DP)

- Direct Payments and Kent Card to become the default position.
- All above guidelines applicable to DP's including ceilings in domiciliary care.
- DP – cost of package should not exceed cost of non-DP package.
- DP4 form completed (used to review Direct Payments packages every 6 months) – Personal Assistant to client and Care Manager to carry out these reviews.
- Reduction in outstanding amounts in DP and Client Money Service user's bank accounts to be achieved

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:

	2006-07		2007-08		2008-09	
	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		13,656		13,476	13,181	13,244
May		14,303		13,789	13,897	13,974
June		13,875		13,495	13,084	13,160
July		14,207		14,502	13,581	
August		14,199		14,520	13,585	
September		14,206		14,316	13,491	
October		14,105		14,069	13,326	
November		14,095		13,273	12,941	
December		14,086		12,728	12,676	
January		14,077		13,568	13,073	
February		14,069		14,131	13,338	
March		14,049		13,680	13,114	
TOTAL	167,393	168,928	169,925	165,546	159,287	40,378

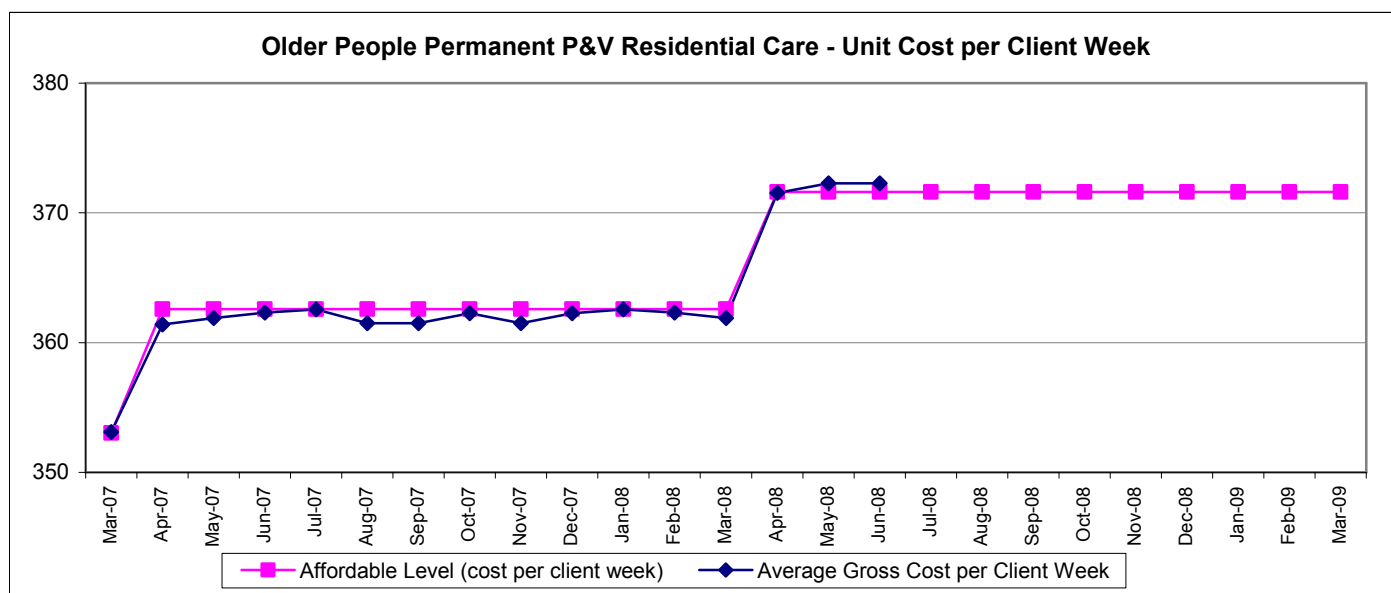


Comments:

- 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 older people permanent P&V residential care at the end of 2006-07 was 3,045, at the end of 2007-08 it was 2,917 and at the end of June 2008 it was 2,901.
- The current forecast is 160,077 weeks of care against an affordable level of 159,287, a difference of 790 weeks. Using the forecast unit cost of £372.27 this additional activity adds £294k to the forecast, as highlighted in section 1.1.4.2.a.
- To the end of June 40,378 weeks of care have been delivered against an affordable level of 40,162, a difference of 216 weeks.

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

	2006-07		2007-08		2008-09	
	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			362.60	361.41	371.60	371.54
May			362.60	361.90	371.60	372.28
June			362.60	362.31	371.60	372.27
July			362.60	362.56	371.60	
August			362.60	361.50	371.60	
September			362.60	361.50	371.60	
October			362.60	362.27	371.60	
November			362.60	361.50	371.60	
December			362.60	362.27	371.60	
January			362.60	362.56	371.60	
February			362.60	362.31	371.60	
March	353.04	353.10	362.60	361.90	371.60	

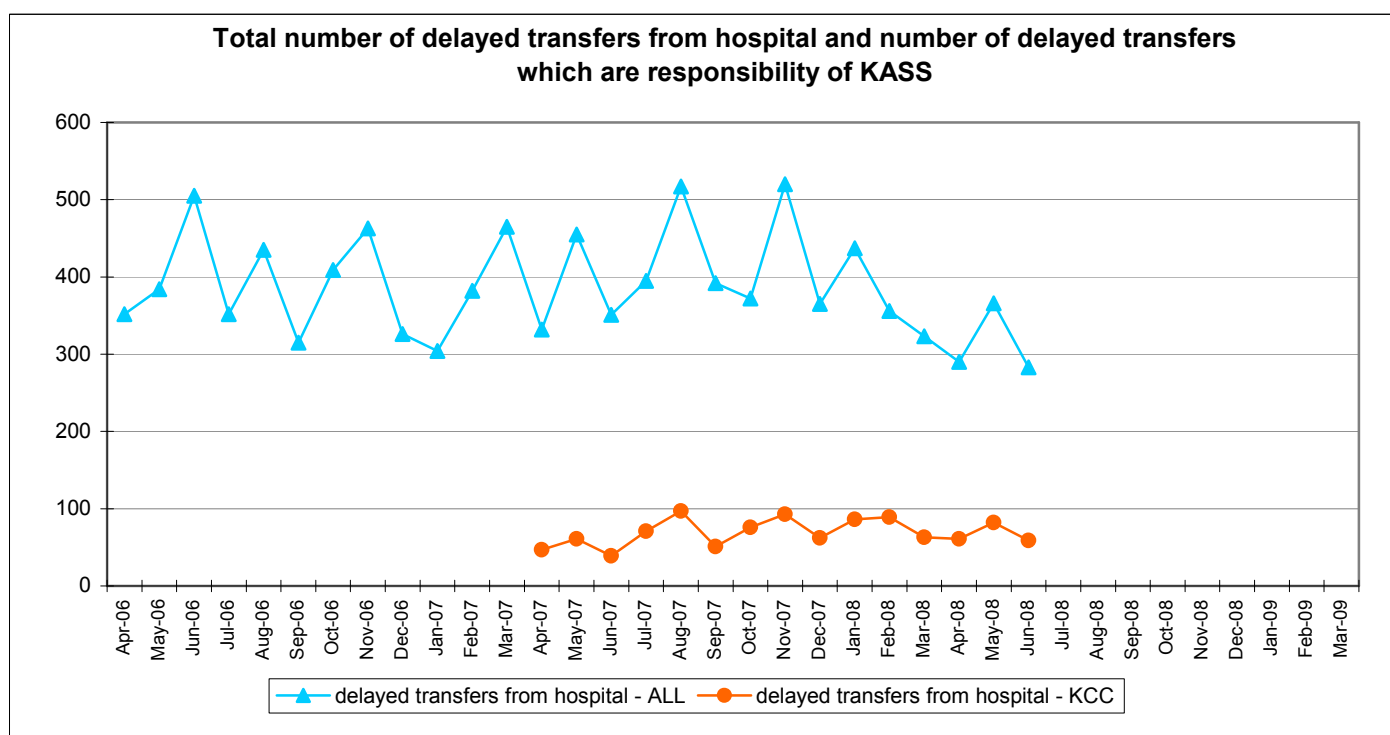


Comments:

- Average unit cost per week has increased more than inflation and may reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £372.27 is slightly higher than the affordable cost of £371.60 and this difference of 67p adds £107k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.4.2.a.

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

	2006-07		2007-08		2008-09	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	352		332	47	290	61
May	384		455	61	366	82
June	505		351	39	283	59
July	352		395	71		
August	435		517	97		
September	315		392	51		
October	409		372	76		
November	463		520	93		
December	326		365	62		
January	304		437	86		
February	382		356	89		
March	465		323	63		

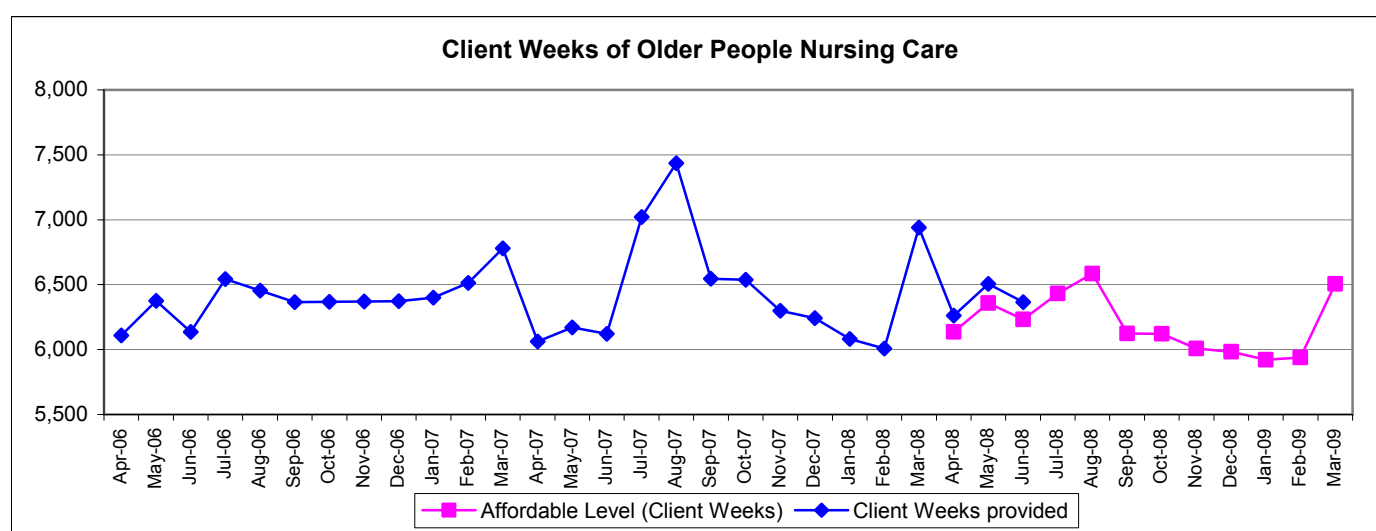


Comments:

- 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. 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. The average number of delayed transfers per week is on a steadily reducing trend from a peak in the second quarter of 2007/08. Approximately 13%-22% of these will be the responsibility of Social Services, but this occasionally rises and there are some more predictable "seasonal" variations throughout the year. It should also be noted that each third month is a five-week month.

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

	2006-07		2007-08		2008-09	
	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		6,109		6,062	6,137	6,263
May		6,375		6,170	6,357	6,505
June		6,136		6,120	6,233	6,365
July		6,542		7,020	6,432	
August		6,454		7,436	6,586	
September		6,366		6,546	6,124	
October		6,368		6,538	6,121	
November		6,371		6,298	6,009	
December		6,374		6,243	5,984	
January		6,399		6,083	5,921	
February		6,513		6,008	5,940	
March		6,780		6,941	6,507	
TOTAL	74,256	76,786	74,707	77,463	74,351	19,133

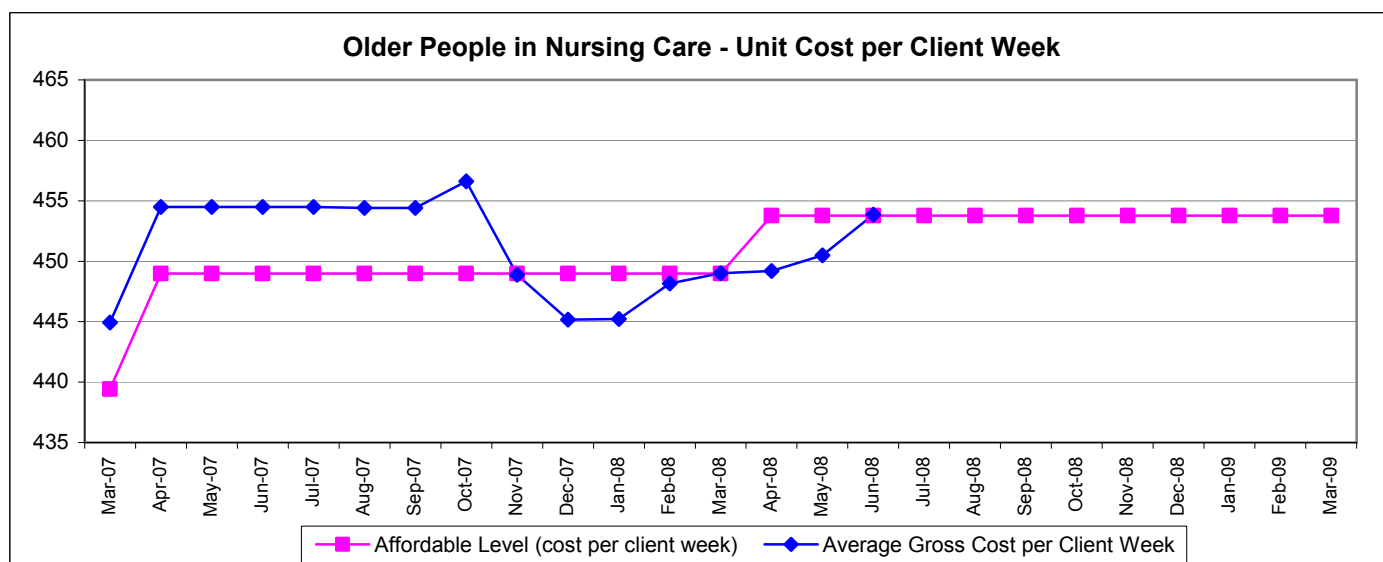


Comment:

- 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 2006-07 was 1,378, at the end of 2007-08 it was 1,386 and at the end of June 2008 it was 1,420.
- The current forecast is 75,928 weeks of care against an affordable level of 74,351, a difference of 1,577 weeks. Using the forecast unit cost of £453.86 this additional activity adds £716k to the forecast, as highlighted in section 1.1.4.2.b.
- To the end of June 19,133 weeks of care have been delivered against an affordable level of 18,727, a difference of 406 weeks.
- Increases in permanent nursing care may happen for many reasons. For example 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.

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

	2006-07		2007-08		2008-09	
	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			448.98	454.50	453.77	449.18
May			448.98	454.50	453.77	450.49
June			448.98	454.50	453.77	453.86
July			448.98	454.50	453.77	
August			448.98	454.40	453.77	
September			448.98	454.40	453.77	
October			448.98	456.60	453.77	
November			448.98	448.88	453.77	
December			448.98	445.16	453.77	
January			448.98	445.22	453.77	
February			448.98	448.17	453.77	
March	439.42	444.94	448.98	449.00	453.77	

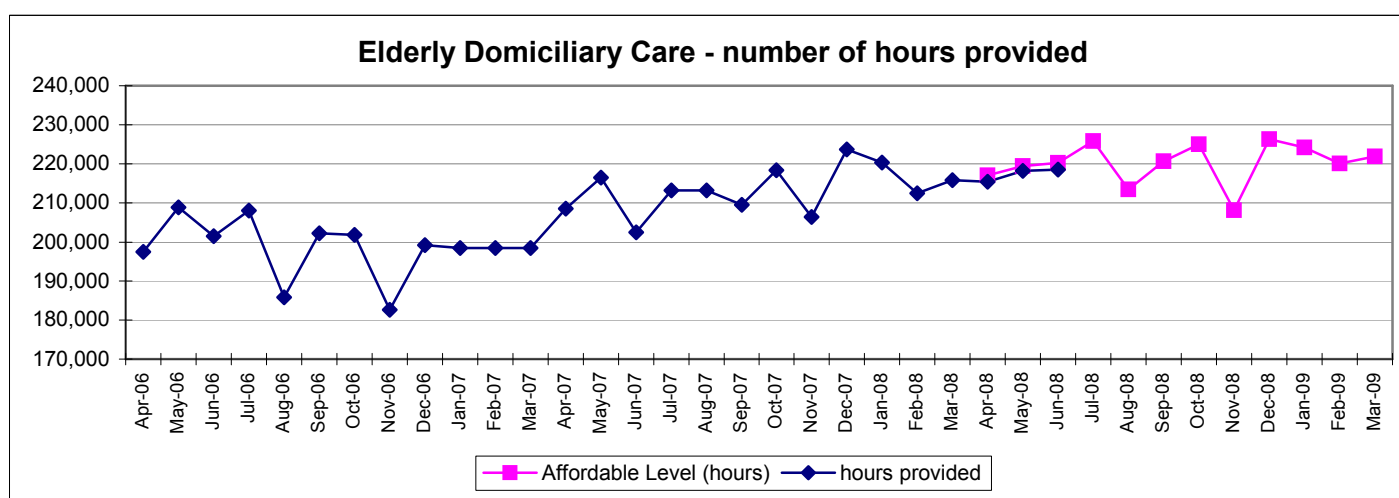
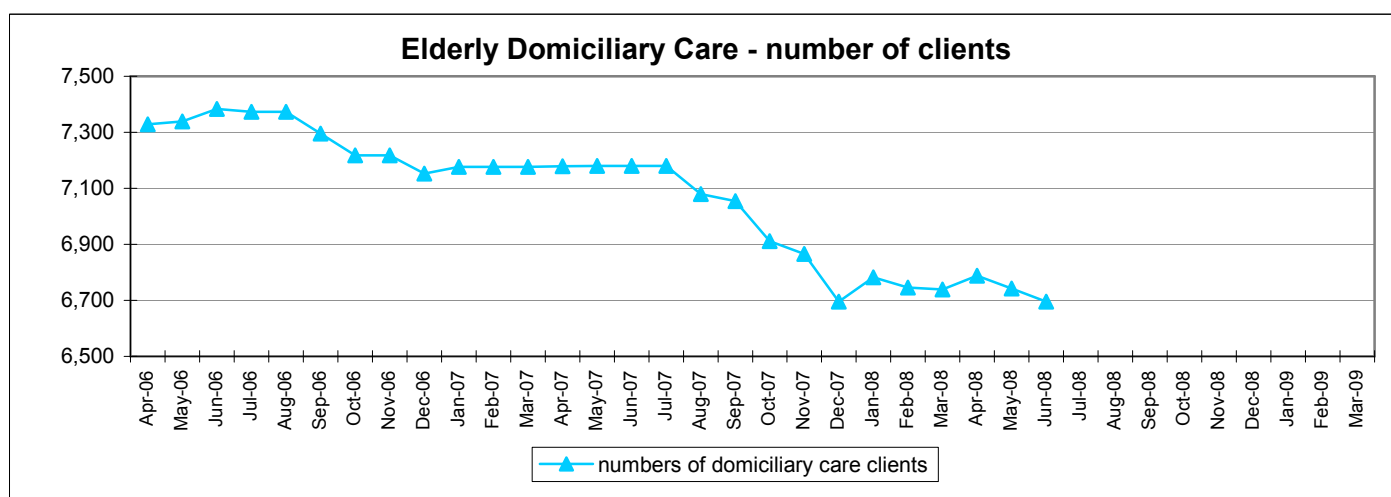


Comments:

- The forecast unit cost of £453.86 is slightly higher than the affordable cost of £453.77 and this difference of 9p adds £7k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.4.2.b.

2.3.1 Elderly domiciliary care – numbers of clients and hours provided in the independent sector:

	2006-07			2007-08			2008-09		
	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		197,531	7,329		208,524	7,179	217,090	215,448	6,788
May		208,870	7,339		216,477	7,180	219,480	218,200	6,742
June		201,559	7,383		202,542	7,180	220,237	218,557	6,696
July		208,101	7,373		213,246	7,180	225,841		
August		185,768	7,373		213,246	7,079	213,436		
September		202,227	7,295		209,504	7,054	220,644		
October		201,815	7,218		218,397	6,912	225,012		
November		182,608	7,218		206,465	6,866	208,175		
December		199,235	7,153		223,696	6,696	226,319		
January		198,524	7,177		220,313	6,782	224,175		
February		198,524	7,177		212,499	6,746	220,135		
March		198,524	7,177		215,865	6,739	221,875		
TOTAL	2,462,712	2,383,286		2,610,972	2,560,774		2,642,419	652,205	



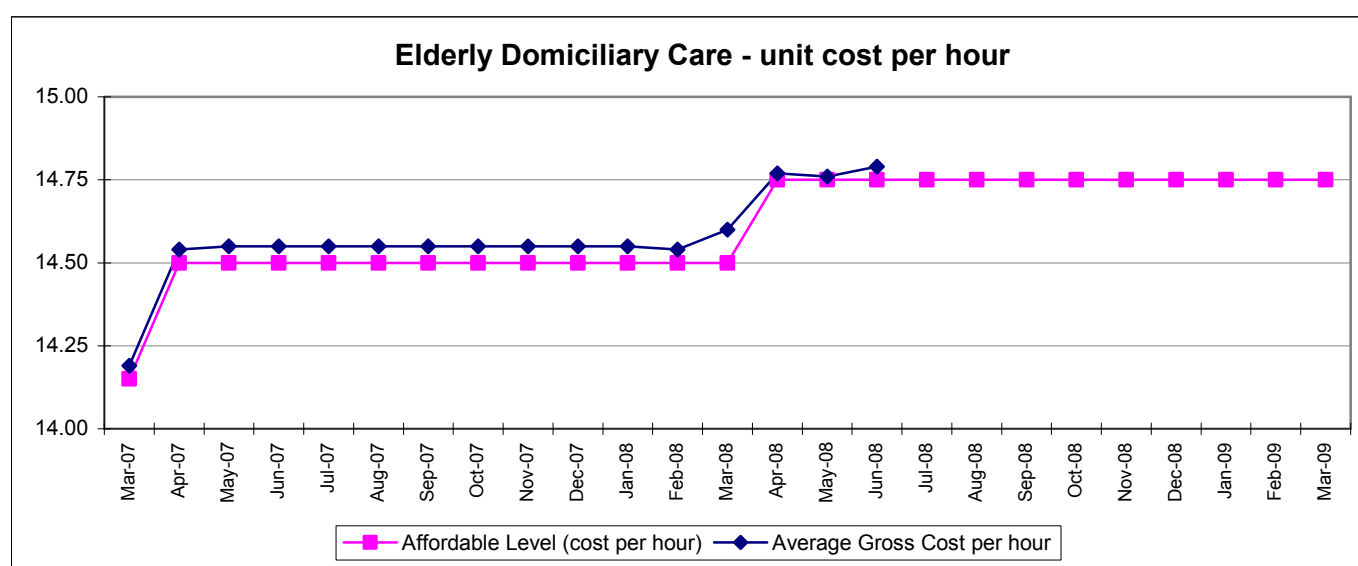
Comments:

- Figures exclude services commissioned from the Kent HomeCare Service.
- The current forecast is 2,622,684 hours of care against an affordable level of 2,642,419, a difference of 19,735 hours. Using the forecast unit cost of £14.79 this reduction in activity reduces the forecast by £292k, as highlighted in section 1.1.4.2.c.
- To the end of June 652,205 hours of care have been delivered against an affordable level of 656,807, a difference of 4,602 hours.

- The decrease in numbers of people receiving domiciliary care is partly as a result of the increase in direct payments. This is not linked to nursing care placements, as the two cohorts of service users are completely different. There are a number of other factors reducing the need for formal domiciliary care. Ongoing service developments with the voluntary sector and other organisations mean that we continue to prevent people from needing 'mainstream' domiciliary care, and they can access services, very often involving social inclusion (e.g. luncheon clubs and other social activities), without having to undergo a full care management assessment. Public health campaigns and social marketing aimed at improving people's health is already starting to result in healthier older people. Increase in the use of Telecare and Telehealth similarly reduces the need for domiciliary care, and it is possible that this trend will continue despite the growth in numbers of older people.
- The average number of hours provided per client has over the first three months of this year and reflects the increasing number of clients who require a higher level of support to enable them to remain within their own homes. Often this support could be through two care workers rather than one.

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

	2006-07		2007-08		2008-09	
	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			14.50	14.54	14.75	14.77
May			14.50	14.55	14.75	14.76
June			14.50	14.55	14.75	14.79
July			14.50	14.55	14.75	
August			14.50	14.55	14.75	
September			14.50	14.55	14.75	
October			14.50	14.55	14.75	
November			14.50	14.55	14.75	
December			14.50	14.55	14.75	
January			14.50	14.55	14.75	
February			14.50	14.54	14.75	
March	14.15	14.19	14.50	14.60	14.75	

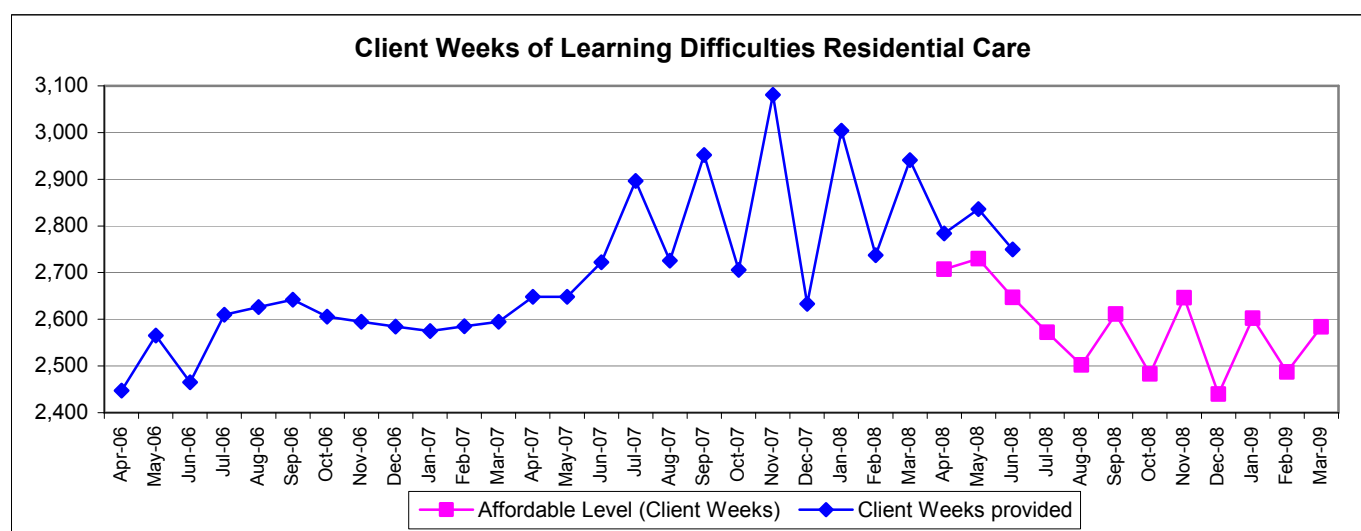


Comments:

- Average unit cost is increasing and may reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £14.79 is slightly higher than the affordable cost of £14.75 and this difference of 4p increases the pressure by £106k when multiplied by the affordable hours, as highlighted in section 1.1.4.2.c.

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

	2006-07		2007-08		2008-09	
	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		2,447		2,648	2,707	2,784
May		2,565		2,648	2,730	2,836
June		2,465		2,722	2,647	2,750
July		2,610		2,897	2,572	
August		2,626		2,725	2,502	
September		2,642		2,952	2,611	
October		2,606		2,706	2,483	
November		2,595		3,081	2,646	
December		2,584		2,633	2,440	
January		2,575		3,004	2,602	
February		2,585		2,737	2,487	
March		2,595		2,941	2,584	
TOTAL	30,984	30,895	30,984	33,695	31,011	8,370

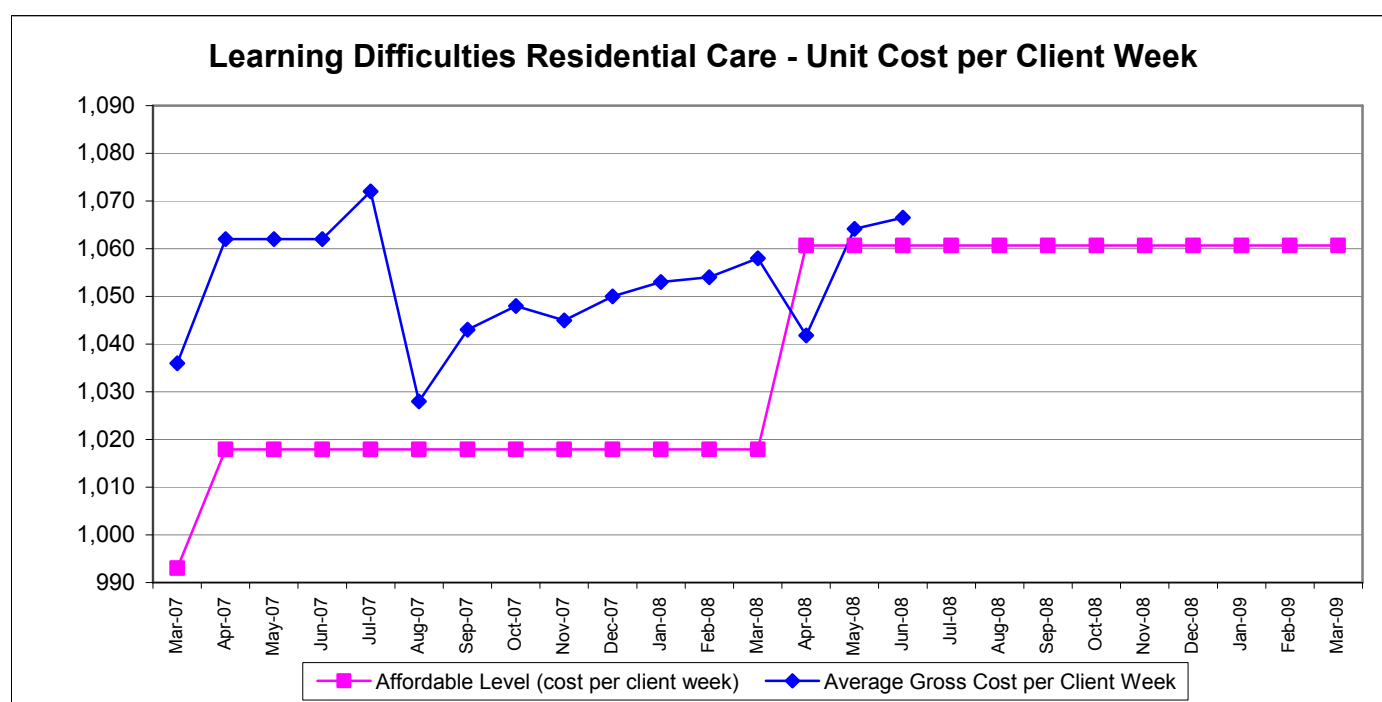


Comments:

- 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 2006-07 was 615, at the end of 2007-08 it was 633 and at the end of June 2008 it was 623.
- The current forecast is 32,071 weeks of care against an affordable level of 31,011, a difference of 1,060 weeks. Using the forecast unit cost of £1,066.49 this additional activity adds £1,130k to the forecast, as highlighted in section 1.1.4.3.a.
- To the end of June 8,370 weeks of care have been delivered against an affordable level of 8,084, a difference of 286 weeks.

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

	2006-07		2007-08		2008-09	
	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			1,018.00	1,062.00	1,060.70	1,041.82
May			1,018.00	1,062.00	1,060.70	1,064.19
June			1,018.00	1,062.00	1,060.70	1,066.49
July			1,018.00	1,072.00	1,060.70	
August			1,018.00	1,028.00	1,060.70	
September			1,018.00	1,043.00	1,060.70	
October			1,018.00	1,048.00	1,060.70	
November			1,018.00	1,045.00	1,060.70	
December			1,018.00	1,050.00	1,060.70	
January			1,018.00	1,053.00	1,060.70	
February			1,018.00	1,054.00	1,060.70	
March	993.00	1,036.00	1,018.00	1,058.00	1,060.70	

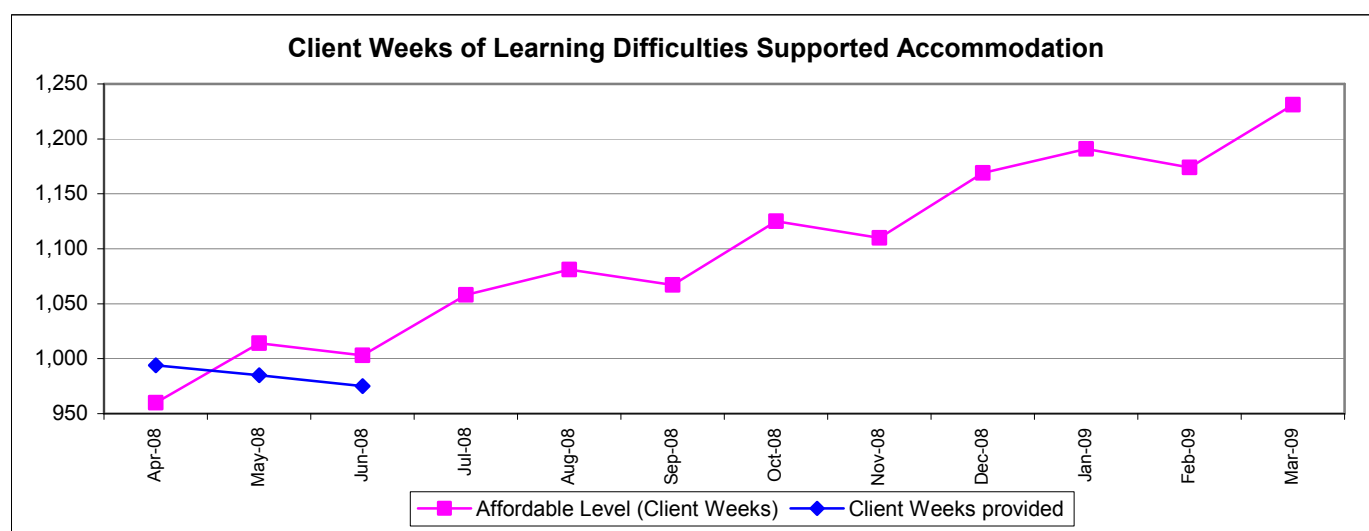


Comments:

- Clients being placed in residential care are those with very complex 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 £1,000 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 the very high cost ones – some of whom can cost up to £2,000 per week.
- The forecast unit cost of £1,066.49 is higher than the affordable cost of £1,060.70 and this difference of £5.79p adds £180k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.4.3.a.

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

	2007-08		2008-09	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April			960	994
May			1,014	985
June			1,003	975
July			1,058	
August			1,081	
September			1,067	
October			1,125	
November			1,110	
December			1,169	
January			1,191	
February			1,174	
March			1,231	
TOTAL	7,618	11,156	13,182	2,954

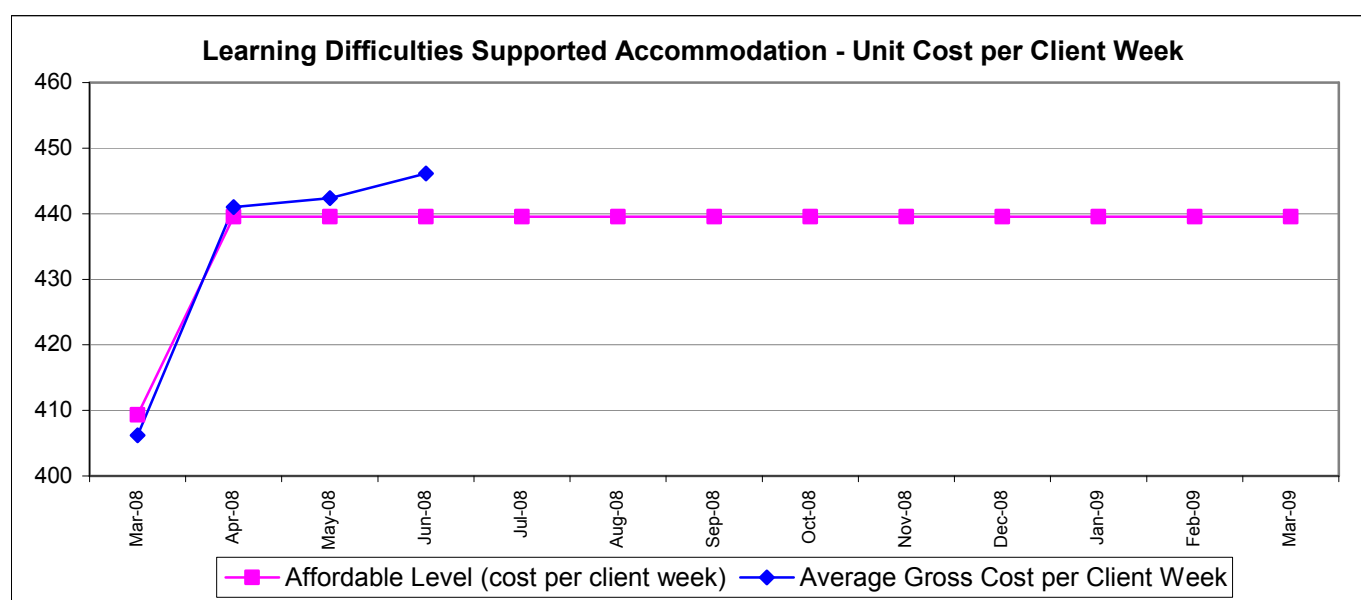


Comments:

- 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 supported accommodation at the end of 2007-08 was 224 and at the end of June 2008 it was 237.
- The current forecast is 13,081 weeks of care against an affordable level of 13,182, a difference of 101 weeks. Using the forecast unit cost of £446.13 this reduction in activity provides a saving of £45k.
- To the end of June 2,954 weeks of care have been delivered against an affordable level of 2,977, a difference of 23 weeks.
- This number is expected to increase in line with the expectation of transferring clients with less complex needs from residential care and using this service as an alternative to a residential placement for new clients. As such there has been a corresponding increase in the cash limit to support these additional clients.
- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. There remains some discussion nationally regarding the definition of Supported Accommodation so some adjustment to the activity may be required in the future once an agreed definition has been reached.

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

	2007-08		2008-09	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April			439.54	441.00
May			439.54	442.40
June			439.54	446.13
July			439.54	
August			439.54	
September			439.54	
October			439.54	
November			439.54	
December			439.54	
January			439.54	
February			439.54	
March	409.31	406.18	439.54	

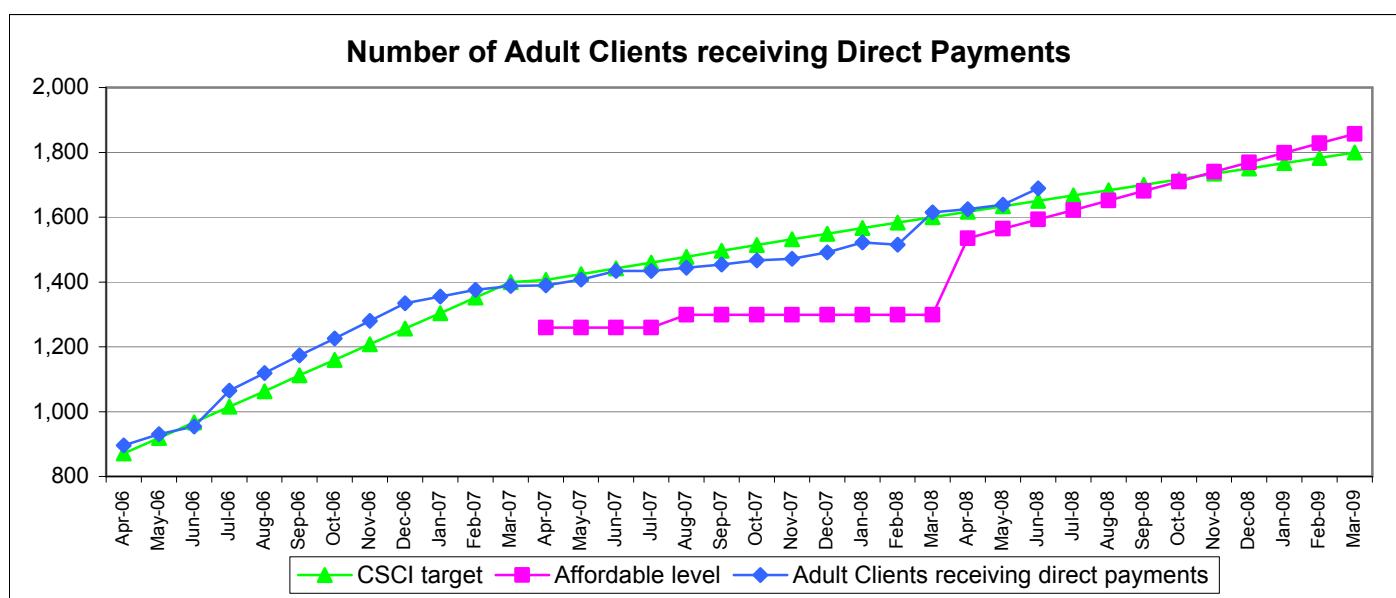


Comments:

- The forecast unit cost of £446.13 is higher than the affordable cost of £439.54 and this difference of £6.59p adds £87k to the position when multiplied by the affordable weeks.
- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. There remains some discussion nationally regarding the definition of Supported Accommodation so some adjustment to the activity may be required in the future once an agreed definition has been reached.

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

	2006-07			2007-08			2008-09		
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments
April	871		896	1,406	1,259	1,390	1,617	1,535	1,625
May	919		930	1,424	1,259	1,407	1,634	1,564	1,639
June	967		954	1,442	1,259	1,434	1,650	1,593	1,689
July	1,015		1,065	1,460	1,259	1,434	1,667	1,622	
August	1,063		1,119	1,478	1,299	1,444	1,683	1,651	
September	1,112		1,173	1,496	1,299	1,454	1,700	1,681	
October	1,160		1,226	1,514	1,299	1,467	1,717	1,710	
November	1,208		1,280	1,532	1,299	1,472	1,734	1,740	
December	1,256		1,334	1,549	1,299	1,491	1,750	1,769	
January	1,304		1,355	1,566	1,299	1,522	1,767	1,799	
February	1,352		1,376	1,583	1,299	1,515	1,783	1,828	
March	1,400		1,388	1,600	1,299	1,615	1,800	1,857	



Comments:

- Figures provided for last year represented the number of people who had a direct payment to provide permanent support. As of March 2008 and onwards, the monitoring of these figures have changed slightly, in line with guidance from the Department of Health. We are now monitoring all people who have had a direct payment, irrespective of whether permanent ongoing support is being purchased, or whether the direct payment is being used to purchase respite care.
- 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.