

Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 4 (July) 2016-17
Date of meeting:	5 September 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of July 2016. It provides an analysis of variations from the budget and the actions being taken by the service to reduce the overspend.

Executive summary

As at the end of July 2016 (Period 4), Adult Social Services is forecasting an overspend of £8.151m, with the application of previously identified use of the Corporate Business Risk Reserve. The overspend equates to a 3.3% variance on the revised budget. This is following review of risks and recommendations for application of funding, which is set out below. The paper also highlights the financial position following negotiation of the Better Care Fund for 2016/17 and the financial implications for the Council and Adult Social Services.

Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	247.369	260.675	13.306
Use of Corporate Business Risk to manage additional budget pressures for cost of care and national living wage	0.000	(5.155)	(5.155)
Revised net expenditure	247.369	255.520	8.151

The headline information and considerations include:

- The outturn position for 2015-16 was £3.168m and this underlying pressure continues into 2016-17
- The Council in setting the budget recognised the additional business risks affecting the service, specifically in relation to the cost of care exercise that concluded in April, the additional cost in 2016-17 for the introduction of the national living wage and the uncertainty of health funding to maintain social care as part of the Better Care Fund. A corporate business risk reserve was set up as part of the 2016-17 budget to help manage this risk. The use of £5.155m has previously been agreed for cost of care and national living wage pressures and £5m towards protecting social care following the reduction in health funding towards social care in 2016-17 within the Better Care Fund
- The forecast recognises the increase in commitments between when the budget was set at the end of January 2016 and the actual commitments at April 2016
- The service is continuing to improve its information and accuracy of forecasting. Inclusion of improved information about how our home care and day contracts are being used, information

about waiting lists and service level agreements has improved the accuracy of forecasting, but resulted in the need to recognise a higher budget pressure for the service

- e) Following work with iMPower consultants the forecast includes a revised savings estimates, reflecting reprofiling of some savings

Adult Social Services reserves at 1 April 2016 stood at £2.848m. The service plans to make a net use of reserves in 2016-17 of £1.198m therefore it is estimated that £1.650m will remain at 31 March 2017. The service has provisions, mainly for doubtful debts, of £3.127m.

Recommendations:

Members are invited to discuss the contents of this report and in particular to note:

- a) **The forecast outturn position at period 4 for the 2016-17 Revenue Budget of an overspend of £8.151m**
- b) **The planned actions being taken by the service to reduce the overspend**
- c) **The planned use of reserves**
- d) **The forecast outturn position at period 4 for the 2016-17 Capital Programme**

1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 4 (July 2016) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.
- 1.3 The County Council in setting the budget for 2016/17, recognised the significant business risks facing the service, including the review of cost of care and the implications of national living wage and the continuation of funding from Clinical Commissioning Groups (CCGs) to maintain social care within the Better Care Fund scheme. As part of the 2016-17 budget setting, the Council put in a place a Corporate Business Risk Reserve. The forecast includes the approved use of £10.155m to manage the actual costs that have now arisen for the service

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of July 2016 (Period 4).

Actual 2015/16 £m	Over/ Underspe nd at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance @ P4 £m
8.325	(0.312)	Business Development	7.611	7.446	(0.165)
70.665	0.804	Commissioned Services	70.006	72.597	2.591
5.442	0.142	Early Help & Prevention	9.142	8.741	(0.401)
164.760	9.653	Services to Users (net)	155.968	168.154	12.186
(6.710)	(7.119)	Management, Finance & HR	4.642	(1.418)	(6.060)
242.482	3.168	Total Net Expenditure	247.369	255.520	8.151

- 2.2 As at the end of Period 4 (July 2016) the revenue outturn position for 2016-17 is £8.151m, the forecast includes the release of (£5.778m) of Care Act funding that was not allocated to specific budgets at the beginning of the year.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The overspend is primarily due to the net cost of Services to Users (purchase of care and hired transport), and risks associated with the delivery of recurrent savings, resulting in a forecast overspend of £12.186m.
- 2.5 **Additional pressures for 2016/17**
- 2.5.1 The finance monitoring report to Committee in July 2016 set out the additional business risks that had arisen since the budget was set. This included the position regarding negotiations of the Better Care Fund. A three year Section 75 agreement has now been signed by the Council and the five CCGs, which provides a joint commitment to secure annual funding of £7.9m for protection of social care.
- 2.5.2 The report also provided an update on the cost of care review and the implications for 2016/17 and future years' budgets. Since then the consultation on the 2016/17 uplift has closed. Additional work has been undertaken to enable a decision to be made that takes stock of the responses received within the consultation period.
- 2.6 **Services to Users**
- 2.6.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services.

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
111.417	3.579	Older People	103.878	108.437	4.560
24.750	0.412	Physical Disabilities	22.101	23.536	1.435
90.218	9.863	Learning Disabilities	83.387	91.621	8.233
13.519	1.839	Mental Health	12.899	12.995	0.096
6.909	2.328	Hired Transport	3.672	6.709	3.037
14.436	(1.150)	Care & Assessment & Other staff costs	16.524	16.104	(0.420)
261.249	16.871	Total Expenditure	242.461	259.403	16.941
(96.490)	(7.218)	Service User Income	(86.493)	(91.248)	(4.755)
164.760	9.653	Revised Net Expenditure	155.968	168.154	12.186

2.6.2 Key points:

- a) Permanent admissions to residential care – so those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age

groups, and reductions have accelerated in the last year in response to the provisions put in place in response to Promoting Independence. In the twelve months preceding March 2013 Norfolk permanently admitted 823 people aged 65+ per 100,000 population, whereas in the twelve months before March 2016 it permanently admitted 623 older people. In the 18-64 age group this rate reduced from 53 people permanently admitted per 100,000 population in the twelve months preceding March 2013, to 21.7 at March 2016. In real terms, and looking just at the last year (comparing the totals in March '15 and March '16) this means around 114 fewer permanent admissions of people aged 65+, and around 55 fewer permanent admissions of people aged 18-64

- b) The total number of permanent residential placements for older people recorded on Carefirst at 31st July 2016 is 2237. This compares to 2292 at April 2015. This is in line with an overall reduction in the number of older people requiring packages of care. However there has been an increase in the number of people receiving learning disability and mental health services. Residential placements for working age adults in total has remained stable, but there has been a net increase in placements for people with learning and physical disabilities, offset by a reduction within mental health services. This reduction reflects the work that has taken place within mental health services, with 37 people moved from residential to community settings since September 2015. Services for working age adults have seen an increase in the number of service users, reflected in an increase in the number of home support packages
- c) The forecast expenditure for purchase of care is (£1.8m) less than the 2015/16 outturn. The 2015/16 expenditure included £1.1m one-off expenditure, which was offset by income. However, the 2016/17 expenditure includes the increase in spend due to the cost of care exercise and implementation of the national living wage
- d) Reducing the number of working age adults in residential placements is challenging. Transition plans for individuals are continuing to be developed and implemented, but transition for most individuals will take time with increased resources often needed initially to support the transition process into more independent care settings
- e) The Learning Disability and Physical Disability savings for 2016-17 are not expected to be fully delivered. Alternative options are being identified
- f) There is a reduction of £10m in budgeted income in 2016/17 compared to 2015/16 outturn. This primarily relates to one-off income items accounted for against purchase of care income in 2015/16 including £4.6m from reserves for 2015/16 cost of care pressures and approved use of reserves when setting the 2015/16 budget; £0.415m transfer from Public Health; £3.6m to adjust for Continuing Health Care agreements and £1.1m in relation to additional invoices raised, but which were offset by additional costs. The forecast includes the additional income from the Corporate Risk Reserve of £5.151m

2.7 Commissioned Services

2.7.1

Actual 2015/16 £m	Variance at outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
1.219	(0.182)	Commissioning	1.474	1.327	(0.147)
10.925	(0.219)	Service Level Agreements	11.357	10.931	(0.425)
2.620	0.021	Integrated Community Equipment Service	2.602	2.553	(0.048)
32.496	1.645	NorseCare	30.415	33.636	3.221
9.141	(0.141)	Supporting People	9.402	9.402	0.000
12.930	(0.265)	Independence Matters	13.345	13.345	0.000
1.334	(0.055)	Other Commissioning	1.412	1.402	(0.010)
70.665	0.804	Total Expenditure	70.006	72.597	2.591

2.7.2 Key points:

- a) A joint and medium term plan is being developed with Norse Care for delivery of current and future savings however, this is not expected to reduce the shortfall in 2016/17

2.8 Savings Forecast

2.8.1 The department's budget for 2016/17 includes savings of £10.926m. The Period 4 forecast has included a revised forecast for delivery of the savings. The service commissioned iMPower consultants to review the Promoting Independence programme of work. This has included modelling the target demand for the service in order to deliver the required savings, providing challenge on the delivery plans and targets, comparison with other councils and considered areas of that could have further focus to support delivery of the savings. A summary report is provided to Committee elsewhere on this agenda, however, the review concluded that:

- a) the Council is pursuing the right strategy, based on their experience in other councils and the change already achieved within the service. It recognised that the strategy reflected a higher risk appetite within the service regarding supporting people to remain as independent as possible for as long as possible – rather than providing more traditional packages of care, but tested this with social work teams, which suggested that there is further room to prevent and reduce services required
- b) the timeline for the strategy is challenging, with the consultants questioning whether the savings can realistically be delivered in three years. Whilst the service can try to take measures to enable reviews of care to be done quicker, the aims for reducing demand will be harder to manage at pace
- c) there are other interventions that can be used to enhance delivery of the strategy – including advice and information; further work on transitions; and behavioural change – but the consultants did not identify any new opportunities that would

deliver material benefit that the council is not already pursuing. The service is reviewing the programme of work to reprioritise and reflect these proposals

- 2.8.2 Risks totalling £3.976m have been reflected in the forecast position and alternative savings are being identified.

Savings	Saving 2016/17 £m	Forecast £m	Variance £m
Savings off target (explanation below)	3.976		3.976
Savings on target	6.950	6.950	0.000
Total Savings	10.926	6.950	3.976

For those savings that are off target a brief explanation is provided below of the reasons why they are off target and any planned recovery action that is in place.

- 2.8.3 **Integrated Community Equipment Service (target £0.500m, forecast £0.232m, variance £0.268m)**

The savings were planned focusing on a mix of preventative and efficiency savings. The service is aiming to increase the access to equipment to reduce or delay the need for formal packages of care and review the way that equipment is recalled. Feasibility plans have identified that these savings will need to be re-profiled due to the time needed to set up new teams and processes. The focus will be on increasing the review and recall of equipment and reviewing where improved access to equipment can reduce the need for some service users to require two care workers (known as double-ups). In order to address the savings gap, a bid has been made for investment from the rural transition money to increase the availability of equipment to more people at a preventative stage, to reduce the requirement for formal packages of care.

- 2.8.4 **Changing how we provide care for people with learning disabilities or physical disabilities (target £1.500m, forecast £0.600m, variance £1.000m)**

The saving involves re-assessing the needs of existing service users and where appropriate providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. As previously reported while it is considered that savings can be achieved over time, the lead in times for the work have been longer than originally planned. In addition actions have been needed to review the implementation of the changes. A full review of the work areas is being completed and alternative options for 2016-17 are being explored.

- 2.8.5 **Promoting Independence - Reablement - expand Reablement Service to deal with 100% of demand and develop service for working age adults (target £3.158m, forecast £1.200m, variance £1.958m)**

Recruitment to posts is completed and the service is managing increased referrals. The savings are expected to be delivered, but have required re-profiling in year one, which will reduce the levels of savings that can be achieved in 2016/17.

2.8.6 **Transport Savings (target £1.050m, forecast £0.200m, variance £0.850m)**

A full report was presented to committee in July 2016. Various strands of work have and are being carried out including the reduction in the allocation for funding for transport in peoples' Personal Budgets; discussing with people at their annual review how they can meet their transport needs in a more cost effective way; and charging self-funders. However the savings from transport are taking longer to deliver than originally anticipated due to lack of capacity in the locality teams; the information available from travel systems; being able to make changes to travel arrangements for all individuals on a route to enable transport to be stopped and savings realised, cultural change and a reluctance to take up travel training.

2.9 **Overspend Action Plan**

2.9.1 The department is taking recovery action to reduce in year spending as far as possible. There is continued focus on many of the action areas identified within 2015-16 and inclusion of new actions. All localities have prepared recovery plans which include ongoing actions and new areas. These have been reviewed by Finance and Performance Board and Senior Management Team and key areas for immediate attention within the service to support the in-year budget position have been identified. The action plan detailed at Appendix C highlights the main areas of focus for the service. The actions and performance are incorporated into the work of the Finance and Performance Board to provide a framework for regular monitoring and assurance.

2.10 **Reserves**

2.10.1 The department's reserves and provisions at 1st April 2016 were £5.975m. Reserves totalled £2.848m. The service is forecasting a net use of reserves in 2016-17 of £1.198m to meet commitments. This does not assume use of reserves to offset general overspend. The 2016-17 forecast outturn position for reserves is therefore £1.650m. Provisions totalled £3.127m at 1 April 2016, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

2.11 **Capital Programme**

2.11.1 The department's three year capital programme is £23.387m. The programme includes £8.368m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG) and Social Care Capital Grant, which is passported to District Councils within the BCF. Agreements are being put in place with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £6.931m for the social care and finance replacement system. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults. There are no adverse variances to be reported at this stage. Details of the current capital programme are shown in **Appendix E**.

3. **Financial Implications**

3.1 There are no decisions arising from this report. The forecast outturn for Adult Social Services is set out within the paper and appendices. The actions at Appendix C set out plans that aim to mitigate and address the overspend.

4. **Issues, risks and innovation**

4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due

regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

4.2 This report outlines a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. These risks include the following:

- a) pressure on services from a demand led service where number of service users continues to increase, and in particular the number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions
- b) The ability to deliver the forecast savings, in addition to continuing to need to implement some recurrent savings from previous years to help reduce the overspend
- c) The cost of transition cases, those service users moving into adulthood, have not been fully identified
- d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of decisions due to current financial deficits in health provider and commissioning organisations
- e) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk the forecast becomes more accurate
- f) The continuing pressure from the provider market to review prices and risk of challenge
- g) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities who are currently inpatients within the health service to community settings

5. Background

5.1 The following background papers are relevant to the preparation of this report.

[Finance Monitoring Report – Adult Social Care Committee July 2016](#)

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

Officer Name:	Tel No:	Email address:
Susanne Baldwin	01603 228843	<u>susanne.baldwin@norfolk.gov.uk</u>



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Adult Social Care 2016-17: Budget Monitoring Period 4 (July 2016)

Please see table 2.1 in the main report for the departmental summary.

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 2
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	103.878	108.437	4.560	4.4%	2.866
People with Physical Disabilities	22.101	23.536	1.435	6.5%	1.265
People with Learning Disabilities	83.387	91.621	8.233	9.9%	8.559
Mental Health, Drugs & Alcohol	12.899	12.995	0.096	0.7%	0.046
Total Purchase of Care	222.265	236.589	14.324	6.4%	12.736
Hired Transport	3.672	6.709	3.037	82.7%	2.437
Staffing and support costs	16.524	16.104	(0.420)	-2.5%	(0.382)
Total Cost of Services to Users	242.461	259.402	16.941	7.0%	14.791
Service User Income	(86.493)	(91.248)	(4.755)	5.5%	(86.157)
Net Expenditure	155.968	168.154	12.186	7.8%	15.127
Commissioned Services					
Commissioning	1.474	1.327	(0.147)	-10.0%	(0.213)
Service Level Agreements	11.357	10.931	(0.425)	-3.7%	(0.400)
ICES	2.602	2.553	(0.048)	-1.9%	0.000
NorseCare	30.415	33.636	3.221	10.6%	3.221
Supporting People	9.402	9.402	0.000	0.0%	0.000
Independence Matters	13.345	13.345	0.000	0.0%	0.000
Other	1.411	1.402	(0.010)	-0.6%	0.012
Commissioning Total	70.006	72.597	2.591	3.7%	2.620
Early Help & Prevention					
Housing With Care Tenant Meals	0.716	0.538	(0.178)	-24.9%	(0.358)
Norfolk Reablement First Support	4.117	3.964	(0.153)	-3.7%	(0.169)
Service Development	1.176	1.218	0.042	3.6%	0.064
Other	3.132	3.021	(0.112)	-3.6%	(0.018)
Prevention Total	9.142	8.741	(0.401)	-4.4%	(0.481)

Adult Social Care

2016-17 Budget Monitoring Forecast Outturn Period 4

Explanation of variances

1. Business Development, forecast underspend (£0.165m)

Business Support vacancies, especially in the East and West teams.

2. Commissioned Services forecast overspend £2.591m

The main variances are:

NorseCare, forecast overspend of £3.2m. This relate to the previous year shortfall on the budgeted reduction in contract value and previously reported contractual requirements that meant that 2015-16 savings could not be achieved. NorseCare and NCC are developing a joint savings plan that will enable a medium term plan for delivering opportunities for further savings but it is not expected that savings above the 2016/17 can be delivered in this financial year.

Service Level Agreements, forecast underspend of £0.425m. Further review of budgets has identified reductions in planned costs and additional income.

3. Services to Users, forecast overspend £12.186m

The main variances are:

Purchase of Care (PoC), forecast overspend £14.324m.

The key reasons for the differences between the forecast and the 2016-17 budget are:

- The impact of the budget gap – the service is managing underlying unfunded pressures (reflected in the overspend at the end of 2015/16). The budget was set reflecting commitments (cost of placements) at January 2016, but the pressures from commitments at April compared to actual budget shows a £3.5m underlying pressure
- Since setting the budget, improved information gained at year-end on the use of home care packages and waiting lists, has enabled estimates to be improved. However, this has meant that forecast expenditure should be increased by £2.9m to reflect that home care commitments are being used more fully than previously and inclusion of expected commitments arising from people that are on waiting lists
- A revision in the level of 2016/17 savings that can be delivered has increased the forecast outturn. This relates to reablement and review of packages of care, which is set out in section 2.8 of this report.
- The 2016/17 financial cost of both the cost of care exercise and the impact to care providers from the national living wage was not included in the adult social care budget when it was set in February. Costs totalling £5.155m are included in the 2016/17 forecast. This is offset by the use of the corporate business risk reserve which is included within the income forecast for services to users

Hired Transport, forecast overspend £3.037m. The savings from transport are taking longer to deliver than originally anticipated. The forecast for period 4 includes an adjustment for expected delay in 2016/17 savings. A full report providing an update on the Transport savings and project was reported to Committee in July 2016.

4. Early Help and Prevention, forecast underspend (£0.401m)

The main variances are:

Housing with Care tenant meals, forecast underspend (£0.178m). This reflects a planned change in contract where service users will pay the provider directly for meals. Therefore the forecast also reflects the same reduction in income and has a nil net impact on the service's budget.

2016/17 Revised Action Plan

The revised plan sets out the priority actions for the service, in addition to business as usual focus on targets for placements, contract management and continued reinforcement of policy and practice.

	Action	Progress	Impact expected	Timescale
1	Full rollout of preventative assessments	Pilots completed and reviewed	Reduction in number of Care Act assessments required.	Rollout during Autumn 2016
2	Full rollout of occupational Therapist/Assistant Practitioner approach	Pilots completed and reviewed	Pilots have identified prevention of spend in the region of £100k per quarter.	Rollout during Autumn 2016
3	Integrated front door offer to improve triage of referrals and consistency of practice. Business case setting out use and impact and recommended interventions	Baseline volumes for all referral routes in place.	Reduction in number of Care Act assessments required, leading to reduction in need for formal packages of care through improved signposting, information and advice	September 2016
4	Implement enhanced service around transitions from Children's Services. Initial action to widen scope of initial business case	Initial business case completed	Improved outcomes through development of plans to work towards greater independence and less high cost packages of care. Savings not expected until 2017/18.	September – March 2017
5	Improved offer for carer support – focusing on signposting and early help. Detailed and costed business case required.		Carer breakdown is cited as one of the main reasons for people requiring new and increased packages of care. Action is needed to help reduce demand.	September – March 2017

	Action	Progress	Impact expected	Timescale
6	Compulsory use of the Care Arranging Service for brokerage of all packages of care. Ensure capacity and knowledge to meet all service requirements within CAS.	Revised operational instruction.	Reduction in prices for care and reduction in the number of top-up arrangements required. Monitoring through Finance and Performance Board. Reduction in new spend for purchase of care.	September 2016
7	Review of policy for hospital discharge and assessment to ensure the right long term care package is in place	Already policy to require no permanent placements and to ensure that discharge plans are in place on admission to planning beds, respite and re-ablement placements.	Improved consistency and improved timetabling for assessment to avoid the risk of adverse longer term packages based on someone's need too soon after discharge. Avoidance of purchase of care spend	September 2016
8	Capacity planning, prioritisation and reallocation of social work resources to support the area of current highest needs in the service – this will focus mainly on services for people with learning disabilities but include other high cost packages of care and low level packages of care		To provide increased support to manage any tasks that can be undertaken by non-social work teams. To increase the number of reassessment of packages of care undertaken in order to increase impact of strength based approach to social care	October 2016
9	Implement Learning Disability service programme.		To ensure that the Promoting Independence strategy	September to March 2017

	Action	Progress	Impact expected	Timescale
	<ul style="list-style-type: none"> - Complete review of packages of care - Individual plans for all services users that could have increased independence - Clear vision for Norfolk on best practice to meet eligible needs - Organisational development plan - LD Conference for all staff and additional training - Commissioning and provider links including provider summit 		can be delivered within the service in line with Older People and Mental Health – helping to reduce the demand for services and provide solutions to meet eligible needs in line with national best practice.	

Adult Social Services Reserves and Provisions 2016/17

	Balance	Planned Usage	Balance
	1 April 2016	2016/17	31 March 2017
	£m	£m	£m
Doubtful Debts provision	3.121	0.000	3.121
Redundancy provision	0.006	(0.006)	0.000
Total Provisions	3.127	(0.006)	3.121
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members £0.253m remains of the Strong and Well funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.253	(0.146)	0.107
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.070	(0.070)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care	2.482	(0.982)	1.500
Total Reserves	2.848	(1.198)	1.650

Adult Social Care Capital Programme 2016-17

Summary	2016/17		2017/18	2018/19
	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget	Draft Capital Budget
Scheme Name	£m	£m	£m	£m
Failure of kitchen appliances	0.031	0.031	0.000	0.000
Supported Living for people with Learning Difficulties	0.017	0.017	0.000	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000	0.000
Progress Housing - formerly Honey Pot Farm	0.318	0.318	0.000	0.000
Adult Care - Unallocated Capital Grant	5.404	5.404	0.000	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.161	0.161	0.000	0.000
Bishops Court - King's Lynn	0.085	0.085	0.000	0.000
Cromer Road Sheringham (Independence Matters	0.181	0.181	0.000	0.000
Winterbourne Project	0.050	0.050	0.000	0.000
Great Yarmouth Dementia Day Care	0.030	0.030	0.000	0.000
Care Act Implementation	0.871	0.871	0.000	0.000
Social Care and Finance Information System	1.897	1.897	5.034	0.000
Elm Road Community Hub	0.800	0.800	0.000	0.000
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.368	6.368	2.000	0.000
TOTAL	16.354	16.354	7.034	0.000