

North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 24 FEBRUARY 2022

SUBJECT OF REPORT: ADULT SOCIAL CARE FINANCE UPDATE

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: FINANCE BUSINESS PARTNER (ADULTS' AND CHILDREN'S SERVICES)

KEY DECISION: NO

RECOMMENDATIONS

- i. That the Panel notes the current forecast spend against budget for adult services, the risks and opportunities associated with the medium-term financial position and the updates in relation to the financial aspects of the planned social care reforms and the planned investment to support the hospital discharge pathway.

1. SUMMARY OF REPORT

- 1.1 This report summarises and discusses the current forecast spend against budget for adult services, highlighting key variances, movements, and contextual information; it also highlights the main areas of interest in relation to the 2022/23 draft budget and the medium-term financial plan (MTFP), the future social care funding reforms and the business case agreed by the Healthier Together partnership to change the way in which patients are discharged from hospital ("Discharge to Assess").
- 1.2 The current overall forecast year end position for Adult Social Care and Housing Service is £1.437m net adverse variance (2.1% of the net budget). Month 9 saw the forecast variance rise by just £66k from £1.372m in month 8.
- 1.3 In summary, the projected overspend is mainly associated with individual care packages and support, where changes in the patterns of demand mean that care package sizes are increasing due to a variety of factors, many of which are associated with the pandemic.
- 1.4 The draft 2022/23 budget includes £9.3m of additional spending plans in the adult social care budget, predominantly to provide funding for cost inflation, demographic growth and to close the current shortfall between budget and the demand for services. Much of this is not funded by central government and it is worth noting that the funding announcements in relation to the reform of social care do not address these issues. The draft budget also includes £1.4m of planned savings.

- 1.5 There has been very little in terms of further announcements in relation to the social care reforms, but paragraphs 3.11 to 3.16 summarise what we know so far
- 1.6 The Discharge to Assess business case approved by the Healthier Together Executive Board provides additional funding to support improved hospital discharge pathways, and, in particular, will ensure an enhanced reablement service in North Somerset

2. POLICY

- 2.1 The Council's budget monitoring is an integral feature of its overall financial processes, ensuring that resources are planned, aligned, and managed effectively to achieve successful delivery of its aims and objectives. The 2021/22 revenue and capital budgets have been set within the context of the council's medium-term financial planning process, which support the adopted Corporate Plan 2020 to 2024.

3. DETAILS

Budget Monitor

- 3.1 The current overall forecast year end position for Adult Social Care and Housing Directorate is **£1.437m** net adverse variance (2.1% of the net budget). In summary, the projected overspend is mainly associated with individual care packages and support and reflects an increase in acuity and complexity, partly associated with the impacts of the pandemic, but also associated with people living longer with more complex needs.

The table below illustrates the forecast spend compared with the budget split by high level service area.

FINANCIAL OVERVIEW OF THE ADULTS SOCIAL SERVICES DIRECTORATE					
AS AT 31st December 2021 (P9)					
Directorate Summary					
	Original Budget 2021/22 £000	Virements £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Out-turn Variance £000
- Gross Expenditure	105,411	7,323	112,733	113,299	565
- Income	(37,544)	(6,981)	(44,526)	(43,654)	872
- Transfers to / from Reserves	38	(287)	(248)	(248)	0
= Directorate Totals	67,905	55	67,960	69,397	1,437
				Projected Out-turn Variance	2.11%
- Individual Care and Support Packages	63,327	0	63,327	65,415	2,089
- Assistive Equipment & Technology	420	0	420	454	34
- Information & Early Intervention	703	0	703	725	22
- Social Care Activities	8,122	322	8,444	8,787	344
- Covid Related Support	0	0	0	0	0
- Commissioning & Service Delivery Strategy	(5,670)	(291)	(5,961)	(6,760)	(799)
- Housing Services	1,004	24	1,027	775	(252)
= Directorate Totals	67,905	55	67,960	69,397	1,437
				Projected Out-turn Variance	2.11%

- 3.2 The extended narrative in relation to the key area of variance (Individual Care and Support Packages) is given in Appendix 1.

Medium Term Financial Planning and 2022/23 Budget

- 3.3 The draft 2022/23 budget, considered by the Executive on 2 February, and due to be approved by full Council on 15 February, includes the following key items of planned additional spend in adult social care.

2022/23 Spending Pressures	£000s
Inflation	
- Care Providers	5,465
- Internal staff	313
Increasing Demand (demographics)	1,531
Existing demand gap	<u>1,400</u>
TOTAL	8,709

- 3.4 This represents a c. 14% of the current net budget (excluding corporate overheads) and is reflective of increasing costs (primarily driven by a 6.6% increase in the National Living Wage and the increase in National Insurance) and increasing demand (by way of example, population estimates indicate that there will be around 1,000 more people aged 75 and over in North Somerset in the coming year, and we expect more than 20 young people with complex needs to reach 18 and need adult social care and support).
- 3.5 Our approach to planning for these spending pressures is consistent with the approach taken across the South West and with the advice given by Local Government Association (LGA).
- 3.6 With specific social care grant increases amounting to c. £2.5m and a Council Tax increase of 3% in total equating to c. £3.6m, it can be seen that there is insufficient funding to cover all the cost pressures that are being experienced, just in adult social care.
- 3.7 It is also worth noting that the increased revenue being generated by the Health and Social Care Levy is not making any contribution to the additional day to day costs described above. Rather, it is designed to fund the following, and this is illustrated later in the paper in paragraph 3.11.
- increased capacity in the NHS
 - social care reforms aimed at
 - ensuring that individuals are not faced with making excessive or unpredictable contributions to their care costs
 - delivering a “fair cost of care” for local authority commissioned care
- 3.8 The 2022/23 budget also includes £1.4m of planned savings in the following main areas, which are consistent with the principles of our Maximising Independence and Wellbeing Vision

- Bringing forward additional alternative care accommodation solutions (such as Supported Living and Extra Care Housing) that are more cost effective and increase independence when compared, for example, to residential care
 - Undertaking timely reviews of care assessments and Direct Payment arrangements to ensure that they continue to reflect needs and take opportunities to maximise independence
 - Reviewing care pathways to ensure the maximum benefit is obtained from the new Reablement and Technology Enabled Care Services
 - Ensuring income from health partners represents a fair and appropriate contribution, as required by legislation
 - Inflationary increases in client / CCG contributions, where appropriate
- 3.9 Beyond 2022/23, the financial position is more uncertain, particularly given the proposed local government finance reforms and the social care funding reforms. The 2021 Spending Review did indicate that finance settlement beyond 2022/23 would be less generous, with some of the 2022/23 grants clearly tagged as “one-off”.
- 3.10 The current forecast position for the Council as a whole for the medium term, indicates a potential budget gap of close to £9m in each of the years 2023/24 and 2024/25.

Adult Social Care Reform Funding

3.11 The diagram below provides a high-level overview of the funding that has been announced so far.

Adult Social Care Reform Funding								
From the £36bn to be raised from the Health and Social Care Levy £5.4bn over 3 years on adult social care reform (the remainder to the NHS)								
£3.6bn over 3 years directly to local government for the cap, means test, and fair cost of care		£1.7bn over 3 years to improve wider social care system						
£2.2bn over 3 years for the cap and means test		£1.4bn over 3 years for fair cost of care:		Funding commitments made in the <i>People at the Heart of Care</i> adult social care reform white paper: Unclear as to if, when, how much or how this funding will be made available to Local Government				
22/23: £0m	22/23: £162m	At least £300m to connect housing with health and care and drive the stock of new supported housing	At least £150m for technology and digitisation	At least £500m for workforce training, skills, qualifications, professional development, recruitment, etc.	Up to £25m to support unpaid carers	£30m for innovation of support and care	At least £5m to help people understand care and support available	More than £70m to improve the delivery of care and support services, including market shaping and commissioning
23/24: £800m	23/24: £600m							
24/25: £1.4bn	24/25: £600m							
The White Paper is not completely clear about the whole £1.7bn (the list above amounts to £1.080bn), but there is also reference to increases in Disabled Facilities Grant (£570m), continuation of the Care and Support Specialised Housing Fund (£210m - Homes England and the Greater London Authority) and support to make minor repairs and changes to people's homes (£TBA)								

- 3.12 Very little in terms of detail has been announced in relation to funding allocations or guidance. However, as part of the 2022/23 Local Government Finance Settlement, allocations were announced in relation to 2022/23 element of funding to begin progress towards a “Fair Cost of Care”. North Somerset Council’s allocation of the £162m is £626k; and it takes the form of a “Market Sustainability and Fair Cost of Care” ring-fenced grant.
- 3.13 Members will recall that a key element of the funding reforms is to ensure that Self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care; and it is accepted that this will have the impact of driving up prices and ensuring that local authorities pay the “fair cost of care”.
- 3.14 The 2022/23 funding is designed to ensure that local authorities can prepare their markets for this change, including activities such as:
- Conducting a cost of care exercise to determine the sustainable rate and how close we are to it – we will be working with the LGA and the Association of Directors of Adult Social Services (ADASS) in developing a model for roll out in the summer.
 - Engaging with local providers to improve data on operational costs and the number of self-funders to better understand the impact of reform
 - Strengthening capacity to plan for, and execute, greater market oversight and improved market management
 - Increase fee rates, as appropriate to local circumstances
- 3.15 Further guidance, including the formal grant determination letter is promised in “early 2022”.

Discharge to Assess Business Case

- 3.16 The Council has been working with the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) for some time, on a business case to support the changing requirements in relation to hospital discharge. The model is based on a vision to reduce the length of stay in hospital (and the number of beds commissioned) through prioritising rehabilitation and reablement in the community.
- 3.17 In summary, across BNSSG, around £13m is planned to be invested per annum into discharge pathways and rehabilitation and reablement services, with around £340k committed from the Council. In relation to social care in North Somerset, there will be an investment of c. £1.7m per annum, allowing, amongst other things, the development of enhanced reablement services and technology enabled care (TEC) as well as improved early intervention and prevention through the Wellness and Response Service.

Risks

3.18 In broad terms, the Covid-19 pandemic has served to heighten several risks in the adult social care budget, the key ones being:

- Suppressed demand for and expenditure on, services in 2020/21 and 2021/22 due to CCG funding of hospital discharge cases
- Potential increased demand for support, to reflect long wait times for elective surgery, waiting lists for social care and OT assessments, deterioration and deconditioning, and the potential impacts of Long Covid, as well as likely increases in demand for mental health, carers and safeguarding
- Increased costs in, and financial stability of, the care market generally
- The extent to which funding will be provided for future increases in cost and demand, particularly given the increase in the National Living Wage, the new Health and Social Care Levy and other inflationary pressures on providers
- The extent to which the additional costs and lost income in relation to the recently announced Social Care Funding Reforms will be fully funded by Government as promised
- Capacity to deliver transformation and MTFP savings

4. CONSULTATION

Not applicable

5. FINANCIAL IMPLICATIONS

Financial implications are contained throughout the report.

6. LEGAL POWERS & IMPLICATIONS

6.1 The Local Government Act 1972 lays down the fundamental principle by providing that every local authority shall make arrangements for the proper administration of their financial affairs, although further details and requirements are contained within related legislation. The setting of the council's budget for the forthcoming year, and the ongoing arrangements for monitoring all aspects of this, is an integral part of the financial administration process.

7. CLIMATE CHANGE & ENVIRONMENTAL IMPLICATIONS

7.1 Adult Social Services is developing a Carbon Literacy and Climate Action Plan of which investment in TEC and other means of prevention and early intervention, will be critical to reducing the size and number of care packages/visits and therefore reducing carbon footprint.

8. RISK MANAGEMENT

8.1 See paragraph 3.19

9. EQUALITY IMPLICATIONS

9.1 Not applicable to this report directly. The 2021/22 revenue budget incorporates savings approved by Members in February 2021, all of which are supported by an equality impact assessment (EIA). These EIAs have been subject to consultation and discussion with a wide range of stakeholder groups to ensure all risks have been identified and understood; the same is true for 2022/23 savings. In addition, the main growth areas were also discussed with the Equality Stakeholder Group.

10. CORPORATE IMPLICATIONS

10.1 There are currently no specific corporate implications within the report.

11. OPTIONS CONSIDERED

11.1 Not applicable

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APPENDIX 1 – NARRATIVE IN RELATION TO CARE AND SUPPORT PACKAGES

Key Variances

Individual Care and Support Packages

The predominant area of spend that exceeds budget relates to individual care and support packages, which is £2.1m. Whilst this excess demand is not tagged as directly related to Covid in our corporate monitoring, it is undoubtedly true that the changes in patterns of demand for, and take-up of services as described below, have Covid as their predominant causal factor.

Overall Income and Expenditure Trends

Spend on care and support packages was c. £1.9m in excess of budget in 2020/21 and this gap was narrowed by £500k of budget growth for 2021/22; as a result, all other things being equal, we essentially began the financial year with an underlying demand gap against the budget of c. £1.4m, although clearly the position is more complex than that.

Our forecast gross expenditure on care packages for 2021/22 is 4.7% more than in 2020/21. Given we passed on an average of around 2% in inflation to providers, this represents around a 2.5% increase in costs that are materialising through a growth in care package numbers or size (although there is some anecdotal evidence that there are some rate increases outside of the main inflation provision, driven by availability of supply, which would make the demand-led rise even smaller).

We are forecast to achieve a 7% increase in client income compared with last year (mostly driven by increases in non-residential income as a result of a programme of reviews). In addition, contributions from the NHS are forecast to increase by nearly 17%. This means that our forecast increase in total net spend from 2020/21 to 2021/22 is 3.4% (or £2.1m), which likely represents around 1% after accounting for price inflation.

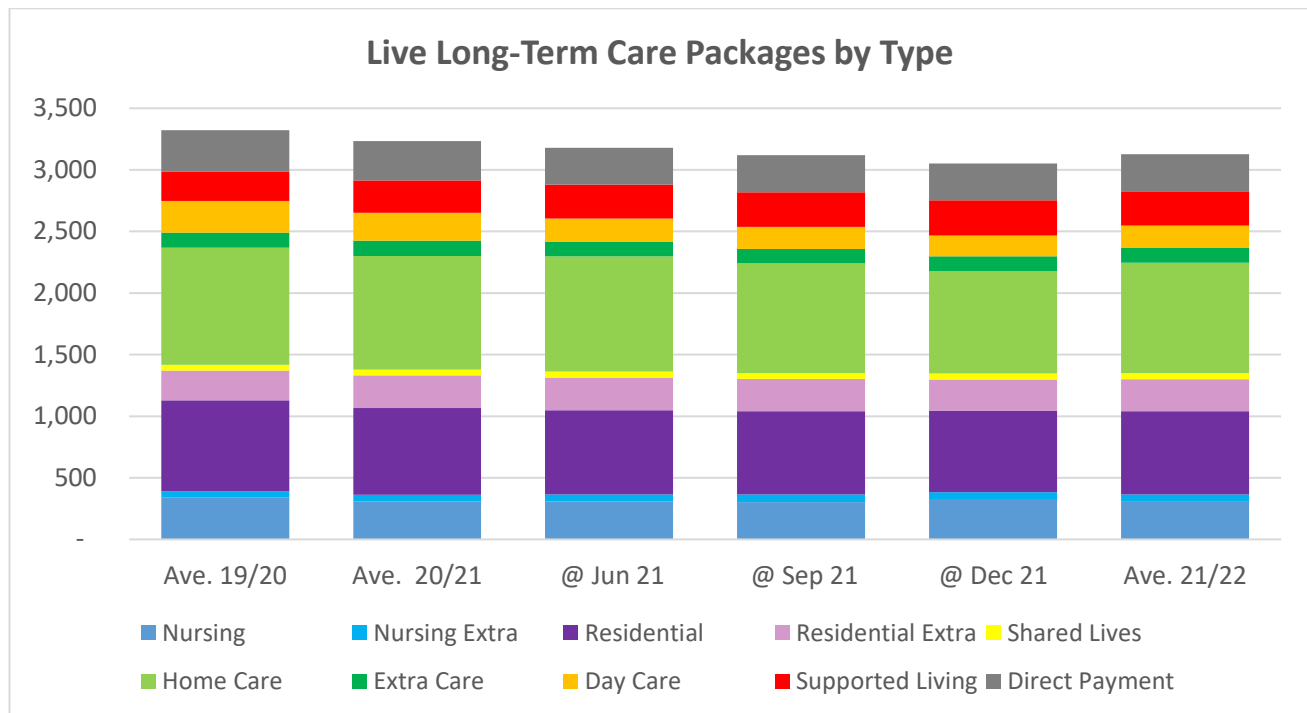
	2019/20	2020/21	2021/22	2021/22	
	Outturn	Outturn	Forecast	Change from PY	
Gross spend	80,276,370	82,235,155	86,089,707	3,854,552	4.7%
Client income	(16,283,001)	(15,238,747)	(16,334,388)	(1,095,641)	7.2%
Other contributions	(3,975,908)	(3,718,816)	(4,340,254)	(621,438)	16.7%
Net spend	60,017,461	63,277,592	65,415,065	2,137,473	3.4%

In many ways, this is good news and is, in part, being delivered by mitigating demand and preventing escalation through the work of the Single Point of Access, Occupational Therapy clinics, reablement, the Wellness Services and creative solutions being offered by the locality assessment teams. However, some of the suppression of demand is unfortunately and inadvertently achieved through assessment waiting lists and lack of capacity in the care market, and eventually this demand is likely to materialise in the form of care packages (and potentially at higher levels than they would otherwise have been).

Number of Care Packages

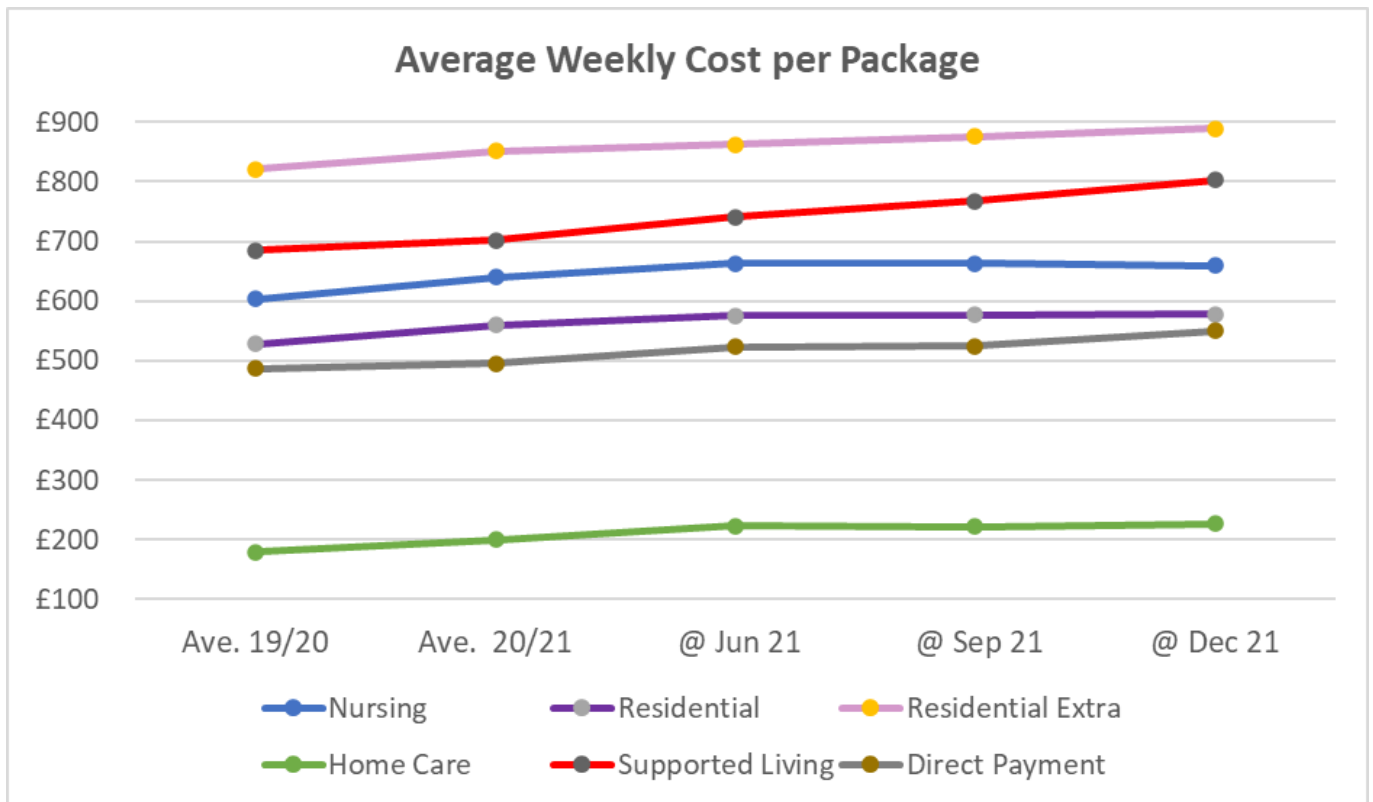
Where we are seeing cost increases beyond just price inflation, this is not generally because the number of packages is increasing; in fact, the average live long-term packages for 2021/22 are

3% lower than they were on average last year (3,127 compared with 3,234). Rather, increases relate to increases in package size (see next paragraph).



Average Unit Costs of Packages

As the numbers of packages are falling, any cost increases are largely being driven by an increase in package size, and this is particularly evident in domiciliary care and supported living, where the average unit costs have increased by 11% and 8% respectively in the last year. This is likely reflective of increased complexity and need driven by factors such as deterioration and de-conditioning (partly due to delays in elective surgery and lock-down / isolation), earlier hospital discharge, increases in mental health support needs and family / carer breakdown. In overall terms, the average weekly unit cost of a long-term care package has increased by c. 6% in the last year, with around 2% of that reflecting price inflation as opposed to package size.



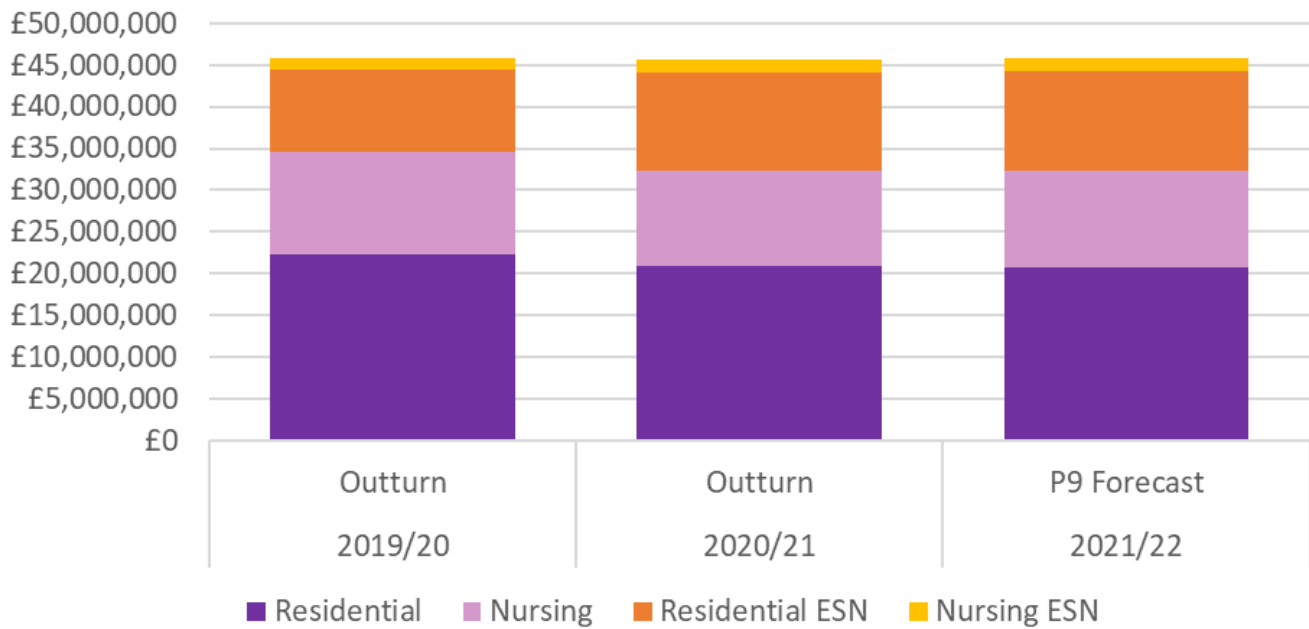
Other Factors

The one material area where package numbers are increasing is in supported living; this is an expected rise, which is particularly associated with bringing forward new schemes (as an alternative to residential placements) and transitions from children’s services.

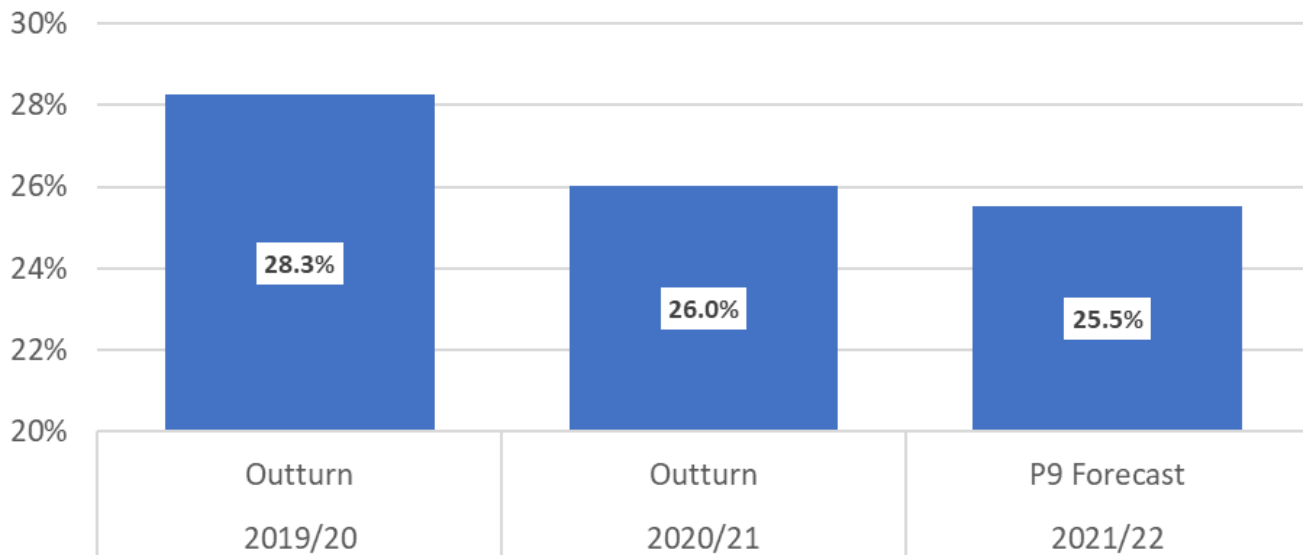
In addition, there are increases in the number of short-term residential and nursing placements, which may reflect changes in hospital discharge processes, increased respite or rehabilitation use and capacity to secure long-term placements, but more work needs to be done in this area to fully understand the changes.

Finally, it is worth noting that the increase in demand for residential and nursing placements with Exceptional Special Needs (ESN) which we experienced last year, has not reduced and, as a result, additional spend in this area continues to offset reductions in basic residential placements. The increased number of ESN packages may suggest higher commissioning costs, a difficulty in moving clients from CCG commissioned hospital discharge beds and / or increasing complexity of people’s care needs as described above. In addition, the proportion of residential and nursing care costs that are recovered through client contributions are much lower for packages with ESN (due to clients reaching their maximum charge), resulting in an overall reduction in client income recovery rates from 28.3% in 2019/20 to an estimate of 25.5% in 2021/22, which represents a loss of income of c. £1.3m.

Gross Expenditure on Residential and Nursing Care



Residential and Nursing Expenditure - Client Contribution Rates



Demand at the Single Point of Access

By way of illustration of the demand pressures that are being managed, it is worth noting that contacts to the Council's Single Point of Access have risen by 14% when compared with the same period in 2019/20 as illustrated below. This is the equivalent of 10 months' worth of contacts in 2020/21 within 9 months in 21/22.

**Contacts in the Single Point of Access
(April to December)**

	2019/20	2020/21	2021/22
SPA Contacts	11,814	12,016	13,443
			14%

Other Budget Variances

Other key variances relate to social care activities and there is an estimated £165k additional spend on staffing costs to meet the unprecedented demand in social care referrals made to the council and safeguarding referrals; it is anticipated that these costs will be funded from the Council's Covid General Grant for 2021/22. The overspends in these areas are, to a large extent, offset by favourable variances in commissioning and service delivery, including an increased contribution from the Better Care Fund.

Specific Covid-related budget impacts

The revised budget includes an increase £7.743m cost and grant income from the original budget to reflect receipt of further rounds of the Infection Control and Testing Fund Grant from Government, which has been distributed to care providers across North Somerset in accordance with the grant conditions. Covid Support also continues as part of the agreed recovery plan for care providers with £1.53m available. To date we have paid £200k for nursing care home premiums, £100k for insurance premiums, with other assistance due later in the financial year in relation to sustainability and innovation bids.

Further tranches of Infection Control (£2.3m) and Workforce Capacity Funds (£1.8m) to run from October to March, have recently been announced by the DHSC; these payments are in the process of being distributed to providers and the forecast income and expenditure is included 9. A further tranche of the Workforce Recruitment and Retention Grant from central government of £1.155m is expected in January 2022, and a plan for distribution and spending is being developed.

The overall payments made to providers since the start of the pandemic is as follows:

Type of Support	Year	TOTAL
Temporary Fee Uplifts	2020/21	£2,077,720
Infection Control Fund (Jun 20 - Sept 20)	2020/21	£3,860,635
Infection Control Fund (Oct 20 - Mar 21)	2020/21	£3,053,662
Rapid Testing Fund (Jan 21 - Mar 21)	2020/21	£982,246
Workforce Capacity Fund (Jan 21 - Mar 21)	2020/21	£424,939
Infection Control Fund (Apr 21 - Jun 21)	2021/22	£1,181,680
Rapid Testing Fund (Apr 21 - Jun 21)	2021/22	£750,117
Nursing support 2021	2021/22	£200,000
Infection Control Fund (Jul 21 - Sep 21)	2021/22	£836,901
Testing Fund (Jul 21 - Sep 21)	2021/22	£623,018
Insurance support 2021	2021/22	£103,598
Infection Control and Vaccine Fund (Oct 21 - Mar 22)	2021/22	£1,489,219
Testing Fund (Oct 21 - Mar 22)	2021/22	£727,446
Workforce Recruitment & Retention Fund Round 1 (Oct 21 - Mar 22)	2021/22	£512,907
Workforce Recruitment & Retention Fund Round 2 (Dec 21 - Mar 22)	2021/22	£1,154,932
TOTAL		£17,979,021

Appendix 2 – Detailed Analysis of Expenditure and Income Forecast (Month 9) for Individual Packages of Care & Support

	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2021/22	2021/22
	Outturn	Outturn	Revised Budget	P9 Forecast	Change from PY		Variance from budget	
Expenditure								
Nursing	12,312,381	11,297,314	12,568,442	11,507,188	209,874	1.9%	(1,061,254)	(10.5%)
Nursing ESN	1,277,316	1,641,031	1,668,500	1,668,166	27,135	1.7%	(334)	(0.4%)
Residential	22,315,815	20,979,629	22,814,385	20,794,391	(185,238)	-0.9%	(2,019,994)	(9.0%)
Residential ESN	9,853,644	11,792,743	11,570,859	11,904,375	111,631	0.9%	333,516	2.9%
Shared Lives	1,343,321	1,627,656	1,573,489	1,660,986	33,330	2.0%	87,497	3.7%
Homecare	7,664,954	8,968,914	8,517,666	9,577,731	608,817	6.8%	1,060,065	9.5%
Extra Care	1,598,083	1,712,432	1,890,083	1,604,975	(107,457)	-6.3%	(285,108)	(15.6%)
Daycare	1,492,815	1,495,512	1,581,801	1,380,435	(115,077)	-7.7%	(201,366)	(13.3%)
Supported Living	10,030,136	11,366,867	11,173,879	12,763,509	1,396,642	12.3%	1,589,630	12.8%
Direct Payments	8,093,138	7,729,415	8,321,346	7,713,879	(15,537)	-0.2%	(607,467)	(4.3%)
DPs Carers	29,427	7,295	50,500	32,001	24,706	338.7%	(18,499)	(38.9%)
Sub-total Long-Term	76,011,030	78,618,809	81,730,950	80,607,636	1,988,827	2.5%	(1,123,314)	(2.0%)
Enablement Nursing	279,388	57,178	261,445	378,273	321,095	561.6%	116,828	31.9%
Enablement Res	377,362	61,242	379,873	295,649	234,407	382.8%	(84,224)	(28.2%)
ST Nursing	652,723	858,075	834,971	1,460,737	602,662	70.2%	625,766	73.1%
ST Residential	2,093,425	2,009,944	2,410,533	2,567,556	557,612	27.7%	157,023	2.7%
Reablement	112,970	108,767	191,865	152,471	43,704	40.2%	(39,394)	32.5%
Sub-total Short-Term	3,515,868	3,095,206	4,078,687	4,854,685	1,759,480	56.8%	775,998	17.5%
Various Other CIC Expd	749,472	521,141	248,872	627,386	106,245	20.4%	378,514	117.7%
Income								
Daycare	(164,556)	(32,009)	(220,717)	(110,202)	(78,193)	244.3%	110,515	47.3%
Direct Payments	(573,810)	(389,961)	(754,688)	(773,337)	(383,376)	98.3%	(18,649)	(33.5%)
Extra Care	(322,391)	(351,391)	(508,701)	(416,439)	(65,048)	18.5%	92,262	5.3%
Homecare	(1,432,620)	(1,549,146)	(2,057,761)	(2,211,315)	(662,169)	42.7%	(153,554)	(15.2%)
Nursing	(4,663,446)	(4,076,181)	(5,044,898)	(4,235,918)	(159,737)	3.9%	808,980	20.6%
Residential	(8,268,335)	(7,812,866)	(9,449,130)	(7,464,792)	348,074	-4.5%	1,984,338	20.6%
Shared Lives	(212,098)	(249,574)	(289,063)	(206,074)	43,500	-17.4%	82,989	17.9%
Supported Living	(436,617)	(469,663)	(547,806)	(635,196)	(165,533)	35.2%	(87,390)	(14.8%)
ST Nursing	(83,926)	(127,089)	(139,960)	(103,024)	24,065	-18.9%	36,936	16.0%
ST Residential	(125,202)	(180,867)	(154,680)	(178,089)	2,778	-1.5%	(23,409)	(15.9%)
Sub-total client income	(16,283,001)	(15,238,747)	(19,167,404)	(16,334,388)	(1,095,641)	7.2%	2,833,016	13.1%
Contributions LA	(21,862)	0	0	(0)	0	0.0%	(0)	0.0%
NHS Cont Residential	(1,999,705)	(2,019,758)	(1,779,570)	(2,221,979)	(202,221)	10.0%	(442,409)	(9.4%)
Contributions Nursing	(207,043)	(295,899)	(344,640)	(438,624)	(142,725)	48.2%	(93,984)	(11.0%)
Contributions DPs	(111,210)	(163,277)	(204,655)	(148,293)	14,984	-9.2%	56,362	51.6%
Contributions General	(809,126)	(718,741)	(654,415)	(947,049)	(228,308)	31.8%	(292,634)	(41.7%)
Contributions Other	(70,666)	0	0	0	0	0.0%	0	0.0%
Sub-total other income	(3,219,612)	(3,197,675)	(2,983,280)	(3,755,944)	(558,269)	17.5%	(772,664)	(12.5%)
Various Other CIC Inc	(756,296)	(521,141)	(581,320)	(584,310)	(63,169)	12.1%	(2,990)	0.0%
Gross spend	80,276,370	82,235,155	86,058,509	86,089,707	3,854,552	4.7%	31,198	(0.7%)
Client income	(16,283,001)	(15,238,747)	(19,167,404)	(16,334,388)	(1,095,641)	7.2%	2,833,016	13.1%
Other contributions	(3,975,908)	(3,718,816)	(3,564,600)	(4,340,254)	(621,438)	16.7%	(775,654)	(10.5%)
Net spend	60,017,461	63,277,592	63,326,505	65,415,065	2,137,473	3.4%	2,088,560	2.4%

Appendix 3 – Quarterly Activity and Unit Cost Data 2019/20 – 2020/21

COST & VOLUME SUMMARY - PACKAGES OF CARE TREND MONTHLY BY VOLUME

Provision Type		2 years ago	1 year ago	6 month	3 month	2month	1 month	current	YTD	Trend Line (1Y)	Current	1Y Change	Change	% Change	
		Ave. 19/20	Ave. 20/21	@ Jun 21	@ Sep 21	@ Oct 21	@ Nov 21	@ Dec 21	Ave. 21/22						
Long Term Care															
Nursing	CLT01	341	308	309	304	300	316	320	306		320	-	2	↓	-1%
Nursing Extra	CLT02	51	55	55	62	61	62	63	59		63	-	4	↑	8%
Residential	CLT05	736	705	685	675	668	663	662	677		662	-	29	↓	-4%
Residential Extra	CLT06	243	263	265	262	257	255	254	260		254	-	3	↓	-1%
Shared Lives	CLT10	48	47	49	47	48	47	48	48		48	-	1	↑	2%
Home Care	CLT20	949	924	934	891	856	848	832	897		832	-	26	↓	-3%
Extra Care	CLT25	123	125	121	116	117	118	118	120		118	-	5	↓	-4%
Day Care	CLT30	256	226	186	179	173	171	171	181		171	-	45	↓	-20%
Supported Living	CLT40	240	263	276	281	281	285	284	279		284	-	16	↑	6%
Direct Payment	VAA01	333	319	299	303	302	300	301	301		301	-	19	↓	-6%
Total Long Term Care		3,321	3,234	3,179	3,120	3,063	3,065	3,053	3,127			-	107	↓	-3%
Short term Care															
Enablement - Nursing	CST01	10	2	10	11	14	13	15	12		15	-	10	↑	417%
Enablement - Residential	CST05	14	3	14	11	11	17	12	13		12	-	10	↑	403%
Short term - Nursing	CST11	18	19	19	21	23	20	34	23		34	-	4	↑	21%
Short term - Residential	CST15	43	35	38	43	44	41	50	37		50	-	3	↑	8%
Reablement	CST20	15	12	11	12	6	9	10	12		10	-	0	↑	2%
Total Short Term Care		100	70	92	98	98	100	121	97			-	27	↑	38%
TOTAL		3,421	3,304	3,271	3,218	3,161	3,165	3,174	3,225			-	80		-2%

COST & VOLUME SUMMARY - PACKAGES OF CARE TREND BY UNIT COST

Provision Type		2 years ago	1 year ago	6 month	3 month	2month	1 month	current	YTD						
		Ave. 19/20	Ave. 20/21	@ Jun 21	@ Sep 21	@ Oct 21	@ Nov 21	@ Dec 21	Ave. 21/22	Trend Line (1Y)	Current	1Y Change	Change	% Change	
Long Term Care															
Nursing	CLT01	£ 603.75	£ 640.31	£ 662.84	£ 663.16	£ 661.53	£ 662.48	£ 659.63	£ 663.19		£660	£ 22.88	↑	4%	
Nursing Extra	CLT02	£ 464.92	£ 551.11	£ 484.40	£ 491.53	£ 480.39	£ 524.34	£ 450.70	£ 504.29		£451	-£ 46.82	↓	-8%	
Residential	CLT05	£ 528.54	£ 559.33	£ 575.88	£ 577.24	£ 576.90	£ 577.98	£ 578.20	£ 576.62		£578	£ 17.29	↑	3%	
Residential Extra	CLT06	£ 820.73	£ 850.80	£ 862.17	£ 876.04	£ 882.09	£ 877.59	£ 889.49	£ 865.89		£889	£ 15.09	↑	2%	
Shared Lives	CLT10	£ 445.84	£ 503.82	£ 503.19	£ 503.11	£ 500.84	£ 491.74	£ 504.54	£ 504.34		£505	£ 0.52	↑	0%	
Home Care	CLT20	£ 178.98	£ 200.28	£ 222.70	£ 222.53	£ 223.48	£ 228.53	£ 226.98	£ 223.02		£227	£ 22.74	↑	11%	
Extra Care	CLT25	£ 239.65	£ 242.66	£ 244.77	£ 249.35	£ 248.53	£ 251.91	£ 254.09	£ 247.11		£254	£ 4.44	↑	2%	
Day Care	CLT30	£ 135.21	£ 144.24	£ 147.34	£ 150.58	£ 152.00	£ 152.90	£ 153.13	£ 150.24		£153	£ 6.00	↑	4%	
Supported Living	CLT40	£ 684.26	£ 701.82	£ 740.74	£ 768.04	£ 772.76	£ 764.77	£ 802.41	£ 759.04		£802	£ 57.21	↑	8%	
Direct Payment	VAA01	£ 487.35	£ 495.12	£ 523.34	£ 524.29	£ 514.94	£ 541.97	£ 550.56	£ 527.37		£551	£ 32.25	↑	7%	
Ave. Long Term Care		£ 421.60	£ 451.32	£ 473.42	£ 481.96	£ 484.23	£ 490.11	£ 494.93	£ 479.50			£ 131.61	↑	29%	
Short term Care															
Enablement - Nursing	CST01	£ 588.96	£ 588.96	£ 640.65	£ 683.70	£ 675.68	£ 667.54	£ 677.07	£ 667.08		£677	£ 78.12	↑	13%	
Enablement - Residential	CST05	£ 487.63	£ 487.63	£ 542.59	£ 573.24	£ 566.74	£ 574.24	£ 575.04	£ 564.64		£575	£ 77.01	↑	16%	
Short term - Nursing	CST11	£ 595.75	£ 595.75	£ 660.93	£ 676.56	£ 688.81	£ 690.54	£ 673.32	£ 681.27		£673	£ 85.52	↑	14%	
Short term - Residential	CST15	£ 536.07	£ 536.07	£ 558.20	£ 560.17	£ 569.39	£ 550.76	£ 540.28	£ 561.37		£540	£ 25.30	↑	5%	
Reablement	CST20	£ 224.42	£ 224.42	£ 214.37	£ 277.53	£ 339.66	£ 281.33	£ 225.76	£ 267.98		£226	£ 43.56	↑	19%	
Ave. Short Term Care		£ 498.81	£ 498.58	£ 544.89	£ 565.83	£ 598.24	£ 573.64	£ 572.07	£ 565.81					0%	
OVERALL WEIGHTED AVERAGE		£ 423.86	£ 452.33	£ 475.43	£ 484.51	£ 487.77	£ 492.74	£ 497.87	£ 482.10					0%	