



# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE AND HEALTH

Q3 2011-12  
October – December 2011

Portfolio holder:  
Councillor Dale Birch

Director:  
Glyn Jones

## **Contents**

<b>Section 1: Director's Commentary</b>	<b>3</b>
<b>Section 2: Department Indicator Performance</b>	<b>5</b>
<b>Section 3: Compliments &amp; Complaints</b>	<b>8</b>
<b>Section 4: People</b>	<b>9</b>
<b>Section 5: Progress Against Medium Term Objectives and Key Actions (Q3 onwards)</b>	<b>11</b>
<b>Section 6: Money</b>	<b>11</b>
<b>Section 7: Forward Look</b>	<b>13</b>
<b>Annex A: Progress against Service Plan actions</b>	<b>16</b>
<b>Annex B: Financial Information</b>	<b>18</b>

## Section 1: Director's Commentary

This has been a particularly busy quarter for the department. The Executive approved a consultation on a proposed Older People's Modernisation program; Adult Social Care & Health (ASC&H) went live with a major upgrade to the social care IT system, IAS; the Emergency Duty Service (EDS), providing services to Adults and Children's social care departments across Berkshire, was restructured and went live; and ASC&H produced the Council's first Local Account, due to be published in January.

In addition, the third quarter of the year is traditionally when the budget proposals for the following year are finalised and published for consultation, and a lot of work has gone into producing a particularly challenging set of proposals. Furthermore, detailed implementation plans have been drawn up to ensure delivery of the savings if Council approves the proposals. Budget management remains very strong, and an underspend of around £0.75m is currently being forecast

Performance overall continues to be strong, with significant progress made towards the goal of ensuring that everyone who is eligible for self-directed support receives their support in this way and it is anticipated that the target of 85% by the end of the year will be achieved. In order to achieve the target, the department needed to have 70% of people receiving their support via a Personal budget by the end of December 2011, and current performance is actually at 75%.

ASC&H are also implementing an initiative called "Three Wishes", to capture the three things that people most want from the support they receive that will inform an assessment of how well the department helped them to achieve these ambitions.

Performance is also strong on a number of other indicators, notably on Delayed Transfers of Care from hospital where performance continues to exceed that of neighbouring authorities, and is on track to be ahead of target.

There are three performance indicators where last quarter it was reported that the current level of performance was below target – Waiting Times for Assessments, Waiting Times for Services, and Carers assessments/services. Waiting times for Services is now performing above target. In respect of the other two measures, it was believed that this was principally due to how activity was being recorded on the social care IT system. Over the last two months a considerable amount of work has gone into analysing this, and has confirmed this belief. Recording of the activity which informs performance is now significantly back on track.

Every quarter the department reviews its risks, in the light of events, and also in the light of management action taken, and updates its risk register accordingly.

In the last quarter, ASC&H reported that one significant new risk had emerged, namely the risk of the market lacking capacity to absorb new demand, particularly for home care. This risk has now been downgraded. By working with the independent sector, five new providers are now registered on our Approved Provider list, and capacity has been increased.

Two new risks have emerged, and are included on the register. The first is not considered to be likely to have a major impact. This is in respect of the potential for financial irregularities in respect of Direct Payments. Procedures for setting up and monitoring Direct Payments will be reviewed to mitigate and reduce this risk. The

second, the possible risk of system failure for the EDS database would have a more significant impact. Corporate IT will be working with the system supplier to reduce the impact on the business if a system failure occurred.

One financial risk has been downgraded, although it still requires inclusion on the risk register. This is the risk to the budget of the number of disabled people reaching adulthood and requiring support from adult social care. The budget preparation work for 2012/13 suggests this is manageable in the coming financial year.













There is a statutory complaints process for ASC&H. As part of this, ASC&H also monitor compliments. In the last quarter, the department received eight complaints, of which two were upheld, one was partially upheld, three were resolved and two were ongoing. This compares to the previous quarter when six complaints were received, and one was upheld, four were not upheld and one was resolved. There have been 21 complaints in total to the end of December, which suggests that this year will see fewer complaints than last (there were 37 last year). There was one complaint to the Local Government Ombudsman, which was not upheld.

In the year to date there have been 123 compliments, 43 in the last quarter, 29 in quarter 1 and 51 in quarter 2. These figures suggest a slight increase in compliments from last year, when there were 139 in total.

There has been a slight increase in the number of people supported in a residential setting; however, a substantial factor has been that significant numbers of these placements are very short term end of life placements. Overall, the number of people supported, whether through residential placements or community based support, remains stable and this is reflected in the financial position outlined above.

## Section 2: Department Indicator Performance

Ind Ref	Short Description	Responsible Officer	Previous Actual	Current Actual	Current Target	Q4 Target	Current Status	Performance Trend
<b>All Sections</b>								
NI132	Waiting times for assessments	Chief Officer for Older People & Long Term Conditions	82%	82%	90%	90%		
NI133	Waiting times for services	Chief Officer for Older People & Long Term Conditions	86%	91%	90%	90%		
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Chief Officer for Older People & Long Term Conditions	11%	14.6%	23%	30%		
L159	People receiving Self Directed Support as a percentage of eligible people receiving services	Chief Officer: Adults and Joint Commissioning	55%	75.8%	70%	85%		
OF2a.1	Older people admitted on a permanent basis to residential care	Chief Officer for Older People & Long Term Conditions	167.8 people per 100,000 older population	209.7 people per 100,000 older population	251.6 people per 100,000 older population	307.5 people per 100,000 older population		
OF2a.2	Older people admitted on a permanent basis to nursing care	Chief Officer for Older People & Long Term Conditions	153.8 people per 100,000 older population	244.6 people per 100,000 older population	272.6 people per 100,000 older population	398.4 people per 100,000 older population		
OF2a.3	Adults aged 18-64 admitted on a permanent basis to residential care	Chief Officer for Older People & Long Term Conditions	1.3 people per 100,000 18-64 population	2.7 people per 100,000 18-64 population	2.7 people per 100,000 18-64 population	4 people per 100,000 18-64 population		
OF2a.4	Adults aged 18-64 admitted on a permanent basis to nursing care	Chief Officer for Older People & Long Term Conditions	No admissions	No admissions	No admissions	1.3 people per 100,000 18-64 population		
L137	Number in residential care	Chief Officer for Older People & Long Term Conditions	143 people	141 people	141 people	140 people		
L138	Number in nursing care	Chief Officer for Older People & Long Term Conditions	125 people	124 people	129 people	133 people		

Ind Ref	Short Description	Responsible Officer	Q2 Outturn	Q3 Outturn	Q3 Target	Q4 Target	Current Status	Performance Trend
<b>Community Mental Health Team</b>								
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	Locality Manager for Mental Health	16.7%	20%	14%	14%		
OF1h	Adults receiving secondary mental health services in settled accommodation	Locality Manager for Mental Health	89%	87%	85%	85%		
<b>Community Response and Reablement</b>								
OF2c.1	Delayed transfers of care – all delays per 100,000	Head of Community Response and Reablement	0.7 delays per 100,000 population	1.3 delays per 100,000 population	7 delays per 100,000	7 delays per 100,000		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care	Head of Community Response and Reablement	2.4 delays per 100,000 population	3.1 delays per 100,000 population	10 delays per 100,000 population	10 delays per 100,000 population		
L135	Waiting list for OT support – percentage of enhanced OT referrals achieving 2 hour response time.	Head of Community Response and Reablement	There is no previous figure to report.	96.2% of urgent OT referrals received a response within 2 hours.	No target set since this is the first quarter this figure will have been reported.	No target set since this is the first quarter this figure will have been reported.	Target not yet set	Target not yet set
<b>Community support &amp; wellbeing</b>								
L136.1	Number in receipt of direct payments	Chief Officer: Adults and Joint Commissioning	278 people	462 people	No target set since this is being measured under L159 (self-directed support)	No target has since this is being measured under L159 (self-directed support)	Not applicable since we are measuring status under L159 (self directed support)	Performance is being measured under L159 (self directed support)
L136.2	Number in receipt of community support excluding direct payments	Chief Officer: Adults and Joint Commissioning	824 people	894 people	No target has been set since this is being measured under L159 (self-directed support)	No target has been set since this is being measured under L159 (self-directed support)	Not applicable since we are measuring status under self directed support	Performance is being measured under L159 (self directed support)
<b>Community Team for People with Learning Difficulties</b>								
OF1e	Adults with learning disabilities in employment	Head of Learning Disabilities	14%	14.3%	14%	15%		
OF1g	Adults with learning disabilities in settled accommodation	Head of Learning Disabilities	84%	84.7%	82%	82%		

## Traffic Lights

Compares current performance to target



Achieved target or within 2.5% of target



Between 2.5% and 7.5% away from target



More than 7.5% away from target

## Performance Trend

Identifies direction of travel compared to same point in previous quarter



Performance has improved



Performance sustained



Performance has declined

The following are annual indicators that are not being reported this quarter:

OF1a: Social Care Related Quality of Life

OF1b: Proportion of People who use services who have control over their daily life

OF1c: Percentage of social care clients receiving self-directed support

OF1d: Carer-reported quality of life

OF2b: Achieving independence for older people through rehabilitation of intermediate care

OF3a: Overall satisfaction of people who use services with their care and support

OF3b: Overall satisfaction of carers with social services

OF3c: The proportion of carers who report that they have been included or consulted in discussion about the person they care for

OF3d: Proportion of people who use services or carers who find it easy to find information about services.

OF4a: The proportion of people who use services who feel safe

OF4b: The proportion of people who use services who say that those services have made them feel safe and secure

The following indicators are not appearing in this quarter as they have been dropped:

NI 40 Number of people using drugs recorded as being in effective treatment. This indicator has been dropped and a different measure is being developed to measure the work of the Drugs and Alcohol Action team (DAAT).

## Section 3: Compliments & Complaints

### Compliments and Complaints Received

#### *Compliments Received*

There continue to be significantly more compliments than complaints. 43 compliments were received throughout ASC&H which were as follows:

Community Response & Reablement Team (CR&R): 12 compliments  
 Older People & Long Term Conditions Team (OP&LTC): 10 compliments (7 in respect of Blue Badges)  
 Community Mental Health Team: Two compliments  
 Ladybank: Two compliments  
 Bridgewell: 11 compliments  
 Heathlands: One compliment  
 Long Term Community Support & Continuing Healthcare: Five compliments

#### *Complaints Received*

Eight complaints were received in the quarter and one was received from the Local Government Ombudsman. A further 2 complaints were forwarded to Private Providers to use their own complaints procedures, which are not listed in the table below as they fell within the providers complaints procedures and not those of ASC&H.

No. in Q3	Nature of complaints	Action taken
2	Regarding services received in Bridgewell	1 Partially Upheld, 1 Upheld
1	Discrepancy in Care Plan (CR&R)	Resolved
1	Poor communication (CR&R)	Resolved
1	Alleged theft in Ladybank	Ongoing investigation
1	Regarding services received from a private provider (received by OP&LTC)	Resolved
1	Regarding services received through Community Team for People with Learning Disabilities (CTPLD)	Ongoing investigation
1	Regarding advice given by EDS	Upheld
1	Local Government Ombudsman	Not upheld

#### *Concerns*

Where a complaint investigation is not required, this is logged as a concern. There were four concerns received.



## Section 4: People

### Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	7	7	0	7	1	12.5
OP&LTC	198	98	100	130.33	9	4.34
A&JC	101	75	28	87	6	5.6
P&R	27	16	11	22.34	0	0
<b>Department Totals</b>	<b>333</b>	<b>196</b>	<b>139</b>	<b>246.67</b>	<b>16</b>	<b>4.58</b>

### Staff Turnover

For the quarter ending	31 December 2011	2.76%
For the year ending	31 March 2012	9.61%

<i>Comparator Data</i>	
Total turnover for Bracknell Forest Council 2010/11	15.24% (excluding schools)
Average UK turnover	14%
Average Public Sector 2010	12.6%

(Source: XPerHR Turnover Rates and Cost Survey 2011)

### Comments:

The HR team is now reflected in the figures for Performance & Resources.

Due to there being fewer leavers in quarter 3, this has led to a reduction in the staff turnover figures from 12.6% in quarter 2 to 9.61% in quarter 3.

## Staff Sickness

Section	Total staff	Number of days sickness	Quarter 3 average per employee	2011/12 projected annual average per employee
DMT / PAs	7	65	9.28	21.15
OP&LTC	198	707.5	3.57	13.7
A&JC	101	291	2.88	10
P&R	27	36.5	1.35	11.5
<b>Department Totals (Q3)</b>	<b>333</b>	<b>1,100</b>	<b>3.30</b>	
<b>Projected Totals (11/12)</b>	<b>329</b>	<b>4,189</b>		<b>12.73</b>

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 10/11	7.01 days
All local government employers 2010	9.6 days
All sectors employers in South East 2010	7.3 days

(Source: Chartered Institute of Personnel and Development survey 2009)

N.B. 20 working days or more are classed as long term sick.

### Comments:




*DMT / PAs:* There is one case of long term sickness absence which represents 100% of the total absence. The post was deleted on 31 December 2012.

*Older People & Long Term Conditions:* There were nine cases of long term sickness absence amounting to 337 days and representing 47% of the total absence. Five of these cases have now returned to work, and one is proceeding to likely dismissal on ill-health grounds.

*Adults & Joint Commissioning:* Four cases of long term sickness absence amounting to 131 days and representing 45% of the total absence. Two of these have now returned to work and one has been dismissed on ill-health grounds.

## Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the Key Actions from the Adult Social Care & Health Service Plan for 2011/12. This contains 12 Key Actions detailed actions in support of 5 Medium Term Objectives. Annex A provides detailed information on progress against each of these detailed actions:

All actions are on schedule (  ) and with no actions causing concern (either  or  ).

## Section 6: Money

### Revenue Budget

The previously reported cash budget for the department was £22.037m. Net transfers of £0.008m have been made bringing the current approved cash budget to £22.045m. A detailed analysis of these budget changes this quarter is available in Annex B1.

The forecast outturn for the department is £21.295m (-£0.750m under the current approved cash budget). A detailed analysis of variances this quarter is available in Annex B3.

The department has identified the following as budgets that can pose a risk to the Council's overall financial position, principally because they are vulnerable to significant changes in demand for a service. The current position with regard to each of these is as follows:

Service Area	Budget £000	Forecast Outturn £000	Comments
People with Learning Disabilities Non Residential Care	8,600	8,217	Volatile, demand led area of expenditure but current trends indicate an underspend at year end
Older People Residential Care	1,405	1,357	85 people are currently supported
Older People Nursing Care	2,141	1,891	113 people are currently supported
Older People Domiciliary Care	1,412	1,533	Volatile, demand led area of expenditure but current trends indicate an overspend at year end

The forecast position is based on current commitments plus any known changes that will arise prior to the year end. The two significant risks, reported previously, that may impact on this reported position remain and are reported again below.

The first is an ordinary residence risk arising from plans to close the homes at Ravenswood village and move to a model of tenancy and support. This would result in the Council becoming liable for the support costs of people currently funded by other Local Authorities. A potential full year financial impact of £0.570m was estimated in June but no additional costs have been incurred to date and there is still no additional information that will allow quantification of the likely costs this financial year.

The second risk arises from potential additional costs due to changes by the Primary Care Trust in its approach to Continuing Health Care. They are taking a more stringent approach which means that people's needs are more likely to be classified as social care rather than health, with these needs consequently being funded by the Council. There is still no information at present that will allow quantification of this potential additional liability.

There was one limited assurance audit report issued in this period, in relation to the Emergency Duty Service. A number of weaknesses in the control environment in relation to Lone Working & Travel Claims and Pre-Employment checks and timesheets had been identified. Changes to address a number of the issues raised were already being implemented prior to the issue of the audit report.

### **Capital Budget**

The total approved capital budget for the department is £0.943m.

Expenditure to date is £0.101m representing 11% of the budget. The department anticipates 100% of the total approved budget to be spent by the end of the financial year. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B5.

No schemes are forecast to over or under spend.

## **Section 7: Forward Look**

### **OLDER PEOPLE & LONG TERM CONDITIONS**

#### **Drugs and Alcohol Action team**

The DAAT has now awarded the contract in respect of Payment By Result. During the next quarter a series of meetings will take place with the team and the prime Provider to ensure a smooth transition for staff and the people who use DAAT services and support. The new service will commence on the 1st of April 2012.

#### **Community Response & Reablement**

Consultation on the future of Ladybank Residential Home closed on the 18th January and recommendations will be taken to the Executive on the 21st February. Following the meeting further work will be taken to implement the decisions made.

Consultation on the new rotas for the Community Intermediate care team has now ended and a new rota will be introduced on the 1st April 2012.

A multi-agency project team has been set up to develop a business case to improve the Intermediate Care bed capacity at Ladybank. This venture will attract funding from the primary care trust and will offer increased local capacity to people living in the Borough, and employment opportunities for staff.

#### **Carers**

Following the Carers Conference in September 2011, a Carers Commissioning Strategy will be completed and launched at the Carers Lunch in March 2012. This will include an action plan on how agencies will work together to deliver the support needs identified by carers.

At the Carers Conference the portfolio holder agreed to funding of £80k to deliver on new initiatives and these will be launched during the next quarter and onwards.

#### **Emergency Duty Services**

The new model for the EDS will 'go live' operationally on the 12th March 2012 with the revised contract and new schedules commencing on 1st April 2012. The service is on target to meet the deadline of the 12th March to be linked into the Government Connect Secure Extranet (GCSX) access to all Unitary Authority databases. This service will be the first in the UK to access numerous Unitary Authorities databases via the GCSX connection.

The 'go live' for the Bracknell Forest Appropriate Adult Scheme covering the County of Berkshire is also on target for 1st April 2012.

### **LONGTERM CONDITIONS TEAMS**

#### **Project**

The Head of service is working with Indian Community Association to identify a meeting venue for the elderly who wish to meet socially in the community.

### **Business Support**

Following the launch of the new Blue Badge Scheme on 1st January a full time Blue Badge Administrator will ensure continuity and embedding of the new procedure. A business case will be prepared to ascertain the benefits of developing an assessment clinic to support the increased responsibilities placed on Adult Social Care.

### **Community Support and Wellbeing Teams**

The consultation on the future of the Long Term Conditions Team concluded on the 18th January and a final decision on the recommendations will be made by the executive on the 21st February.

The dementia team over the coming months will work towards greater integration with the dementia services provided by Heathlands residential home and the Day-Centre.

### **Older People and Long Term Conditions Team**

The team has seconded a Personal Facilitator to work with individuals to identify resources that will enable them to achieve the three wise outcomes identified in their personal plan.

The team will explore ways in which the Disabled Facilities Grant process can be streamlined to shorten the current waiting times.

An occupational therapist will be working with Heathlands Elderly Person Home to ensure that planned redecorations and refurbishment meets the needs of people living with dementia and sensory loss.

### **Heathlands Day Centre**

Following the success of the Carers-Drop-In Service, the centre will work in partnership with the voluntary sector to develop a Carers-Drop-In service for those with physical disability.

The centre will ensure that people attending other centres are made aware of the launch of Singing for the Brain and Tai Chi to support additional attendees.

## **ADULTS & JOINT COMMISSIONING**

### **Community Equipment Services**

The procurement process has been completed. Work will be undertaken with the existing provider and the new provider to effect smooth handover.

### **Prevention and Early Intervention Strategy**

The work undertaken on the strategy so far will inform the joint approach with Children Young People and Learning to ensure a consistent and holistic approach.

### **Advocacy Strategy**

Responding to the national agenda in relation to adult social care, the joint commissioning strategy for advocacy "Speaking Up, Speaking Out, Taking Action" has been agreed by DMT and will be submitted to Executive for approval.

### **Services for Carers – Learning Disabilities**

The board overseeing the programme of work required to enable the capital works to Waymead has been established. The groundwork for the first stage of this programme – the move of CTPLD to temporary accommodation – will be completed by the end of the quarter.

### **Supporting people with Dementia**

The rationalisation of resources for supporting people with dementia will be completed.

## **PERFORMANCE & RESOURCES**

### **Finance**

In addition to the core functions of accounting, budget monitoring and financial advice the Accountancy team will be focussed on preparation of the 2012/13 capital and revenue budgets.

The accountancy team will be piloting new accounting approaches that fit better with the personalisation agenda.

The financial assessment team have been continuing live testing of the Mobile Working systems. Full go live has slipped from the end of the last quarter to an expectation of happening in the early part of this quarter.










### **Performance**

In addition to the core functions of providing management information on performance, the team, having produced the Council's first Local Account, will be consulting with interested parties on the content of future Local Accounts.




### **HR**

Having supported managers with the initial stages of the Organisational Change Protocol, the next quarter will see the HR team supporting managers through the later stages, as well as supporting staff put at risk by any proposals.

## Annex A: Progress on Service Plan Actions

<b>MTO 06 - Support opportunities for health and well being:</b>		
<b>Key Action</b>	<b>Status</b>	<b>Comments</b>
6.1 support the Primary Care Trust to focus on improving local health services for our residents, including the development of the new Healthspace at Skimped Hill		Continued involvement with both PCT and Clinical Commissioning Group in support of Healthspace proposals. Decision making process for Healthspace with new South of England SHA
6.2 establish a Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough		Health and Well Being Board established and met in Q3. Meetings arranged for Q4 and 2012/13. Final composition of Board will be dependant on Health and Social Care Bill going through parliament
6.3 support the establishment of a local Healthwatch to provide local patients with a voice		Work ongoing throughout the Quarter with a view to establishing by 1 April 2013
6.4 support the continued delivery of local health care at the Heatherwood Hospital site		The Council continues to be involved in the PCT strategic direction through "Shaping the Future". Both the Director ASCH and Chairman of Health Overview and Scrutiny Panel gave evidence at the NHS "Gateway Review" in Q3.
6.5 integrate the new responsibilities for Public Health within the Council		The Council is involved with a Berkshire group looking at options for Public Health. A transition plan is due to be completed in 2012 to assure NHS that the Council is ready to undertake its responsibilities from April 2013. Details on exact funding arrangements have been delayed to Q4.
<b>MTO 07 - Support our older and vulnerable residents, including work to:</b>		
<b>Key Action</b>	<b>Status</b>	<b>Comments</b>
7.1 secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes		A multi-professional project group is in situ to develop a business case to increase capacity for re-ablement in residential and community settings.
7.2 work with all agencies to ensure people feel safe and know where to go for help		The Safeguarding Adults forum has agreed an approach to developing a guidance pack to support provider organisations develop robust policies and procedures. The development of an empowerment strategy has commenced.
7.3 support carers of all ages in their role		A Carers' Conference & Consultation have been held to ensure that carers themselves determine their support needs. We continue to work with GPs and the voluntary sector to identify carers and to provide services that carers tell us will improve their emotional and physical well-being.
7.4 continue to modernise support and include new ways of enabling the		More than 70% of people now have Personal Budgets and Three Wishes has been introduced to ensure individuals can tailor the support they need to live as they choose.



delivery of that support		
7.5 improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care		We are working in partnership with Bracknell Forest Homes to develop a new extra-care sheltered housing scheme that will promote the independence and well-being of vulnerable older people by providing flexible accommodation and on-site care and support.
7.6 with partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse		Contracts with partners have been reviewed to ensure they reflect a robust zero tolerance position. The safeguarding team have commenced a programme of work with providers to support their own understanding and practice.
<b>MTO 11 - Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:</b>		
<b>Key Action</b>	<b>Status</b>	<b>Comments</b>
11.15 implement a programme of economies to reduce expenditure (ASC&H)		Budget proposals have been drawn up for the 2012/13 financial year, with detailed implementation plans in place to ensure delivery of the savings if Council approves the proposals.

## Annex B: Financial Information

### Annex B1

ADULT SOCIAL CARE AND HEALTH DEPARTMENT - NOVEMBER 2011								
	Original Cash Budget	Virements & Budget C.Fwds	NOTE	Current Approved Budget	Spend to Date %	Variance Over/(Under) Spend	Variance This Month	Variance Supported by CMT
	£000	£000		£000	%	£000	£000	£000
<b>ADULT SOCIAL CARE AND HEALTH DEPARTMENT</b>								
<b>Director</b>	-277	153	L2	-124	302%	0	0	0
	-277	153		-124	302%	0	0	0
<b>CO - Adults and Commissioning</b>	0	-123		-123	0%	0	0	0
Mental Health	1,795	240		2,035	60%	0	0	0
Learning Disability	6,564	243	f	6,807	-17%	-500	-100	0
Specialist Strategy	158	1		159	36%	0	0	0
Joint Commissioning	437	48		485	44%	0	0	0
	8,954	409		9,363	4%	-500	-100	0
<b>CO - Older People and Long Term Conditions</b>	0	-186		-186	0%	0	0	0
Long Term Conditions	2,075	19		2,094	55%	0	0	0
Older People	6,763	55		6,818	58%	-200	0	0
Intermediate Care	352	86		438	62%	0	0	0
Community Response and Reablement - Pooled Budg	1,581	5		1,586	31%	0	0	0
Community Support	734	24		758	45%	0	0	0
Emergency Duty Team	37	1		38	421%	0	0	0
Drugs Action Team	74	12		86	-500%	0	0	0
	11,616	16		11,632	51%	-200	0	0
<b>CO - Performance and Resources</b>								
Leadership Team and Support	225	-256		-31	0%	0	0	0
Information Technology Team	211	16		227	59%	-15	0	0
Property	182	-11		171	30%	0	0	0
Performance	189	24		213	43%	0	0	0
Finance Team	515	-45		470	45%	-35	0	0
Human Resources Team	148	-24		124	63%	0	0	0
	1,470	-296		1,174	48%	-50	0	0
<b>TOTAL ASC&amp;H DEPARTMENT CASH BUDGET</b>	21,763	282		22,045	30%	-750	-100	0
<b>TOTAL RECHARGES &amp; ACCOUNTING ADJUSTMENTS</b>	3,399	0		3,399	0%	0	0	0
<b>GRAND TOTAL ASC&amp;H DEPARTMENT</b>	25,162	282		25,444	26%	-750	-100	0
<b>Memorandum items:</b>								
Devolved Staffing Budget				9,275		-20	-20	0

Annex B2

<b>Adult Social Care and Health Virements and Budget Carry Forwards</b>		
<b>Note</b>	<b>Total</b>	<b>Explanation</b>
	<b>£'000</b>	
		<b><u>DEPARTMENTAL CASH BUDGET</u></b>
	<b>274</b>	<b>Total previously reported</b>
1		The Department is undertaking a number of initiatives to modernise and improve services which will generate long term efficiencies. The one off staffing costs are proposed to be funded from non pay savings
	95	Director - Devolved Staffing Budget
	-95	People with Learning Disability - Non Pay
2	8	<b>Director</b> Allocations from the structural changes reserve in respect of decisions agreed at the Employment Committee
	<b>282</b>	<b>Total</b>
		<b><u>DEPARTMENTAL NON-CASH BUDGET</u></b>
	0	No virements to report
	<b>0</b>	<b>Total</b>

## Annex B3

<b>Adult Social Care and Health Budget Variances</b>		
<b>Note</b>	<b>Reporte varianc £'000</b>	<b>Explanation</b>
		<b><u>DEPARTMENTAL BUDGET</u></b>
	<b>-500</b>	<b>Total previously reported</b>
		<b><u>Chief Officer: Adults and Joint Commissioning</u></b>
<b>1</b>	<b>-200</b>	<b>People with Learning Disabilities</b> In preparing the 2012/13 budget assumptions were made for the impact of transition from Childrens Social Care and loss of support of from older carers. It was reported previously that the impact in the first part of 2011/12 was not as significant as originally estimated and this trend has continued, with additional savings of £0.100m arising above that reported previously. In addition changes to the number of people supported and the level of support received have resulted in an additional cost reduction of £0.100m. The net reduction in the underspend is £0.200m.
		<b><u>Chief Officer: Performance and Resources</u></b>
<b>2</b>	<b>-15</b>	<b>Information Technology Team</b> A review of expenditure on licences, maintenance agreements and other support budgets has identified that a saving of £0.015m will arise across various budgets
<b>3</b>	<b>-35</b>	<b>Finance</b> The Finance Team manage the finances of a small number of people supported by the department where these people do not have the capacity to manage their own finances and there is no other suitable person to provide this support. A small charge (set by statute) is made where a Deputyship is in place. The current forecast is for income of £0.015m above the budget for this service. In addition savings of £0.020m will arise on staffing costs within the Team.
	<b>-750</b>	<b>Grand Total Departmental Budget</b>
		<b><u>DEPARTMENTAL NON-CASH BUDGET</u></b>
	<b>0</b>	No variances to report
	<b>0</b>	<b>Grand Total Departmental Non-Cash Budget</b>

Annex B4

<b>New Capital or Revenue Commitments in excess of £50,000<sup>1</sup></b>		
<b>Estimated start date of service or works</b>	<b>Value</b>	<b>Explanation</b>
	<b>£'000</b>	
		No commitments to report
	<b>0</b>	<b>Total</b>
<sup>1</sup> <i>New commitments to spend either relating to new contracts or new spend under an existing contract. This includes term contracts but excludes care or support packages for adults and children</i>		

Annex B5

Adult Social Care and Health Capital Monitoring								
2011-12 monitoring at 30 November 2011								
Costc	Cost Centre Description	Total Budget	Cash Budget 2011/12	Expenditure to date	Cash Budget 2012/13	(Under) / Over Spend against approved budget	Key Target for 31 March	Current status of the project including changes to Cash Profile
		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		
<b>Schemes commenced prior to 2011/12</b>								
YS418	Adult Social Care IT Replacement	111.5	111.5	40.9	0.0	0.0	Fully operational.	Core live system operational. Further modules to be implemented.
YH126	Adult Social Care IT Infrastructure	64.0	64.0	0.0	0.0	0.0	In progress.	N3 Connection implementation in progress
<b>Y20G</b>	<b>ICT projects</b>	<b>175.5</b>	<b>175.5</b>	<b>40.9</b>	<b>0.0</b>	<b>0.0</b>		
<b>CAPITAL PROGRAMME - DEPT CONTROLLED [schemes b/fwd from prior year(s)]</b>		<b>175.5</b>	<b>175.5</b>	<b>40.9</b>	<b>0.0</b>	<b>0.0</b>		
Percentages				23.3%		0.0%		
<b>Schemes commenced 2011/12 and rolling programmes</b>								
YH151	Improving the Care Home Environment	6.4	6.4	0.0	0.0	0.0	In progress.	Spending plan in place.
YS440	Carers Accommodation Strategy	321.6	321.6	0.0	0.0	0.0	Underway	Under review. Linked to Council accommodation strategy
YS429	Mental Health Grant	152.3	152.3	30.8	0.0	0.0	In progress.	Spending plan in place.
YS430	Social Care Grant	43.4	43.4	28.2	0.0	0.0	In progress.	Spending plan in place.
YS527	Social Care Reform Grant	43.7	43.7	0.0	0.0	0.0	In progress.	Spending plan in place.
YS528	Care Housing Grant	16.0	16.0	0.6	0.0	0.0	In progress.	Spending plan in place.
YS529	Community Capacity Grant	184.0	184.0	0.0	0.0	0.0	In progress.	Spending plan in place.
YH130	Improvements and capitalised repairs	0.1	0.1	0.0	0.0	0.0	Complete.	Complete.
<b>Adult Social Services</b>		<b>767.5</b>	<b>767.5</b>	<b>59.7</b>	<b>0.0</b>	<b>0.0</b>		
<b>CAPITAL PROGRAMME - DEPT CONTROLLED [current year schemes]</b>		<b>767.5</b>	<b>767.5</b>	<b>59.7</b>	<b>0.0</b>	<b>0.0</b>		
Percentages				7.8%		0.0%		
<b>CAPITAL PROGRAMME - DEPT CONTROLLED [all schemes]</b>		<b>943.0</b>	<b>943.0</b>	<b>100.6</b>	<b>0.0</b>	<b>0.0</b>		
Percentages				10.7%		0.0%		