

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JANUARY 2008-09 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" ie 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.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the last full monitoring report. These are detailed in Appendix 2 to the executive summary.
- Cash limits have also been adjusted since the last full monitoring report to reflect a number of technical adjustments to budgets, including the consolidation of the Kent Public Services Network budget from directorates to Corporate IS in the Corporate Support & External Affairs portfolio.

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	87,902	-29,891	58,011	323	-331	-8	Demographic and placement pressures offset by one-off release of loan and additional income
- Nursing Care	42,753	-18,982	23,771	428	-523	-95	Demographic and placement pressures offset by one-off release of loan and additional income
- Domiciliary Care	46,080	-10,461	35,619	-1,840	758	-1,082	Reducing clients but more intensive packages
- Direct Payments	4,042	-327	3,715	-193	-46	-239	Low unit cost/activity
- Other Services	21,272	-5,627	15,645	-20	-371	-391	Balance of Managing Director's Contingency to offset overall pressure, additional spend on OTs/ICES part funded by PCTs
Total Older People	202,049	-65,288	136,761	-1,302	-513	-1,815	
People with a Learning Difficulty:							
- Residential Care	62,104	-9,946	52,158	4,139	-1,819	2,320	Demographic and placement pressures offset by additional income
- Domiciliary Care	5,972	-696	5,276	696	-165	531	Demographic pressures
- Direct Payments	3,997	-49	3,948	842	-23	819	Demographic pressures
- Supported Accommodation	7,247	-593	6,654	-1,321	-335	-1,656	Less than expected activity
- Other Services	19,147	-1,970	17,177	-123	96	-27	Balance of Managing Director's Contingency to offset overall pressure
Total People with a LD	98,467	-13,254	85,213	4,233	-2,246	1,987	

Table 1 continued

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
People with a Physical Disability							
- Residential Care	10,897	-1,649	9,248	1,740	-602	1,138	Demographic and placement pressures offset by additional income
- Domiciliary Care	8,039	-689	7,350	-454	202	-252	Less than expected activity
- Direct Payments	5,712	-247	5,465	428	-34	394	Demographic pressures
- Supported Accommodation	604	-59	545	-304	59	-245	Less than expected activity
- Other Services	5,515	-972	4,543	430	-380	50	Balance of Managing Director's Contingency to offset overall pressure, additional spend on OTs/ICES part funded by PCTs
Total People with a PD	30,767	-3,616	27,151	1,840	-755	1,085	
All Adults Assessment & Related	35,778	-1,596	34,182	263	-242	21	Pressure of increments, low turnover and increasing numbers of referrals/assessments offset by one-off contributions from Health
Mental Health Service							
- Residential Care	6,441	-948	5,493	384	38	422	Forecast activity in excess of affordable level
- Domiciliary Care	874	0	874	131	0	131	Forecast activity in excess of affordable level
- Direct Payments	234	0	234	44	0	44	
- Supported Accommodation	303	-62	241	-3	0	-3	
- Assessment & Related	10,084	-854	9,230	-597	-7	-604	Vacancy management
- Other Services	6,322	-881	5,441	-153	-3	-156	Balance of Managing Director's Contingency to offset overall pressure
Total Mental Health Service	24,258	-2,745	21,513	-194	28	-166	
Supporting People	32,957	0	32,957	-29	0	-29	
Gypsy & Traveller Unit	628	-279	349	44	-8	36	
People with no recourse to Public Funds	100	0	100	-20	0	-20	
Strategic Management	1,407	0	1,407	10	0	10	
Policy, Performance & Quality Assurance	6,512	-307	6,205	-548	16	-532	Vacancy management
Resources	14,618	-392	14,226	-446	-98	-544	Release from reserve, write back of debtor
Specific Grants	0	-35,111	-35,111	0	0	0	
Total Adult Services controllable	447,541	-122,588	324,953	3,851	-3,818	33	
Assumed Management Action				-33		-33	
Forecast after Mgmt Action				3,818	-3,818	0	

1.1.3 Major Reasons for Variance:

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

1.1.3.1 General Comment

With an overall residual pressure of only £33k now forecast, this is effectively a balanced budget position for KASS, although within this are a number of issues that will continue into the medium term, primarily demographic pressures within services for people with learning and physical disabilities but these are largely offset by underspends elsewhere.

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.

1.1.3.2 Older People:

The overall net position is an underspend of £1,815k, and includes the release of the one-off Deferred Payments Loan of £1,256k from the Department of Health. Although there are underlying pressures remaining within residential and nursing care, particularly the increasing proportion of clients who are suffering from dementia, the Directorate is reporting a very significant underspend against domiciliary care resulting from a continuing reduction in the number of clients requiring this form of care.

a. Residential Care

There is a pressure of £323k against gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to residential care (£628k). The number of clients in permanent placements in the independent sector was 2,831 in December. In terms of client weeks the forecast assumes 229 weeks more than is affordable at a cost of £86k. 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 £374.22 per week against an affordable figure of £371.60 which has resulted in a pressure of £417k. This pressure reflects the increasing number of clients with dementia that the Directorate is contending with as placements are more expensive, and this trend can clearly be seen in table 2.1.2. There is an over-recovery in income of £32k resulting from activity levels which are higher than afforded in the budget. There is also an over-recovery in income of £217k as the budget assumed an average client contribution of £136.18 per week yet the latest forecast assumes £137.54 per week.

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

The forecast against Preserved Rights has reduced to an underspend of £79k because of increased attrition which is over and above that assumed in the budget.

In house residential provision is showing a pressure of £302k 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). There is also a pressure of £225k on the Integrated Care Centres, £50k of which relates to a provision for potential additional TUPE costs which are being negotiated with the service provider and £175k relating to increases in unitary charges and general running costs, including linen and laundry.

b. Nursing Care

There is an overspend of £428k on gross expenditure which includes the release of the proportion of the Deferred Payments Loan that relates to nursing care (£628k). Client numbers have decreased from 1,391 in September to 1,364 in December because of higher than expected attrition. However since there is no certainty that this high level of attrition will continue it seems prudent for the current forecast variance to not assume that this level will continue. This position will therefore be reviewed again next month. The forecast is assuming 2,937 weeks more than budget. The cost of these extra weeks is £1,334k. As with residential care there have been additional non-permanent/respite placements to assist clients to remain within their own homes. The unit cost is also forecast to be higher than budget, £454.13 instead of £453.77, which increases the pressure by £27k. The additional activity has resulted in increased income of £794k.

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.

There is currently an underspend of £271k against Registered Nursing Care Contributions with an identical under-recovery of income and is based on the latest estimates of client activity. Although realignment of gross and income has been considered it has not been requested because the forecast remains subject to changes throughout the year.

c. Domiciliary Care

This service remains the most volatile and difficult to forecast and currently this line is forecasting a very significant underspend against gross of £1,840k. The number of clients receiving packages of care from an independent sector provider continues to show a downward trend for the year with the figure standing at 6,506 at the end of December. This is a drop from 6,739 in March, 6,696 in June but an increase on September's figure of 6,335. As a result of this downward trend the forecast assumes 80,064 hours less than the budget, a saving of £1,183k. The forecast unit cost is slightly more expensive than affordable, at an additional cost of £79k. This 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). There has also been a significant reduction in the number of clients accessing the in-house domiciliary service and this is currently forecasting an underspend of £736k.

The reduced level of activity has meant a corresponding under-recovery in income of £758k.

It was estimated that the number of clients in 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 a growing proportion 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 – 714 in December compared to 694 in September, 626 in June and 518 in March – but a good number 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 helps to explain why this line is forecasting an underspend of £193k.

e. Other Services

The position is an underspend of £20k against the gross budget with an over-recovery against income of £371k. Within the gross position is a pressure of £505k against OT/Integrated Community Equipment Store (ICES) although £400k of this is covered by additional contributions from Health. Although realignment of gross and income has been considered it has not been requested because the forecast remains subject to changes throughout the year. The KASS overspend relates to additional OT equipment to meet waiting time targets. However the overall gross pressure is suppressed by the £415k release of the remaining balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. There are also small variances, both over and under, against the remaining services, including meals, payments to voluntary organisations, and in-house day-care.

1.1.3.3 People with a Learning Difficulty:

Overall the position for this client group is a net pressure of £1,987k. 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, as well as direct payments. The Directorate had hoped to achieve some significant savings by transferring clients from residential care to supported accommodation.

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. 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.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is an overspend on gross of £4,139k partially offset by over recovery of income of £1,819k, giving a net pressure of £2,320k. Details of the individual pressures and savings contributing to this position are provided below.

Although the number of clients reduced from 633 in March to 623 in June, this figure has since increased to 635 in September and now 646 in December. Within this are a number of clients who have recently transferred across from Health under Section 256 (S256) arrangements. S256 of the NHS Act 2006 replaces Section 28a of the NHS Act 1977 which provides the legislative basis for PCTs to transfer funding to Local Authorities. In excess of 10 years ago a S28a agreement was arranged to fund services for a range of individuals with Learning Difficulties. In practice, Social Services commission and pay for services and recharge the cost to Health after taking into account any client contributions. These clients are not showing significant variances as over time the cash limits for both gross and income have been adjusted to account for them. Although realignment of gross and income has been considered for the recent S256 clients it has not been requested because the forecast remains subject to changes as more clients are transferred from Health throughout the year. The recent clients are part of the much larger, and nationally driven, transfer of the responsibility and funding for the commissioning of social care for adults with Learning Difficulties from the NHS to Local Authorities. Currently the S256 agreement is being modified to ensure that KASS recovers all of its costs up to the end of 2010/11. From 2011/12 funding will be removed from the NHS and will be paid directly to Local Authorities.

The new S256 clients have added £510k of costs, offset by £499k of income from Health and £11k of client contributions. The increase in clients, including S256, means that the forecast assumes 2,953 more weeks than is affordable. It should be noted that the Directorate had previously 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 £3,153k (£510k new S256 clients and £2,643k other clients). The forecast unit cost is also above the affordable level which adds £214k to the position. The additional activity has resulted in an over-recovery of income of £1,435k, of which £510k relates to S256 clients fully funded by Health and client contributions, with the remaining £925k resulting from increased activity

The combined position for Preserved Rights clients (both pre and post 2002) is also a pressure on gross of £607k although £182k of this relates to S256 clients transferred from Health. These new clients combined with lower than expected attrition means that there are 787 more client weeks than budgeted for at a cost of £649k (£182k new S256 clients and £467k other clients). The unit cost is slightly less than affordable which reduces the pressure by £42k. Also there is additional income from this extra activity of £384k, including £182k for S256 clients.

As with Older People, in house residential provision is showing a pressure of £165k 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 £696k is partially offset by additional income of £165k resulting from the increased activity. The forecast for services provided through the independent sector assumes 22,735 hours more than is affordable, which with a cost per hour of £12.02 means a pressure of £273k. However the cost per hour is actually 33p less than affordable so when applied to affordable hours of 326,543 there is actually a saving of £108k. There has also been a significant increase in the number of clients accessing independent living services, especially a number with wide ranging and profound disabilities, with the result that this line is currently forecasting an overspend of £537k.

c. Direct Payments

Client numbers have increased from 338 in March, 365 in June and 424 in September to 456 in December which is significantly above the affordable level of 360 clients. This budget is therefore showing a pressure of £842k on gross expenditure with a small over-recovery on income of £23k.

d. Supported Accommodation

Although, as with residential, there has been some transfer of clients from Health into Supported Accommodation under S256 arrangements the overall position is an underspend on gross expenditure of £1,321k. It should be noted that budget was previously increased greatly to support expected growth in these services which has not happened as yet. As with the residential position reported above, within this forecast is £446k of costs relating to clients which have recently transferred from Health under S256 arrangements. The forecast assumes 2,057 weeks less than affordable, even including the new S256 clients, resulting in a saving of £1,010k (+£446k new S256 clients and -£1,456k other clients). The forecast unit cost is also below the affordable level which reduces the position by a further £324k. The majority of the costs of S256 are recharged to Health although there are some additional client contributions, and in this case £428k has come from Health with a further £18k of client income. However the low level of activity elsewhere has resulted in an under-recovery in income of £111k, which therefore means that overall this budget is over-recovering on income by £335k.

Although realignment of gross and income has been considered for the S256 clients it has not been requested because the forecast remains subject to changes throughout the year.

e. Other Services

There is an underspend on gross of £123k 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 variances against the remaining services including supported employment, Learning Disability Development Fund and payments to voluntary organisations, although the previously reported pressure against in-house day services has been addressed through the application of management action/good financial practice.

1.1.3.4 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 £1,085k.

a. Residential Care

This line is forecasting a pressure against gross expenditure of £1,740k. Client numbers have increased from a figure of 207 in March to 214 in September 223 in December and overall the forecast assumes 1,703 weeks of care above the affordable level. The additional cost of these weeks is £1,453k. The additional activity has resulted in an over-recovery income of £527k. The unit cost is also forecast to be £853.07 per week as opposed to the £823.38 assumed within the budget, and this adds £315k.

It should be noted that the residential budget was adjusted in the first full monitoring return 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 £132k against gross expenditure. There is also currently an overspend of £77k

against Registered Nursing Care Contributions with an identical over-recovery of income which is based on the latest estimates of client activity.

b. Domiciliary Care

The forecast is for an underspend of £454k on gross and an under-recovery in income of £202k. The adjusted budget gives an affordable level of activity which is currently in excess of actual demand.

c. Direct Payments

This budget is currently forecasting a pressure of £428k, with a small over-recovery of income. The number of clients has increased from 547 in March, 586 in June and 620 in September to 666 in December, which is 90 clients more than is currently affordable.

d. Supported Accommodation

There is an underspend on gross expenditure of £304k with an under-recovery in income of £59k as client numbers remain slightly below what is affordable. As with domiciliary, the supported accommodation budget was previously increased at the expense of residential care to support expected growth in these services which has not happened as yet.

e. Other Services

The current forecast is a pressure of £430k on gross, of which £490k relates to OT/ICES, although £396k of this is covered by additional contributions from Health. The KASS overspend relates to additional OT equipment to meet waiting time targets. Also within the gross pressure is an underspend of £90k following release of 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, sensory disabilities unit, payments to voluntary organisations and assisted telephones are showing small variances.

1.1.3.5 **All Adults Assessment & Related:**

There is a pressure against gross expenditure of £263k, with an over-recovery in income of £242k. The pressure has been managed down through the year as a result of holding recruitment to all non-essential posts. 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.

1.1.3.6 **Mental Health Service:**

The overall position for Mental Health is an underspend of £166k.

a. Residential Care

Although this budget continues to report a significant pressure of £384k against gross expenditure there has been a significant improvement in the position over the course of the year. The number of clients has dropped from 270 in September to 261 in December. The application of good financial practice and delaying planned placements has reduced this pressure which stood at £648k in Quarter 2. Where appropriate, specialist resettlement teams will continue to work to get clients out of residential care and into the community. The remaining £384k pressure is mainly 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.

b. Domiciliary Care

This line is forecasting a pressure of £131k against gross expenditure. Demand against this budget is significant as the Directorate tries to support clients to remain at home rather than in a residential placement.

c. Assessment & Related

A significant underspend of £597k 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

The current forecast is an underspend of £153k on gross, however within this is £69k released as the balance of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. The forecasts against the remaining budgets, including day-care, payments to voluntary organisations, facilities, and community services, make up the remaining underspend.

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

The gross budget is estimated to underspend by £548k which is spread across a number of teams both at Headquarters and in the two Areas 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.

1.1.3.8 **Resources:**

There is a £446k 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. The remaining £75K released from reserve reduces the Directorate's position as the costs were incurred last year.

This line is also benefitting from the release of the provision set up in respect of the costs of client billing. The provision was set up at the end of 2007/08 because of uncertainty around the replacement grant for Social Care IT Infrastructure Capital grant from the Department of Health. However the Directorate has since been notified that it will receive £362k in 2008/09 thereby allowing release £262k of the provision to offset the overall revenue pressure within the Directorate.

The current income position is an over-recovery of £98k. 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. We are also expecting to over-recover on income by £323k across a number of budget lines. This includes additional 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
(shading denotes that a pressure/saving has an offsetting entry which is directly related)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - activity in excess of affordable level in independent sector placements (excl new S256 clients)	+2,643	KASS	LD Supported Accommodation gross - activity below affordable level	-1,456
KASS	PD Residential gross - activity in excess of affordable level in independent sector placements	+1,453	KASS	Older People Domiciliary gross - reduction in hours in independent care	-1,183
KASS	Older People Nursing gross - activity in excess of affordable level in independent sector placements	+1,334	KASS	LD Residential income - additional income resulting from additional activity (excl new S256 clients)	-925
KASS	LD Direct Payments gross - activity in excess of affordable level	+842	KASS	Older People Nursing income resulting from additional activity	-794
KASS	Older People Domiciliary income - under-recovery of income due to lower activity	+758	KASS	Older People Domiciliary gross - reduction in in-house hours	-736
KASS	LD Domiciliary gross - pressure against Independent Living Scheme	+537	KASS	Older People Residential gross - release of Deferred Payments Loan from DoH	-628
KASS	LD Residential gross - new S256 clients	+510	KASS	Older People Nursing gross - release of Deferred Payments Loan from DoH	-628
KASS	OP Other Services gross - additional OT/ICES costs	+505	KASS	MH Assessment & Related gross - vacancy management	-597
KASS	PD Other Services gross - additional OT/ICES costs	+490	KASS	PPQA gross - vacancy management	-548
KASS	LD Residential gross - Preserved rights increased activity due to lower attrition (excl new S256 clients)	+467	KASS	PD Residential - additional income through additional activity	-527
KASS	LD Supported Accommodation gross - new S256 clients	+446	KASS	LD Residential income - new S256 clients	-510
KASS	PD Direct Payments gross- activity in excess of affordable level	+428	KASS	PD Domiciliary gross - activity below affordable level	-454
KASS	Older People Residential gross - pressure relating to change in unit cost in independent sector placements	+417	KASS	LD Supported Accommodation income - new S256 clients	-446
KASS	MH Residential gross - tfr of clients to supported accommodation not yet happened	+384	KASS	Older People Other Services gross - release of the balance of the Managing Director's contingency	-415
KASS	PD Residential gross - pressure relating to change in unit cost of independent sector placements	+315	KASS	OP Other Services income - additional OT/ICES funding from health	-400
KASS	Older People Residential gross - in house provision staffing costs	+302	KASS	PD Other Services income - additional OT/ICES funding from health	-396
KASS	LD Domiciliary gross - activity in excess of affordable level	+273	KASS	LD Supported Accommodation gross - difference in unit cost	-324
KASS	Older People Nursing income - under recovery of income due to lower RNCC activity	+271	KASS	Resources income - additional contributions	-323
KASS	All Adults Assessment & Related Gross - staffing pressures	+263	KASS	PD Supported Accommodation gross - activity below affordable level	-304
KASS	Resources income - write back of PFI debtor	+225	KASS	Resources gross - release of Supporting People reserve to fund PFI legal costs	-300

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - pressure relating to change in unit cost of independent sector placements	+214	KASS	Older People Nursing gross - RNCC activity below affordable level	-271
KASS	PD Domiciliary income - under-recovery of income due to lower activity	+202	KASS	LD Other Services gross - release of the balance of the Managing Director's contingency	-264
KASS	LD Residential gross - Preserved Rights new S256 clients	+182	KASS	Resources gross - release of client billing provision	-262
KASS	Older People Residential gross - Intergated Care Centres increased unitary charges and running costs	+175	KASS	All Adults Assessment & Related one-off income from Health	-242
KASS	LD Residential gross - in house provision staffing	+165	KASS	Older People Residential income - difference in unit cost	-217
KASS	MH Domiciliary gross - activity in excess of affordable level	+131	KASS	LD Residential income - Preserved rights increased activity due to lower attrition (excl new S256 clients)	-202
KASS	LD Supported Accommodation income - under-recovery of income due to lower activity	+111	KASS	Older People Direct Payments gross - lower unit cost & activity	-193
			KASS	LD Residential income - Preserved Rights new S256 clients	-182
			KASS	LD Domiciliary income resulting from additional activity	-165
			KASS	PD Residential gross - Preserved Rights increased attrition	-132
			KASS	Learning Domiciliary gross - change in unit cost in independent sector	-108
		+14,043			-14,132

1.1.4 Actions required to achieve this position:

The forecast pressure stands at £33k and this has been significantly reduced over the course of the year through the application of Good Financial Practice. The management actions, or 'Guidelines for Good Financial Practice' as they are now referred to, required to address the residual pressure is referred to in section 1.1.7 below.

1.1.5 Implications for MTP:

Although the MTP assumes a breakeven position for 2008/09 it does also assume an underlying pressure of £1,256k as this year's position has been reduced by the same amount in respect of the one-off Deferred Payments Loan.

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:

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

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 as the new units come on stream in the next few months.

The guidelines are currently expected to balance the remaining £33k forecast pressure by year end.

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 reflected in the 2009-12 MTP as agreed by County Council on 19 February 2009. However, these differ from the cash limits shown in 2009-10 Budget Book, as the cash limits reflected in this report only include those projects starting in the current or previous years, whereas the cash limits in the 2009-10 Budget Book also include projects due to start in future years of the 2009-12 MTP.

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

	Prev Yrs Exp £000s	2008-09 £000s	2009-10 £000s	2010-11 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget approved at Cty Council	11,602	6,421	8,785	4,621	5,341	36,770
Adjustments:						
-						0
-						0
						0
Revised Budget	11,602	6,421	8,785	4,621	5,341	36,770
Variance		-732	118	614		0
split:						
- real variance						0
- re-phasing		-732	+118	+614		0
Real Variance		0	0	0	0	0
Re-phasing		-732	+118	+614	0	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2008-09 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						
KASS	Broadmeadow	real		+417		
			0	+417	0	0
Underspends/Projects behind schedule						
KASS	Modernisation of Assets	real	-417			
KASS	Flexible & Mobile Engagement	phasing		-389		
			-417	-389	0	0
			-417	+28	0	0

1.2.4 Projects re-phasing by over £1m:

KASS Directorate has no projects which are rephasing in excess of £1m.

1.2.5 Projects with real variances, including resourcing implications:Broadmeadow

Following the outcome of mediation with the contractors, it is expected that KASS will be left with a pressure of £0.417m on the Broadmeadow project. It is proposed to fund this pressure by a corresponding under-commitment on the Modernisation of Assets programme.

Guru Nanak

Due to the discovery of asbestos at the reprovision site, KASS are currently forecasting a pressure of £0.140m on the Guru Nanak reprovision project. It is proposed that this will be funded by an under commitment on the Public Access development project.

Mental Health Single Capital Pot.

KASS are forecasting a pressure of £0.019m on this project, which is related to the development of a one-stop shop in North West Kent. KASS are currently funding this pressure by an under commitment against the Public Access development project.

1.2.6 General Overview of capital programme:

(a) Risks

Most of the directorate's capital programme was to be funded by back-to-back receipts. In the current climate of falling property prices and uncertainty over sales, this funding stream is risky.

(b) Details of action being taken to alleviate risks

In order to minimise the risk to the KASS capital programme, all of the properties for disposal which were not at advanced stages of negotiation have been put into PEF2. For KASS, this means that the value of funding may be below that which was originally sought. KASS are currently undertaking work to ensure that the PEF2 funding is adequate for the projects.

1.2.7 PFI projects

- PFI Housing

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

	Previous years	2008-09	2009-10	2010-11	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget	8,892	51,818	11,779	-	72,489
Forecast	8,892	51,818	11,779	-	72,489
Variance	-	-	-	-	-

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

Overall costings are still as planned.

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

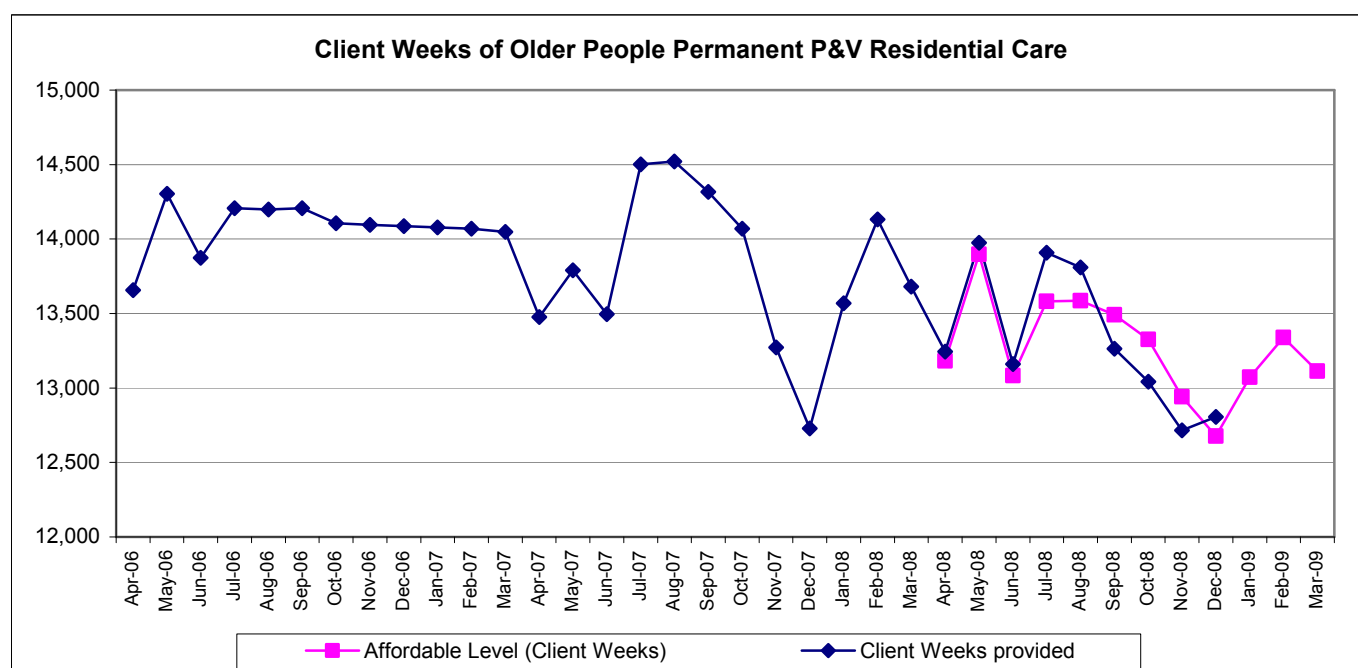
The unitary charge is not subject to indexation as the contractor has agreed to a fixed price for the duration of the contract. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

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

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	13,909
August		14,199		14,520	13,585	13,809
September		14,206		14,316	13,491	13,264
October		14,105		14,069	13,326	13,043
November		14,095		13,273	12,941	12,716
December		14,086		12,728	12,676	12,805
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	119,924

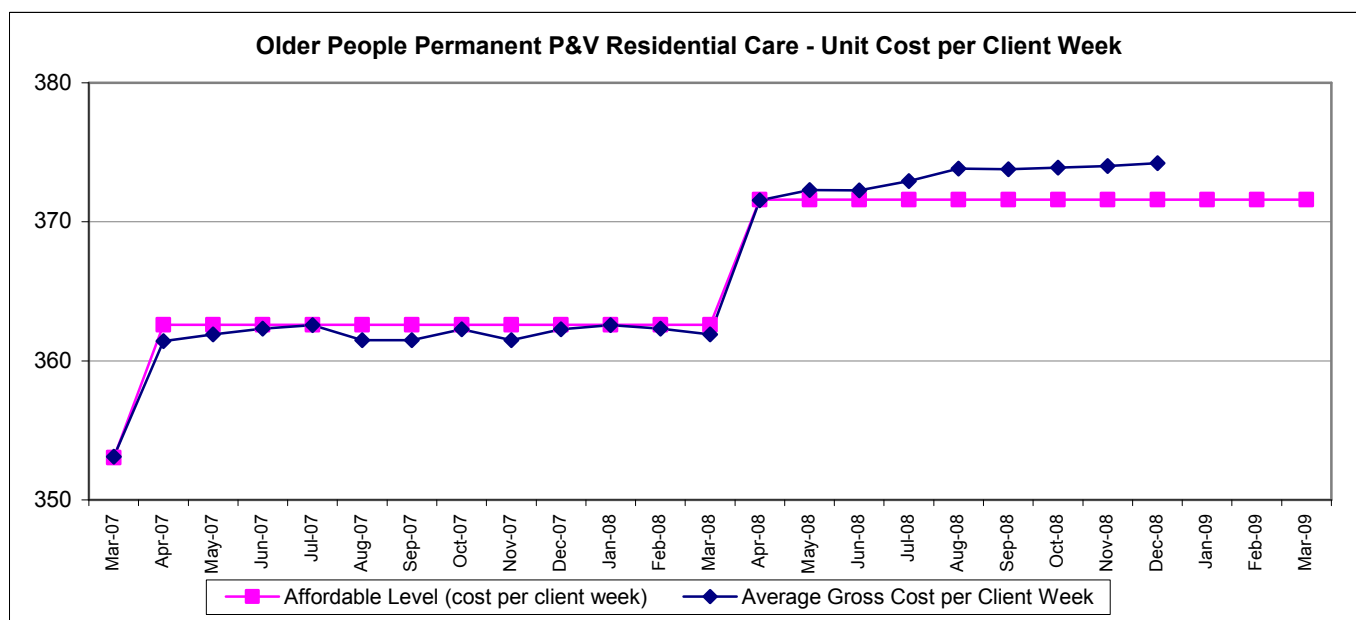


Comments:

- 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 December 2008 it was 2,831. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia have increased from 1,113 in April to 1,162 in December, whilst the other residential clients have decreased.
- The current forecast is 159,516 weeks of care against an affordable level of 159,287, a difference of 229 weeks. Using the forecast unit cost of £374.22 this additional activity adds £86k to the forecast, as highlighted in section 1.1.3.2.a.
- To the end of December 119,924 weeks of care have been delivered against an affordable level of 119,762, a difference of 162 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	372.94
August			362.60	361.50	371.60	373.84
September			362.60	361.50	371.60	373.78
October			362.60	362.27	371.60	373.91
November			362.60	361.50	371.60	374.01
December			362.60	362.27	371.60	374.22
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	

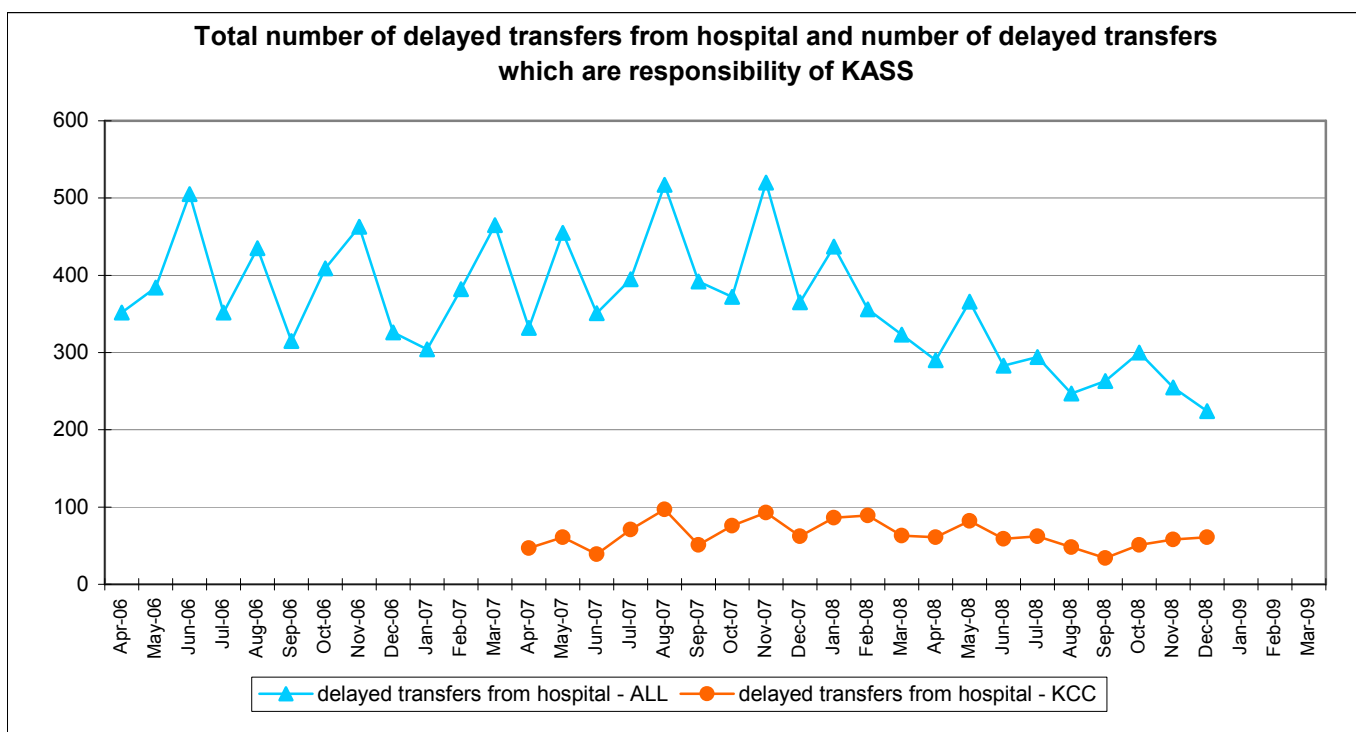


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the increasing numbers of clients with dementia.
- The forecast unit cost of £374.22 is higher than the affordable cost of £371.60 and this difference of £2.62 adds £417k to the position 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:

	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	294	62
August	435		517	97	247	48
September	315		392	51	263	34
October	409		372	76	300	51
November	463		520	93	255	58
December	326		365	62	224	61
January	304		437	86		
February	382		356	89		
March	465		323	63		

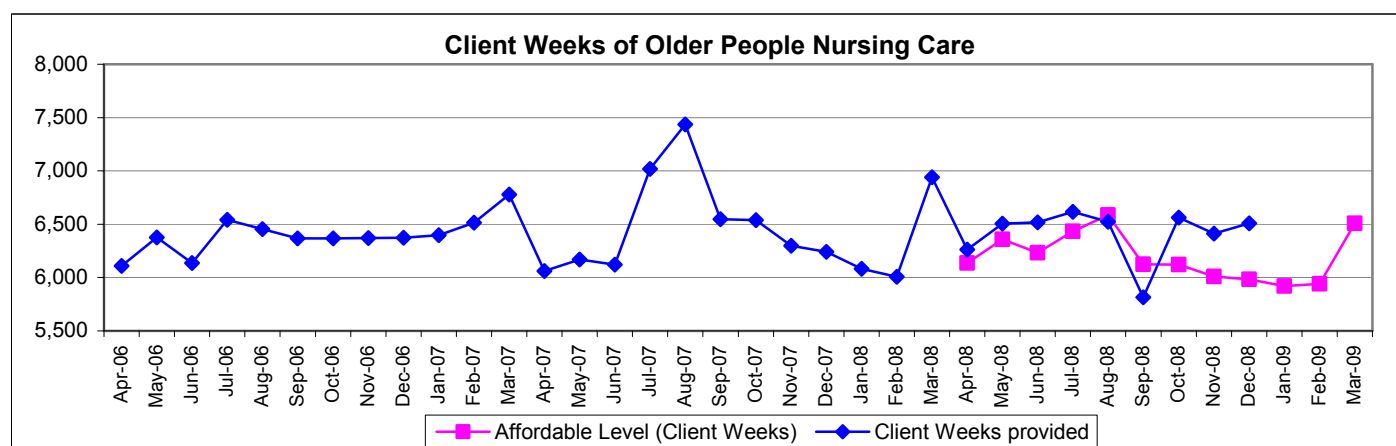


Comments:

- 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%-27% of these will be the responsibility of Social Services and trends over the last three months show an increasing trend. The number of DTCs at Medway Hospital dropped during the summer months because of seasonal trends and staffing issues. This then contributed to the rise in numbers after September.

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	6,518
July		6,542		7,020	6,432	6,616
August		6,454		7,436	6,586	6,525
September		6,366		6,546	6,124	5,816
October		6,368		6,538	6,121	6,561
November		6,371		6,298	6,009	6,412
December		6,374		6,243	5,984	6,509
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	57,725

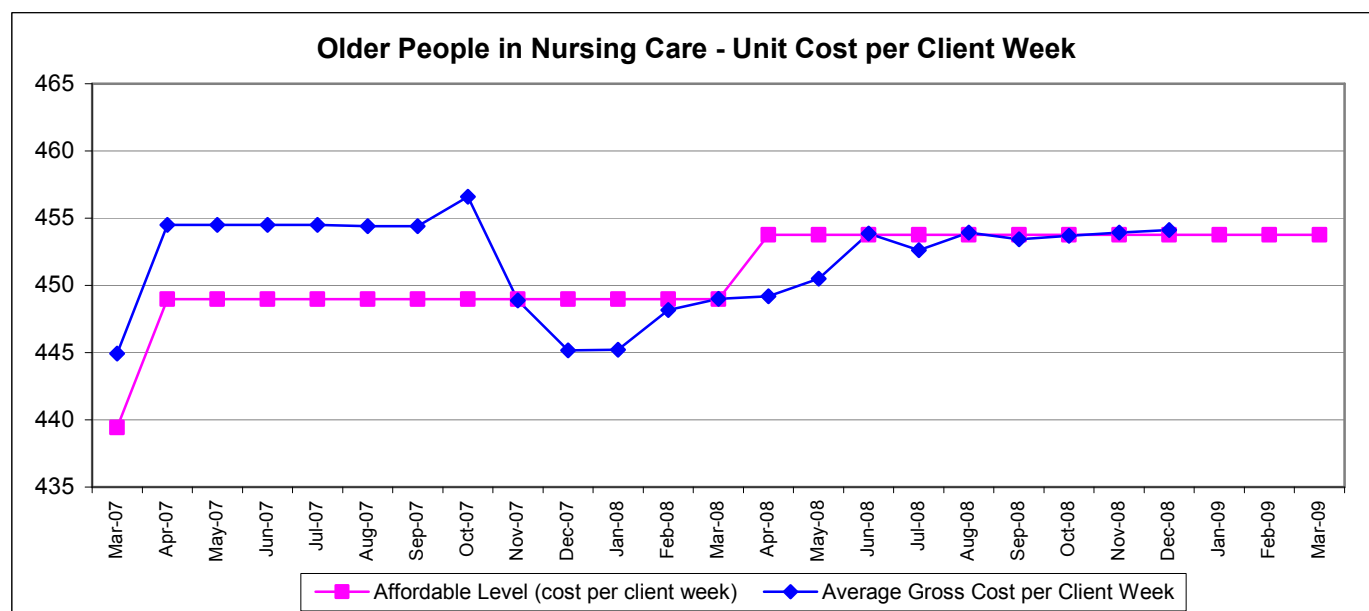


Comment:

- 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 1,387, at the end of 2007-08 it was 1,386, at the end of June it was 1,420, at the end of September it was 1,391. Despite there being an increase in nursing placements in October and November, high attrition levels have decreased the numbers to 1,364 by the end of December. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care.
- The current forecast is 77,288 weeks of care against an affordable level of 74,351, a difference of 2,937 weeks. Using the forecast unit cost of £454.13 this additional activity adds £1,334k to the forecast, as highlighted in section 1.1.3.2.b.
- To the end of December 57,725 weeks of care have been delivered against an affordable level of 55,983, a difference of 1,742 weeks.
- There are always pressures in permanent nursing care which may occur for many reasons. Although numbers are decreasing at the present, significant issues still remain. 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 more intense nursing care. This is further supported by the increasing age of older people entering residential and nursing care. In 2000, 4.5% of placements were made for people aged 94+. This year, this is 7.5% and is likely to mean that these people will require more intense support. If they are not placed in nursing care, then an alternative needs to be found.

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	452.61
August			448.98	454.40	453.77	453.93
September			448.98	454.40	453.77	453.42
October			448.98	456.60	453.77	453.68
November			448.98	448.88	453.77	453.92
December			448.98	445.16	453.77	454.13
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	

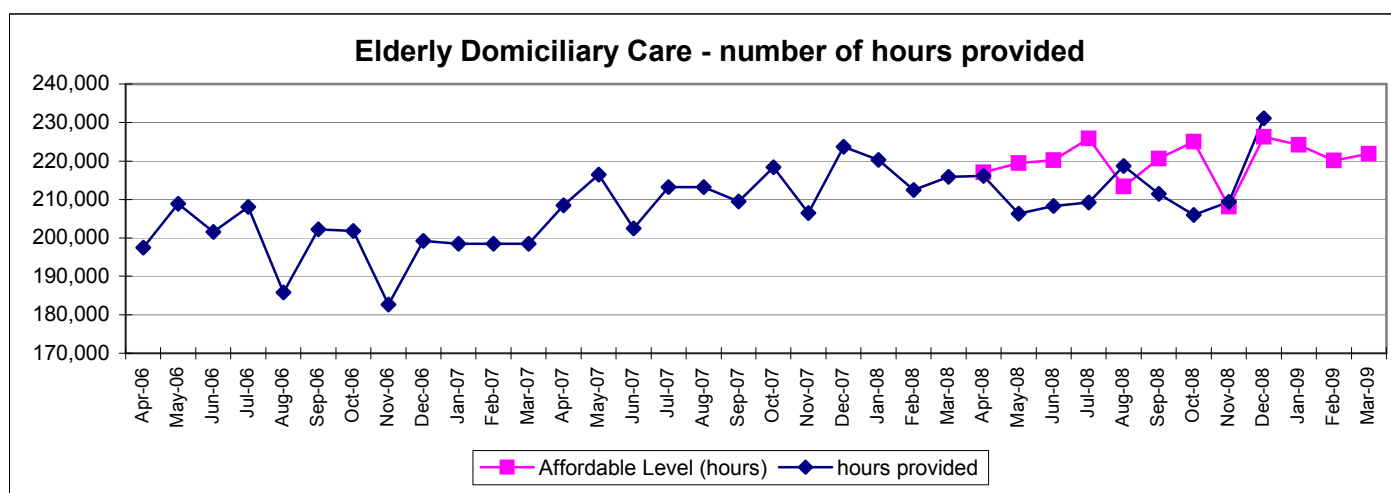
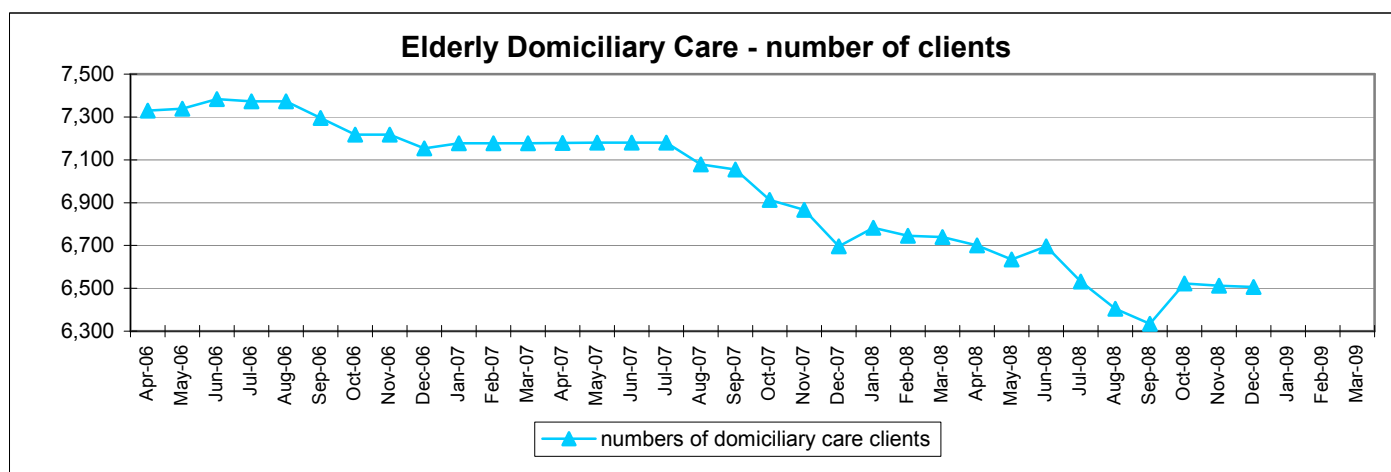


Comments:

- The forecast unit cost of £454.13 is slightly above the affordable cost of £453.77 but does fluctuate with the differing placements within it (Non OPMH, OPMH and non permanent). The difference in unit cost of 36p causes a pressure of £27k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.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	6,700
May		208,870	7,339		216,477	7,180	219,480	218,200	6,635
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	209,230	6,531
August		185,768	7,373		213,246	7,079	213,436	218,739	6,404
September		202,227	7,295		209,504	7,054	220,644	211,487	6,335
October		201,815	7,218		218,397	6,912	225,012	206,008	6,522
November		182,608	7,218		206,465	6,866	208,175	209,395	6,512
December		199,235	7,153		223,696	6,696	226,319	231,111	6,506
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	1,938,175	



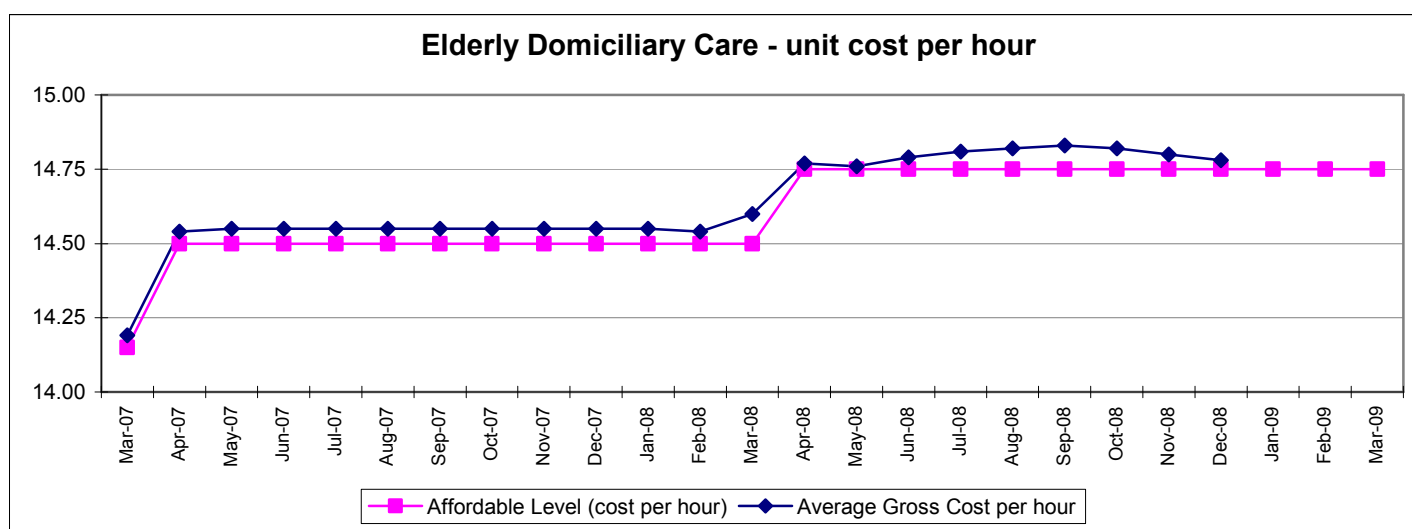
Comments:

- Figures exclude services commissioned from the Kent HomeCare Service.
- The current forecast is 2,562,355 hours of care against an affordable level of 2,642,419, a difference of 80,064 hours. Using the forecast unit cost of £14.78 this reduction in activity reduces the forecast by £1,183k, as highlighted in section 1.1.3.2.c.
- To the end of December 1,938,175 hours of care have been delivered against an affordable level of 1,976,234 a difference of 38,059 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. In addition, intermediate and recuperative care provides intensive support to increasing numbers of people, which allows them to return home with little or no support at all, or prevents them from entering hospital, or needing intense services. Our LAA/Kent Agreement target on intermediate care focuses on this very issue.

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	14.81
August			14.50	14.55	14.75	14.82
September			14.50	14.55	14.75	14.83
October			14.50	14.55	14.75	14.82
November			14.50	14.55	14.75	14.80
December			14.50	14.55	14.75	14.78
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	

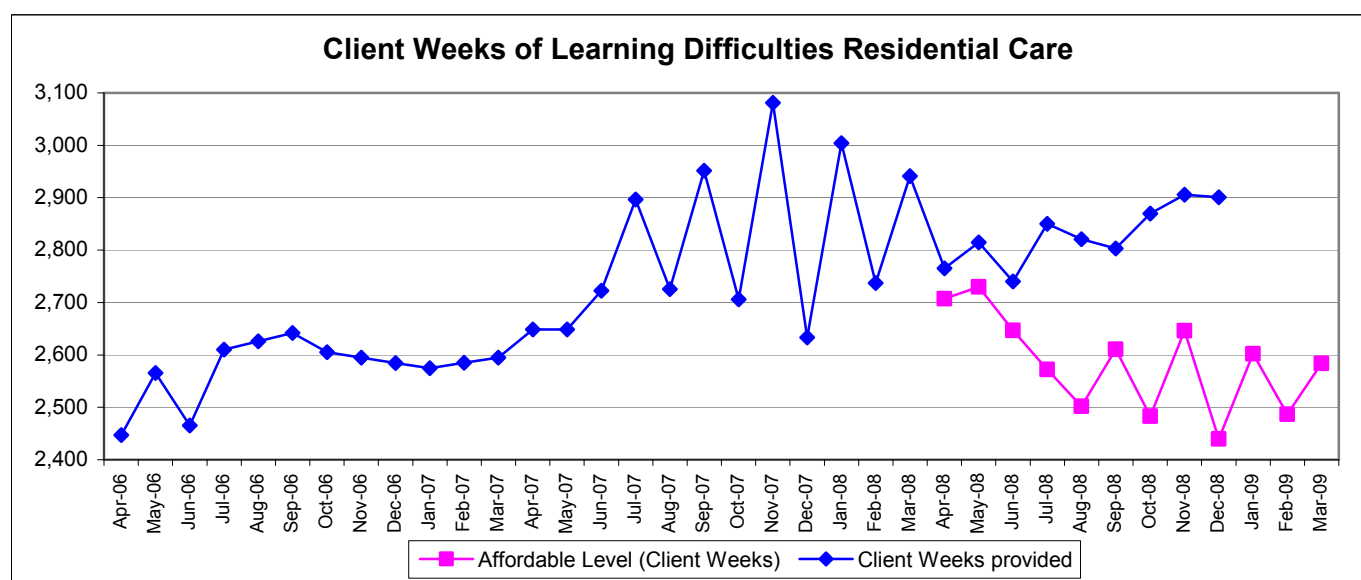


Comments:

- Average unit cost per week has increased more than inflation and is likely to reflect the same issues outlined above concerning more intense packages and higher levels of need.
- The forecast unit cost of £14.78 is slightly higher than the affordable cost of £14.75 and this difference of 3p increases the pressure by £79k 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):

	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	2,765
May		2,565		2,648	2,730	2,815
June		2,465		2,722	2,647	2,740
July		2,610		2,897	2,572	2,850
August		2,626		2,725	2,502	2,821
September		2,642		2,952	2,611	2,803
October		2,606		2,706	2,483	2,870
November		2,595		3,081	2,646	2,906
December		2,584		2,633	2,440	2,901
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	25,471

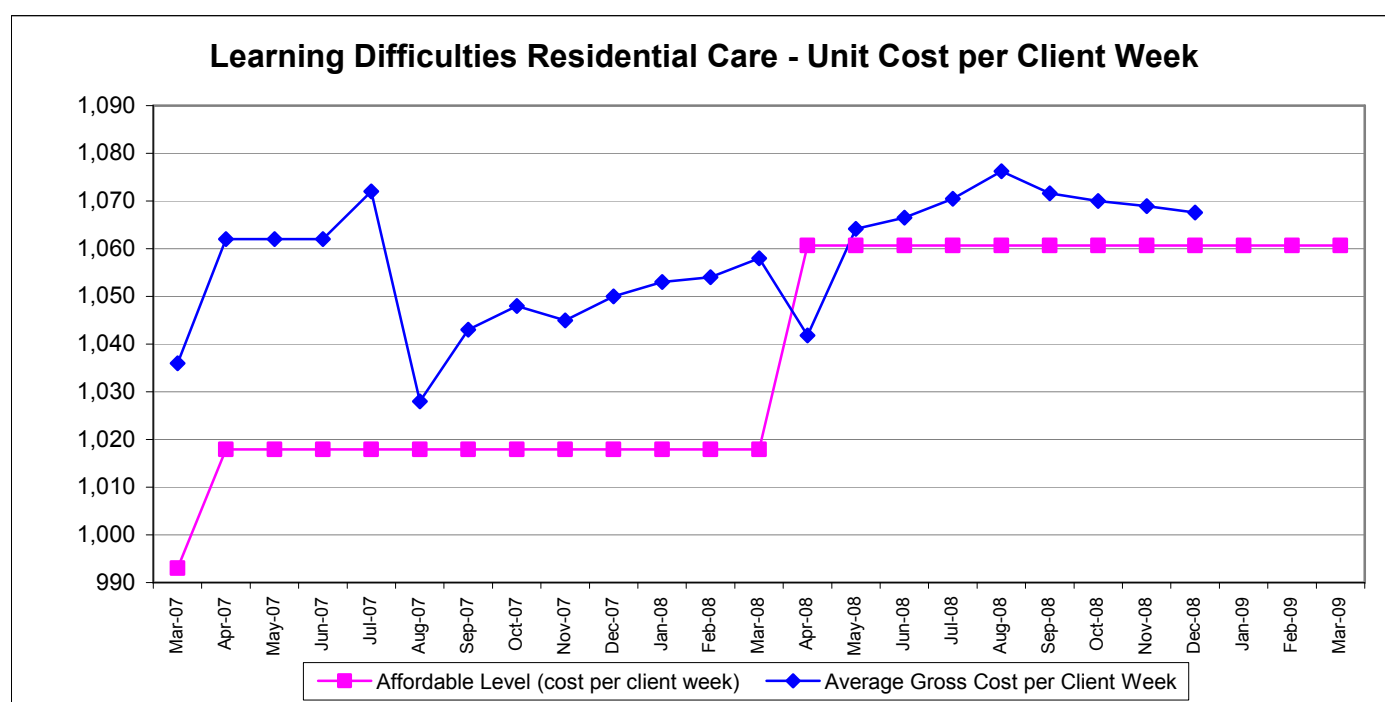


Comments:

- 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 and at the end of September it was 635. In December, this was 646.
- The current forecast is 33,964 weeks of care against an affordable level of 31,011, a difference of 2,953 weeks. Using the forecast unit cost of £1,067.59 this additional activity adds £3,153k to the forecast, as highlighted in section 1.1.3.3.a.
- To the end of December 25,471 weeks of care have been delivered against an affordable level of 23,338, a difference of 2,133 weeks. The actual weeks for April to September have been adjusted by 180 weeks from the figures previously reported because they related to clients with a Physical Disability and were included here in error.

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	1,070.50
August			1,018.00	1,028.00	1,060.70	1,076.27
September			1,018.00	1,043.00	1,060.70	1,071.59
October			1,018.00	1,048.00	1,060.70	1,070.02
November			1,018.00	1,045.00	1,060.70	1,068.95
December			1,018.00	1,050.00	1,060.70	1,067.59
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	

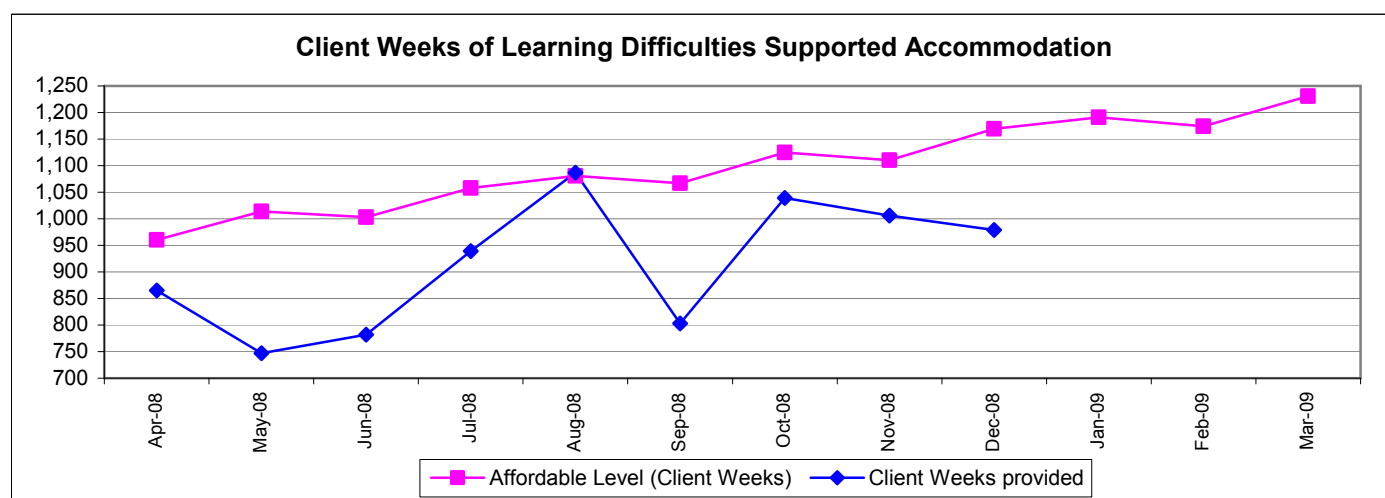


Comments:

- 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 £1,067.59 is higher than the affordable cost of £1,060.70 and this difference of £6.89 adds £214k 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:

	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	865
May			1,014	747
June			1,003	782
July			1,058	939
August			1,081	1,087
September			1,067	803
October			1,125	1,039
November			1,110	1,006
December			1,169	979
January			1,191	
February			1,174	
March			1,231	
TOTAL	7,618	11,156	13,183	8,247

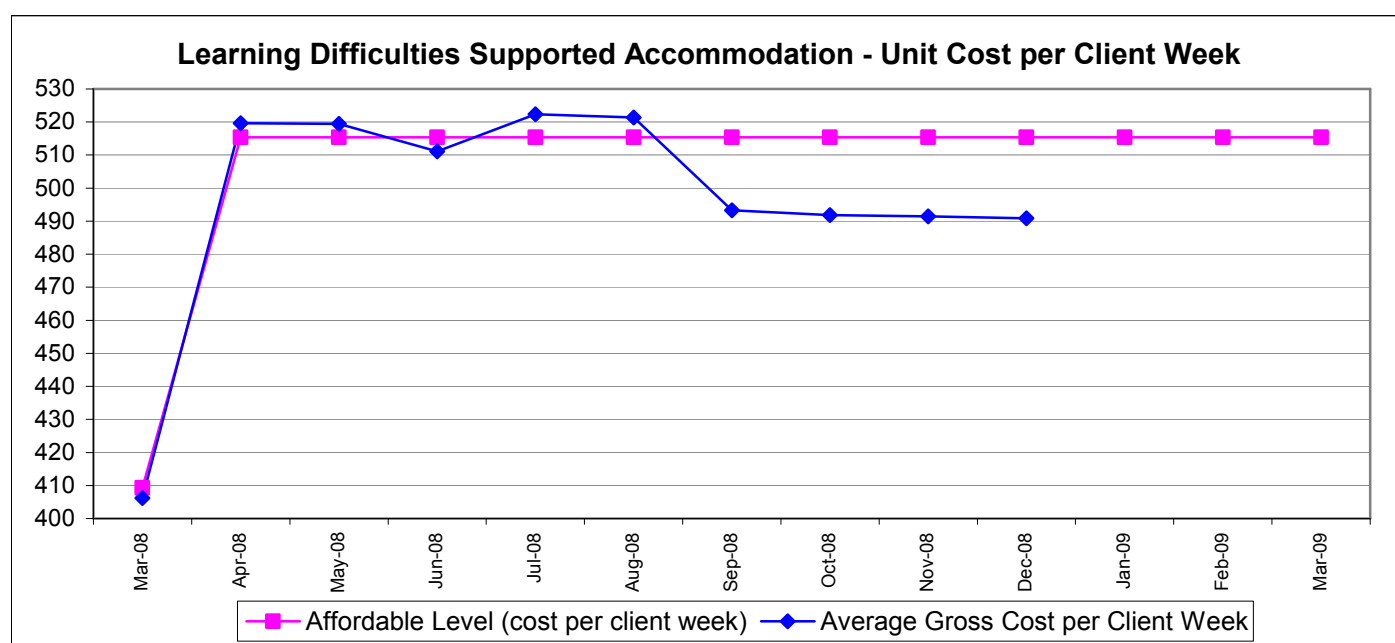


Comments:

- Supported Accommodation is a growing area of expenditure and as such there is little activity/unit cost data available from prior years. In addition, supported accommodation is regarded as a community service and is often provided as an hourly service. Following recent national consultation, we are still awaiting confirmation on how supported accommodation should be recorded. Some adjustments to the activity have been made since the first full monitoring report to reflect our developing understanding of this service, and more may be required in the future once an agreed definition nationally has been reached.
- 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 193 and at the end of June 2008 it was 193. The September position was 205 and in December it was 214.
- The current forecast is 11,126 weeks of care against an affordable level of 13,183, a difference of 2,057 weeks. Using the forecast unit cost of £490.83 this reduction in activity provides a saving of £1,010k as highlighted in section 1.1.3.3.d.
- To the end of December 8,247 weeks of care have been delivered against an affordable level of 9,587, a difference of 1,340 weeks.
- It is hoped that this number will 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 previously been a corresponding increase in the cash limit to support these additional clients.

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			515.41	519.60
May			515.41	519.40
June			515.41	511.10
July			515.41	522.30
August			515.41	521.40
September			515.41	493.33
October			515.41	491.85
November			515.41	491.47
December			515.41	490.83
January			515.41	
February			515.41	
March	409.31	406.18	515.41	

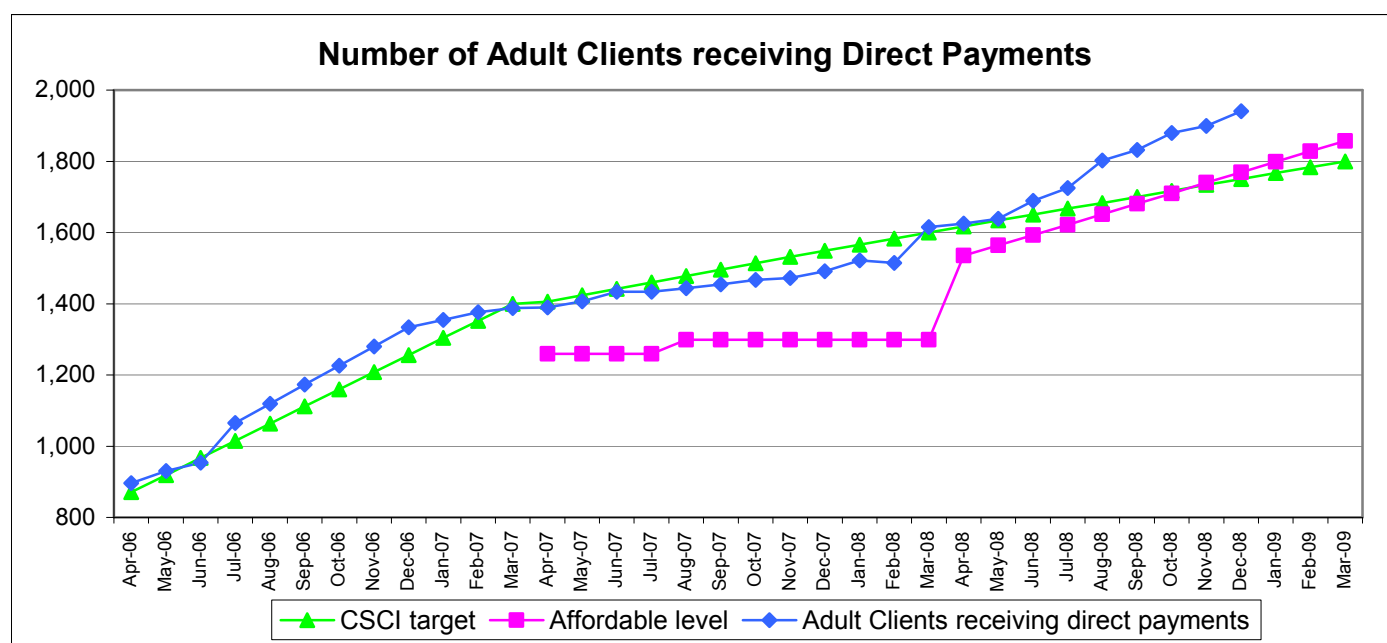


Comments:

- Supported Accommodation is a rapidly growing area of expenditure and as such there is little activity/unit cost data available from prior years. The service is difficult to measure in weeks as it is regarded as a community service. The weekly unit cost for the service will fluctuate as the service assists people with a learning disability with a wide range of needs, and even a few hours or more intensive support will change the weekly cost. As already mentioned above there have been changes to the figures since the first full monitoring report to reflect our developing understanding of the service. A Department of Health consultation has just finished and we are now awaiting the confirmation of the definition for Supported Accommodation. There will be some adjustments to the activity and unit costs once this has happened.
- The forecast unit cost of £490.83 is lower than the affordable cost of £515.41 and this difference of £24.58 provides a saving of £324k when multiplied by the affordable weeks as highlighted in section 1.1.3.3.d.

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	1,725
August	1,063		1,119	1,478	1,299	1,444	1,683	1,651	1,802
September	1,112		1,173	1,496	1,299	1,454	1,700	1,681	1,832
October	1,160		1,226	1,514	1,299	1,467	1,717	1,710	1,880
November	1,208		1,280	1,532	1,299	1,472	1,734	1,740	1,899
December	1,256		1,334	1,549	1,299	1,491	1,750	1,769	1,941
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 has 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.