

**Audit & Standards Committee****27 June 2013****Matters Arising****Report : IP-12-13-F****Performance & Improvement Adviser****Corporate Services****1 Summary**

- 1.1 This report is a standing item on the Audit & Standards Committee agenda. It provides Members with an update on items from previous meetings, items raised by Members and any forthcoming or overdue "Work Programme" items.

**2 Decision Required**

- 2.1 The Audit and Standards Committee should consider the contents of this report and highlight any issues that they feel should be monitored or further addressed through this Committee, other Committees or Council management.

**3 Previous Items****Procurement**

- 3.1 The 7 March 2013 meeting of the Audit & Standards Committee requested a report on "the processes and standard procedures followed by all Directorates in relation to procurement within the Council" (Min Ref 5/13).
- 3.2 The requested report will be presented at a future meeting.

**Mareel**

- 3.3 The 7 March 2013 meeting of the Audit & Standards Committee requested a "full and comprehensive report on Mareel" (Min Ref 5/13).

- 3.4 The requested report will be presented at a future meeting.

### **Committee Refresher Training**

- 3.5 The 9 May 2013 meeting of the Audit & Standards Committee agreed that “Audit and Standards Committee Refresher Training would be arranged for Members on the Committee during early June 2013” (Min Ref 07/13).
- 3.6 Unfortunately, there was insufficient time and availability to organise training for early June 2013.
- 3.7 An on-line survey has been set up, based on Audit Scotland’s “Questions for Councillors”. All Members will be invited to complete that survey in the next month.
- 3.8 It may be appropriate to re-schedule the proposed refresher training for August 2013. This will allow the results of the survey to be collated and used to identify specific training needs.

### **Cash Security**

- 3.9 The 9 May 2013 meeting of the Audit & Standards Committee requested a report “on cash security within the Council, to include ferry fares and school meals” (Min Ref 13/13).
- 3.10 The requested report will be presented at a future meeting.

### **Anderson High School – Knab Site**

- 3.11 The 9 May 2013 meeting of the Audit & Standards Committee requested a report “on the £5m spent on the Anderson High School project at the Knab site” (Min Ref 13/13).
- 3.12 The requested report will be presented at a future meeting.

### **Committee Name**

- 3.13 The 9 May 2013 meeting of the Audit & Standards Committee requested that “Consideration to be given to changing the name of the Audit and Standards Committee, to the Audit and Performance Committee” (Min Ref 13/13).
- 3.14 Appendix A has a list of Scottish Local Authorities and the names of their committees with similar names/remits.
- 3.15 The Committee may wish to discuss the re-naming proposal, or to investigate the detailed remits of other Council’s committees as part of the forthcoming review of Governance arrangements.

## **4 Future Items**

- 4.1 The 13 December 2012 meeting of the Council approved the process of inviting Chairs and Vice Chairs from the relevant Council Committees to

attend Audit & Standards Committee meetings and discuss their Committee's work ([Min Ref 26/12](#)).

- 4.2 It may be appropriate to re-examine this arrangement as part of the forthcoming review of Governance arrangements.

## **5 Implications**

### Strategic

- 5.1 Delivery On Corporate Priorities – This report is in line with Section 4 of the Council's 2012/13 Improvement Plan, "We ensure the Council exhibits good governance and maintains strong internal accountability".
- 5.2 Community /Stakeholder Issues – NONE
- 5.3 Policy And/Or Delegated Authority – As outlined in Section 2.6 of the Council's Scheme of Administration and Delegations, the remit of the Audit and Standards Committee includes promoting good internal control, financial management, risk, governance and performance management.
- 5.4 Risk Management – Failure to undertake a robust approach to Audit & Standards may risk the Council not following its own improvement plan.
- 5.5 Equalities, Health and Human Rights – NONE.
- 5.6 Environmental – NONE.

### Resources

- 5.7 Financial – No direct implications.
- 5.8 Legal and Administration– No direct implications
- 5.9 Human Resources – No direct implications.
- 5.10 Assets And Property – No direct implications.

## **6 Conclusions**

- 6.1 This report gives the Members of the Audit & Standards Committee an update on outstanding items and an opportunity to suggest items for the 2013/14 "Work Programme".

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For further information please contact:

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13 June 2013

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**Appendix A – Scottish Local Authority – Committee Names**

## Appendix A - Scottish Local Authority – Committee Names

Local Authority	Committee Name
Aberdeen City Council	Audit & Risk Committee; Corporate Policy & Performance
Aberdeenshire Council	Scrutiny & Audit
Angus Council	Scrutiny & Audit
Argyll & Bute Council	Performance Review & Scrutiny; Audit
Clackmannanshire Council	Resources & Audit
Dumfries & Galloway Council	Audit & Risk Management; Scrutiny & Performance
Dundee City Council	Scrutiny
East Ayrshire Council	Governance & Scrutiny
East Dunbartonshire Council	Audit & Risk Management
East Lothian Council	Audit & Governance; Policy and Performance Review
East Renfrewshire Council	Audit
Edinburgh City Council	Pensions Audit; Governance, Risk & Best Value
Comhairle nan Eilean Siar (Western Isles Council)	Audit & Scrutiny;
Falkirk Council	Scrutiny; Pensions; Audit
Fife Council	Education, Social & Communities Scrutiny; Environment, Finance & Corporate Services Scrutiny; Standards & Audit
Glasgow City Council	Finance & Audit Scrutiny; Operational Delivery Scrutiny
Highland Council	Audit & Scrutiny
Inverclyde Council	Audit
Midlothian Council	Audit; Performance Review & Scrutiny; Standards
Moray Council	Scrutiny (Audit & Performance Review)
North Ayrshire Council	Audit; Scrutiny & Petitions
North Lanarkshire Council	Scrutiny Panel; Audit & Governance Panel
Orkney Islands Council	Monitoring & Audit
Perth & Kinross Council	Audit; Scrutiny
Renfrewshire Council	Audit & Scrutiny
Scottish Borders Council	Audit; Standards
Shetland Islands Council	Audit & Standards
South Ayrshire Council	Development and Environment Standing Scrutiny Panel; Community Services Standing Scrutiny Panel; Corporate and Community Planning Standing Scrutiny Panel; Scrutiny and Governance Management Panel
South Lanarkshire Council	No similar committee title
Stirling Council	Audit
West Dunbartonshire Council	Audit & Performance Review; Corporate & Efficient Governance
West Lothian Council	Audit & Governance; Performance



**Audit and Standards Committee****27 June 2013****Audit Scotland Reports****Report No: IP-13-13-F****Report from: Performance and Improvement  
Adviser****Corporate Services****1.0 Summary**

- 1.1 This report contains links to ALL public reports produced by Audit Scotland, that are not part of separate reports to this Committee. It covers all reports issued since the last meeting of the Audit and Standards Committee.

**2.0 Decision Required**

- 2.1 The Audit and Standards Committee should consider the linked reports in Appendix A and highlight any issues that they feel should be monitored or further addressed through this Committee, other Committees or by Council management.

**3.0 Detail**

- 3.1 Unfortunately, Audit Scotland are not able to attend this meeting but are happy to answer questions from Members directly, or through normal channels.

**4.0 Implications**Strategic

- 4.1 Delivery On Corporate Priorities – Improved external engagement and sharing best practice are both elements of the Council's Improvement Plan.
- 4.2 Community /Stakeholder Issues – NONE
- 4.3 Policy And/Or Delegated Authority – As outlined in Section 2.6 of the Council's Scheme of Administration and Delegations, the Audit and Standards Committee remit includes consideration of all reports from Audit Scotland.

- 4.4 Risk Management Failure to deliver effective external engagement and learn from best practice elsewhere increases the risk of the Council working inefficiently.
- 4.5 Equalities, Health And Human Rights – NONE
- 4.6 Environmental - NONE

#### Resources

- 4.7 Financial – No direct implications
- 4.8 Legal – No direct implications
- 4.9 Human Resources – No direct implications
- 4.10 Assets And Property – No direct implications

### **5.0 Conclusions**

- 5.1 The linked reports provide valuable information for Committees and officers throughout the Council.

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For further information please contact:  
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*13June 2013*

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#### List of Appendices

Appendix A – List of Linked Reports

END



## Appendix A – List of Linked Reports

Report Title	Appropriate Body	Excerpt
<a href="#">Best Value Report - Edinburgh Council</a>	Executive Committee	<p>“We welcome the improvements the council has made in areas such as partnership working, economic development and children’s services but the scale of the financial challenge is substantial.</p> <p>The council does have plans for the next four years but there are significant risks and uncertainties around whether these targets are achievable. Its prospects for future improvement depend heavily on it achieving planned savings and addressing the funding gaps that remain. The council should give absolute priority to making sure the savings are delivered.</p> <p>The council shows a good understanding of the challenges it faces and the need to restore public confidence which has been damaged by the problems with the tram project and its statutory repairs service.”</p> <p>The Commission says the council also needs to:</p> <ul style="list-style-type: none"> <li>• develop a comprehensive workforce strategy</li> <li>• improve its information communication technology (ICT)</li> <li>• ensure it has effective risk management and internal audit arrangements</li> <li>• improve a range of services including: adult social work; waste management; and meeting housing need</li> <li>• ensure it has the capacity and skills needed to deliver its ambitious improvement programme</li> <li>• ensure that staff have an understanding of and commitment to its change programme.</li> </ul> <p>The Commission has asked the Controller of Audit to report on the council’s progress in around eighteen months’ time.</p>
<a href="#">Managing early departure from the Scottish Public sector</a>	Executive Committee	<p>“Both the public and private sectors have used early release schemes for many years to help change the size, shape and cost of their workforces. It is a useful way of both avoiding compulsory redundancies and quickly reducing costs. Public bodies need to ensure early departure schemes represent value for money for the public and demonstrate this. Board members and councillors have a duty to scrutinise and oversee these schemes effectively. This is to ensure their</p>

## Appendix A – List of Linked Reports

Report Title	Appropriate Body	Excerpt
		organisations follow the correct processes and authorisations. They should pay particular attention to deals proposed for senior managers.”
<a href="#"><u>Maintaining Scotlands Roads</u></a>	Environment & Transport Committee	“ A well-maintained roads network is essential for all of us to get around in our daily lives and for economic prosperity.....tighter budgets mean councils have to make tough choices across the board but this is about making better use of the resources they already have. There is potential for better sharing of skills and resources, more effective planning at national and local level and more use of benchmarking to learn from best practice elsewhere.”

**Report to: Audit and Standards Committee****27 June 2013****Community Care staffing levels 2003-2013****Report No CRP-12-13-F****Director of Corporate Services****Corporate Services****1.0 Summary**

- 1.1 A report by the Executive Manager Finance to Audit and Standards Committee meeting on 9 May 2013 highlighted the big increase in the number of people and full time equivalent (FTE) posts employed in community care over the last 10 years.
- 1.2 Members of Audit and Standards Committee queried the policy decisions and procedures that had allowed this to happen and requested additional information in this regard.
- 1.3 This report identifies the decisions taken by the Council over the last 10 years that led to the increase in staffing levels in community care and relates this information to the budget considerations and service plans prevailing at the time.
- 1.4 The biggest single increase in staffing levels was due to the transfer into the Council of the care services provided by Shetland Welfare Trust. 165 FTE posts were transferred to SIC from Shetland Welfare Trust in April 2005.
- 1.5 Other specific service developments that required additional staff include the opening of Montfield support services in March 2010 when 31.9 FTE posts were created to operate this service.
- 1.6 A list of Committee reports that had direct staffing implications is included at Appendix 1.
- 1.7 Another significant factor in the number of contracted workers in community care is the redesign of care services that are delivered to clients at home. This redesign established a locality based model of flexible, responsive care services delivered at home. In October 2003 the Council's Services Committee approved the development of "teams of social care workers some employed on

guaranteed hours with capacity for annual leave and sickness cover reducing the dependence on relief staff as far as possible". This meant that the staff complement increased in terms of contracted hours and reduced the use of relief workers.

- 1.8 This and other decisions which gave delegated authority to community care for the creation and deletion of posts within the approved budget envelope are included in Appendix 2.
- 1.9 The staffing budgets over the last 10 years have changed as the Council's policy on budget setting changed. The summary of financial details is shown at Appendix 6.

## **2.0 Decision Required**

- 1.1 The report is for Members' consideration and comments. Members of Audit and Standards Committee are asked to RESOLVE to:
- 2.1 NOTE the information presented in this report and its appendices;
- 2.2 NOTE that the changes in staffing levels in community care over the last 10 years were made to implement Council decisions with regard to the services required to meet the care needs of the Shetland population;
- 2.3 NOTE the need for a flexible, responsive workforce in community care to meet the needs of an ageing population.
- 2.4 NOTE that the changes were within the budget set by the Council for community care; and
- 2.5 COMMENT on the information presented.

## **3.0 Detail**

- 3.1 The population is ageing rapidly and more people with severe and complex disabilities and debilitating health conditions are surviving into adulthood due to advances in health care.
- 3.2 The Council and Shetland Charitable Trust have both committed considerable resources over the years for the provision of high levels of high quality community care services.
- 3.3 For many years following the introduction of legislation for community care in the early 1990s, the level of investment increased with the development of a network of small rural care centres and small scale supported accommodation schemes for adults with disabilities.

- 3.4 The local NHS Board also operate small scale services across Shetland with 10 health centres.
- 3.5 The unit costs of these services are high compared to those in many parts of Scotland where there are greater economies of scale. However unit costs of services have reduced over recent years although the lifetime unit costs for individuals with care needs have increased as their longevity has increased.
- 3.6 To meet increasing levels of need in line with established patterns of care, service levels also increased. The Community Care Service used zero based budgeting principles to estimate the budget required to deliver the service levels required. This included estimates of the hours of care required to support people at home. Estimates for future years and service models were approved by the Council annually in Community Care service plans set out in the CHCP Agreement. The CHCP Agreement 2010-13 included the Council's plans for 136 additional residential care places and additional hours of care at home at a cost of £4.8M per annum by 2020. This followed the approval of the findings of the member led review of Social Care. The relevant section of the CHCP Agreement is attached at Appendix 4.
- 3.7 This trend has been reversed in recent years with more people supported at home rather than in institutional settings. The introduction of new technologies (Telecare) means the service can support people at home in a more flexible way that promotes their continuing independence. There have been some notable successes in this regard in the care for people with severe and complex needs caused by dementia. This has meant that the plans for increased numbers of residential care beds and care at home are no longer necessary and later CHCP Agreements have reflected this. The relevant section from the CHCP Agreement for 2012-15 is attached at Appendix 5.
- 3.8 At the heart of service redesign to meet people's care needs at home is the development of a locality based, flexible, responsive workforce. This has been the vision for the services for the last 10 years.
- 3.9 The principles of the care at home service redesign were approved by the Council in October 2003. Work continued in subsequent years with reports on career grades for care workers, guaranteed hours, devolved management and administration of care services to care centres used at hubs for service delivery in their locality. The aim throughout was to establish services that could act quickly to meet needs in the community, preventing deterioration in an individual's condition, preventing early admission to hospital and residential care and facilitating early discharge from hospital.
- 3.10 A list of reports and Council decisions with regard to service developments with staffing implications, staffing structures, career grades and guaranteed hours is included below at Appendix 1 with a summary of the levels of delegated authority approved for community care included at Appendix 2.

- 3.11 The table and graph in Appendix 3 show the effect on staffing levels of these decisions and of new service developments over the last 10 years.
- 3.12 The biggest single increase in staffing levels was due to the transfer into the Council of the care services provided by Shetland Welfare Trust. This was one of the outcomes from a review of Council created trusts undertaken by Shetland Charitable Trust (SCT). Approximately 165 FTE staff were transferred to the Council under TUPE regulations. The transfer made savings in salary budgets of over £500K per annum with no reductions in service levels or quality of service.
- 3.13 Over the last 6 months, recruitment in Community Care has been restricted to meet budget targets set in February 2012.
- 3.14 Delays in reviews of Freefield and day care and failure to achieve savings targets set for those services has increased the pressure on other services in community care in order to make compensatory savings. This has affected the service's ability to support people at home and to continue the work on reablement programmes at Montfield. This in turn has meant performance against key performance indicators has fallen, e.g. delayed discharges and hospital bed days for people aged 75+. The service is working hard to turn the situation round although this will be difficult with continuing pressure on budgets in the current year.
- 3.15 The Council's Recruitment and Selection policy and procedures have clearly defined levels of authorisation for recruitment and the creation of new posts, all of which must be within existing budgets.

## **4.0 Implications**

### Strategic

- 4.1 Delivery On Corporate Priorities – The Council's priorities set out in the Single Outcome Agreement include "meeting the needs of the most vulnerable members of the community" and supporting people to be "active & independent through adulthood into older age".
- 4.2 Community /Stakeholder Issues – Consultation with service users, carers and the public has consistently shown that people want to be supported to live independently as far as possible in their own home or in a homely setting in their community. The locality model of care with care centres used as hubs for a range of services using a flexible, responsive workforce has successfully supported people with very high levels of need in their own homes reducing the projected need for costly institutional models of care.
- 4.3 Policy And/Or Delegated Authority – As outlined in Section 2.6 of the Council's Scheme of Administration and Delegations, the remit of the Audit and Standards Committee includes promoting good internal

control, financial management, risk, governance and performance management.

- 4.4 Risk Management – There is a risk that the delay in service reviews and the need to find compensatory savings to meet budget targets for community care will reduce service levels and quality and will lead to poorer outcomes and dissatisfaction with services.  
There is also a risk in the long run that there will be an adverse impact on resources including budgets as performance against key indicators deteriorates. Supporting people at home is more cost effective than residential care.
- 4.5 Equalities, Health And Human Rights – Proposals for service change to achieve savings and or generate additional income to meet budget targets have been assessed using the Council's Equalities Impact Assessment.
- 4.6 Environmental - None directly

## Resources

- 4.7 Financial – No direct financial implications contained within this report.  
The table at Appendix 6 shows the total budget allocations for Community Care over each of the last 10 years and the actual spend against the budget set.  
There was a reduction in the budget set for Social Care in 2006/07 and the service did not meet that target. There was an increase in the budget for new services in subsequent years and in 2009/10 just prior to Montfield opening the service again failed to meet its budget targets, due to the pressure on the service.
- 4.8 Legal – No direct legal implications although there is a risk of complaint and possibly of litigation if reduced levels of service mean that a service user comes to harm. Individual risk assessments for each case/service user will mitigate against this risk.
- 4.9 Human Resources – No direct human resource issues.
- 4.10 Assets And Property – None

## **5.0 Conclusions**

- 5.1 Staffing levels in community care have risen significantly over the last 10 years.
- 5.2 There are a number of reasons for this including transfer of staff from Shetland Welfare Trust, opening/developing new services e.g. Montfield and the delegated authority to the service to be able to recruit flexible, responsive care teams.
- 5.3 The increase in staffing was accomplished within the existing approved budget set by the Council and in accordance with Council policy decisions.

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18 June 2013

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List of Appendices

Appendix 1 Council decisions regarding Community Care staffing April 2003 – March 2013

Appendix 2 Delegated authority – Social Care recruitment

Appendix 3 Table and Chart showing growth in Social Care Staff numbers

Appendix 4 Section from CHCP Agreement 2010-13

Appendix 5 Section from CHCP Agreement 2012-15

Appendix 6 Social Care Financial Outturn

Background documents:

Shetland's CHCP Agreement 2012-2015  
[http://www.shetland.gov.uk/community\\_care/documents/CHCP2012-2015.pdf](http://www.shetland.gov.uk/community_care/documents/CHCP2012-2015.pdf)

END



**Council Decisions with Staffing Implications Community Care Services  
2002 - 2013**

<b>Date</b>	<b>Name</b>	<b>Report No</b>	<b>Min Ref</b>	<b>Decision</b>	<b>FTE</b>
3 July 2002 - Services 10 July 2002 SIC	Towards a Single Managed Community Care Service	SC24-02	SC 80/02 SIC 112/02	Services - Approved + 2 FTE SIC - Approved	+ 2 FTE
12 Feb 2003 – Services 19 Feb 03 - SIC	Report on Provision of Care for Tenants of Twageos Road Development	SC02-03	SC 30/03 SIC 15/03	Approved by Services – needs further report (suggested 107hrs care but backfill from ET House) [= 2.89 FTE]	
31 March 2003 – Services 4 April 2003 - SIC	Care Services At Home	SC05-03	SC 48/03 SIC 61/03	Approved by Services with a review after 1 year +13 FTEs and -3 FTEs = 10 FTEs.  SIC Deferred for further consideration (2 <sup>nd</sup> report to Services 16 Oct 2003)	
	Mental Health Community Support Services	SC06-03	SC49/03 SIC47/03	Approved – delete 3 FTE and increase 3 FTE (neutral)	+ 0
	Learning Disabilities Services: Local Area Co-ordination	SC07-03	SC44/03 SIC47/03	Approved by Services 1 FTE - funding to come from Scottish Gov	+ 1 FTE
28 August 2003 – Services 10 Sept 2003 - SIC	Kantersted Development for Adults with Learning Disabilities	SC11-03	SC65/03 SIC 113/13	Approved by Services	

16 Oct 2003 – Services 29 Oct 2003 - SIC	Care Services at Home	SC12-03	SC 82/03 SIC 139/03	Accepted in principle by Services – para 3.3 be referred back for further consideration, alternative funding to be sought to avoid charging, advice on 3.3 to be provided at Council.  SIC – Referred back to next Services Committee	See SC05-03 report
4 Dec 2003 – Services 17 Dec 2003 - SIC	Care Services at Home	SC16-03	SC 86/03 SIC 160/03	+14 FTE - 3FTE = +11FTE Para. 3.8 agreed – another report requested 6 FTE Agreed  Approved - SIC	+ 6 FTE
18 March 2004 – Services 31 March 2004 - SIC	Care Services at Home – Staffing Issues	SC09-04	SC 25/04 SIC 30/04	Approved by Services  Approved by SIC	
31 March 2004 – SIC	Community Services Department <b>Exempt report</b>	CMSD-04	SIC 51/04	SIC Approved	
19 May 2004 - SIC	Quoys Housing Development & Adults with Learning Disabilities	SC03-04	SIC 71/04	Approved by SIC	+ 7.53 FTE
	School Leavers with Additional Support Needs	SC01-04	SIC 72/04	Approved by SIC Year 1 + 9.8 FTE Year 2 + 3.74 FTE Year 3 + 1 FTE	+ 14.54 FTE
	Services for People with Disabilities in Shetland	CMSD-11	SIC 40/04	Approved by SIC	

17 June 2004 – Services Committee 30 June 2004 - SIC	Staffing within Social Work Residential Units	SC-02-04	SC43/04 SIC 102/04	Approved - Services	+ 4.8 FTE
	King Eric House and Care at Home	SW21-04	Min Ref(s) SC46/04 SIC 102/04	Approved – Services Delete 2 FTE Create 2 FTE	+ 0
	Review of Laundry Service	SC13-04	SC 27/04 SIC 102/04	Defer - Services	
2 Dec 2004 – Services 15 Dec - SIC	Mental Health (Care and Treatment) (Scotland) Act 2003 – Joint Local Implementation Plan	SW-32-04	SIC 177/04	Approved – Services 1 FTE MHO plus 2 sessional MHOs as and when	+ 1 FTE and
15 Dec 2004 – SIC	SWT Report “Council Created organisations Working Group Integrated Management Arrangements for Care Homes and Related Services	CT 128-F	SIC 188/04	Agreed	
10 February 2005 - SIC	Integration of Care Homes – Implementation Plan	CMSD-01-F	SIC 19/05	Agreed Transfer of SWT Staff to SIC Around 164 FTE	+ 164 FTE
30 Mar 2005 - SIC	Integration of Care Homes – Update Report	CMSD-04-F	SIC 59/05	Noted	
1 Dec 2005 – Services Committee 14 Dec - SIC	Rudda Park Housing Development for Adults with Learning Disabilities	SW18-05	Min Ref(s) Services 74/05  SIC 188/05	Approved – Services Approved - SIC	+ 8.6 FTE
16 Mar 2006 – Services 29 Mar 2006 - SIC	Career Grades for Staff in the Social Work Service	SW01-06	Min Ref(s) Services SC17/06 SIC 34/06	Approved – Services Approved - SIC	

	Guaranteed Hours for Social Care Workers	SW02-06	Min Ref(s) Services SC16/06 SIC 34/06	Approved – Services Approved - SIC	
13 April 2006 SIC	Organisational Update and Change recommendations	CE-15	Min Ref SIC 70/06	Approved - SIC	
4 May 2006 Services 17 May - SIC	Proposal for Service Development: Young Offenders in the Adult Criminal Justice System	SW11-06	Min Ref(s) Services SC29/06 SIC 76/06	Approved – Services Approved - SIC	+ 1 FTE
15 June 2006 Services 28 June 2006 SIC	Staffing Levels within Community Care – Occupational Therapy Service	SW19-06	Min Ref(s) Services SC40/06 SIC 108/06	Approved – Services Approved - SIC	+ 1.5 FTE
	Staffing Levels within Community Care Establishments – Isleshavn etc.	SW18-06	Min Ref(s) SC41/06 SIC 108/06	Approved – Services Approved - SIC	+ 4.78
	Proposed Reduction of General Fund Budgets 2006/07 – Mental Health Officers	SW17-06	Min Ref(s) Services 42/06 SIC 108/06	Approved – Services Approved - SIC	+ 0.5 FTE
	Personal Data Sharing & Standards	SW23-06	Min Ref(s) Services SC49/06 SIC 108/06	Approved – Services Approved - SIC	+ 1 FTE
19 Oct 2006 Services 1 Nov - SIC	Criminal Justice Unit – Staffing	SW26-06	Min Ref(s) SC67/06 SIC 159/06	Approved – Services Approved - SIC	+ 1.4 FTE
30 Aug 2007 – Services 12 Sept - SIC	Care at Home (Domestic) Update	ESCD-11	Min Ref(s) SC45/07 SIC 107/07	Approved – Services Approved - SIC	+ 4.31

	Additional Management Staff for Ed& Social Care Dept	ESCD-14	Min Ref(s) SC46/07 SIC107/07	Approved – Services Approved - SIC	+ 3 FTE
29 Nov 2007 – Services 12 Dec - SIC	Community Health Partnership & Joint Future Management Arrangements	SC12-07	Min Ref(s) SC77/07 SIC 165/07	Approved – Services for 2 FTE (not 3) Approved - SIC	+ 2 FTE
6 Mar 2008 – Services 19 Mar 2008 SIC	Occupational Therapy New Posts	SC-04-08	Min Ref(s) SC19/08 SIC 32/08	Approved – Services Approved - SIC	+ 2.5 FTE
9 Oct 2008 – Services 22 Oct – SIC	Creation of Post of Adult Protection Co-ordinator	SC11-08	Min Ref(s) SC85/08 SIC 144/08	Approved – Services Approved – SIC 1 FTE Fixed Term	+ 1 FTE
8 April 2009	Mobility & Rehabilitation Worker	SC-06-09		Delegated authority Head of Community Care	+ 0.5 FTE
7 May 2009 -	Drug & Alcohol Social Worker	SC-07-09		Delegated authority Head of Community Care	+ 1 FTE
18 June 2009 – Services 1 July – SIC	Developing a Flexible, Responsive Workforce in an Ageing Population	SC10-09	Min Ref(s) SC64/09 SIC 84/09	Approved – Services Approved - SIC	
11 Mar 2010 – Services 24 March 10 – SIC	Funding for Interim Placement Service at Montfield Hospital	ESD-07	Exempt	Approved – Services Approved – SIC (to take over the operation of the IPS at Montfield)	

10 Mar 2011 – Services 23 March - SIC	Temporary Extension of Post of Adult Protection Co-ordinator	SC07-11	Min Ref(s) SC35/11 SIC 36/11	Services - Agreed temporary extension for 6 months and agree to look at combining Child Protection and Adult Protection Lead Officer roles Approved - SIC	
30 Aug 2011 Soc. Svs	Creation of Adult Protection/Child Protection Combined Posts	CC-02-11	Min Ref SS 12/11 Exec 20/11	Approved – Soc. Svs. Approved – Exec Delete 2.5 FTE Create 2.5 FTE	+ 0
2 Nov 2011 – Soc Svs	Commissioning Mental Health Services Outwith Core Service Hours	CC-05-11	Min Ref SS 18/11	Approved – Soc Svs Approved – SIC	
22 Feb 2012	Commissioning Mental Health Services Out with Core Service Hours	CC-07-12	Min Ref SS 09/12	Approved – Soc. Svs Approved – SIC, but not yet implemented, further consultation required in NHS	
				<b>Total</b>	<b>233.96 FTE</b>

**MEMO**

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**To:** All Service Heads  
All Service Managers  
Personnel Liaison Group  
Staffing Officer  
Committee Officers

**From:** Human Resources Manager

**Cc:** Executive Director, Education and Social Care  
Executive Director, Infrastructure Services  
Chief Executive  
All Human Resources Staff  
Quality Improvement Officers  
Quality Improvement Managers

If calling please ask for  
**Denise Bell**  
Direct Dial: **4577**

**Medium:** e-mail  
**Our Ref:** DB/P13/8

**Date:** 10 April 2009

**Authorisation to Create New Posts**

Following a number of queries recently around the level of authority required to create a new post within the Council, please find below clarification of the level of authorisation that must be obtained by Council Officers when wishing to create a new post, either permanent or temporary.

Please note that this level of authorisation is required for any new post without exception.

**Establishment of new posts (permanent) [including change from temporary to permanent]**

If within budget, delegated to Chief Executive, in consultation, informally, with EJCC Unions  
If Unions object, or if not within budget, requires formal EJCC and Council approval (with recommendation from Committee, if appropriate).

**Establishment of new posts (temporary)**

If within budget, delegated to Head of Service.  
If not within budget, requires formal EJCC and Council approval (with recommendation from Committee, if appropriate)

**Community Care**

For new posts within existing Community Council budget allocations please refer to the memo issued by Christine Ferguson on 7 February 2008, reference CF'AN'02'02 /07.02.08.

**Children's Services**

For new posts within existing Children's Services budget allocation, please refer to the memo issued by the Head of Children's Services being sent separately. Reference to this memo should be made, where relevant, when requesting the creation of a new post, by quoting SM/eal/05.03.09

Regards  
(signed)

Human Resources Manager

**MEMO**

---

**To:** Human Resources Manager

**From:** Head of Community Care

**cc:** Director of Education and Social Care

If calling please ask for:  
**Christine Ferguson**  
Direct Dial: 3819

**Medium:** e-mail

**Date:** 07 February 2008

**Our Ref:** CF'AN'02'02

**Your Ref:**

**SIC Decisions**

Further to recent e-mail correspondence and various discussions, please find attached my explanation of where the decisions of Council support the creation of posts within Community Care budget allocations.

I appreciate this is not as straightforward as a single minute reference to a report that specifies exact numbers of posts, however, this is the kind of flexibility we need and that Council have approved. I look forward to hearing from you.

Many thanks



Head of Community Care



## **SIC Approval and Delegated Authority**

### **Care at Home and Care Teams in Other Community Care Settings**

1. **Report SC12-03 “Care Services at Home”**

**16 October 2003 - Services Committee, 29 October 2003 – SIC**

Council approved the Care Services at Home Redesign in principle and deferred a decision on additional management and admin support roles and posts.

The redesign includes:-

“The service would establish teams of social care workers some employed on guaranteed hours with capacity for annual leave and sickness cover reducing the dependence on relief staff to a minimum as far as possible.”

“Team structures would vary by locality.”

**Min. Refs. SC82/03 SIC139/03**

2. **Report SC16-03 “Care Services at Home”**

**4 December 2003 – Services Committee, 17 December 2003 – SIC**

6 FTE Sen Social Care Workers reporting to Care at Home Managers or Unit Managers in rural care centres approved.

**Min. Refs. SC86/03 SIC160/03**

3. **Report SW01-06 “Career Grades for Staff in the Social Work Service”**

**16 March 2006 – Services Committee, 29 March 2006 – SIC**

Complete career grade for Social Care Workers from trainee to Sen Social Care Worker approved. The scheme includes the ability to appoint to any post at any point on the grade and to target recruitment at any time depending on the needs of the staff team at that time. The overall staff complement would not change as a result of the career grade.

**Min Refs SC17/06 SIC34/06**

4. **Report SW02-06 “Guaranteed Hours for Social Care Workers”**

**16 March 2006 – Services Committee, 29 March 2006 – SIC**

Council approved delegated authority to the Social Care Service to change the work patterns and number of hours guaranteed for care workers in all care settings. The changes would be made within the existing total of full time equivalent posts and associated employee costs in each area. This report makes reference to the approval of delegated authority for the creation of posts with guaranteed hours within

the overall budget allocation for the Care at Home Services (Min Refs SC82/03, SIC139/03 and 160/03) with all care staff budget allocations in each locality.

**Min. Refs. SC16/06 SIC34/06**

### **Summary**

The effect of all these decisions is that the Community Care Service has delegated authority from the Council to:-

- create care staff teams in localities;
- create any number of posts at any point on the Social Care Worker career grade, provided that the cost remains within existing budget allocations.

**Min. Refs. are SC82/03; SIC139/03; SIC160/03 and SIC34/06**

### **Transfer of Domestic Care at Home Services to Locality Management and Admin Support**

1. **Report ESCD-11 “Care at Home (Domestic) Update  
30 August 2007 – Services Committee, 12 September 2007 – SIC**

Council approved the recommendations in the report. These included to “agree the additional resources and budgets required for the services to be managed from the care centres.” Min Refs SC45/07 SIC107/07.

The report asked members to note that the budgets required would be built into Community Care budgets.

**Min. Refs. SC45/07 SIC107/07**

**July 2009**

**Following ratification at Full Council on 1 July 2009, an extension has been made to the delegated authority in place within the Community Care Service to approve and amend positions**

This decision encompasses and supersedes all previous reports detailed in the Head of Community Care's Memo of 7 February 2008, reference CF'AN'02'02.

A summary of the decision is below:

(Extract from report SC-10-09-F - Developing a Flexible, Responsive Workforce in an Ageing Population)

"...the same levels of delegated authority that are currently in place for the recruitment of teams of social care workers in the Community Care Service is approved for all frontline staff teams across the Service, for example the Community Care Fieldwork Team and Community OT Service.

Any changes to the frontline workforce would be contained within approved Community Care Service budget allocations.

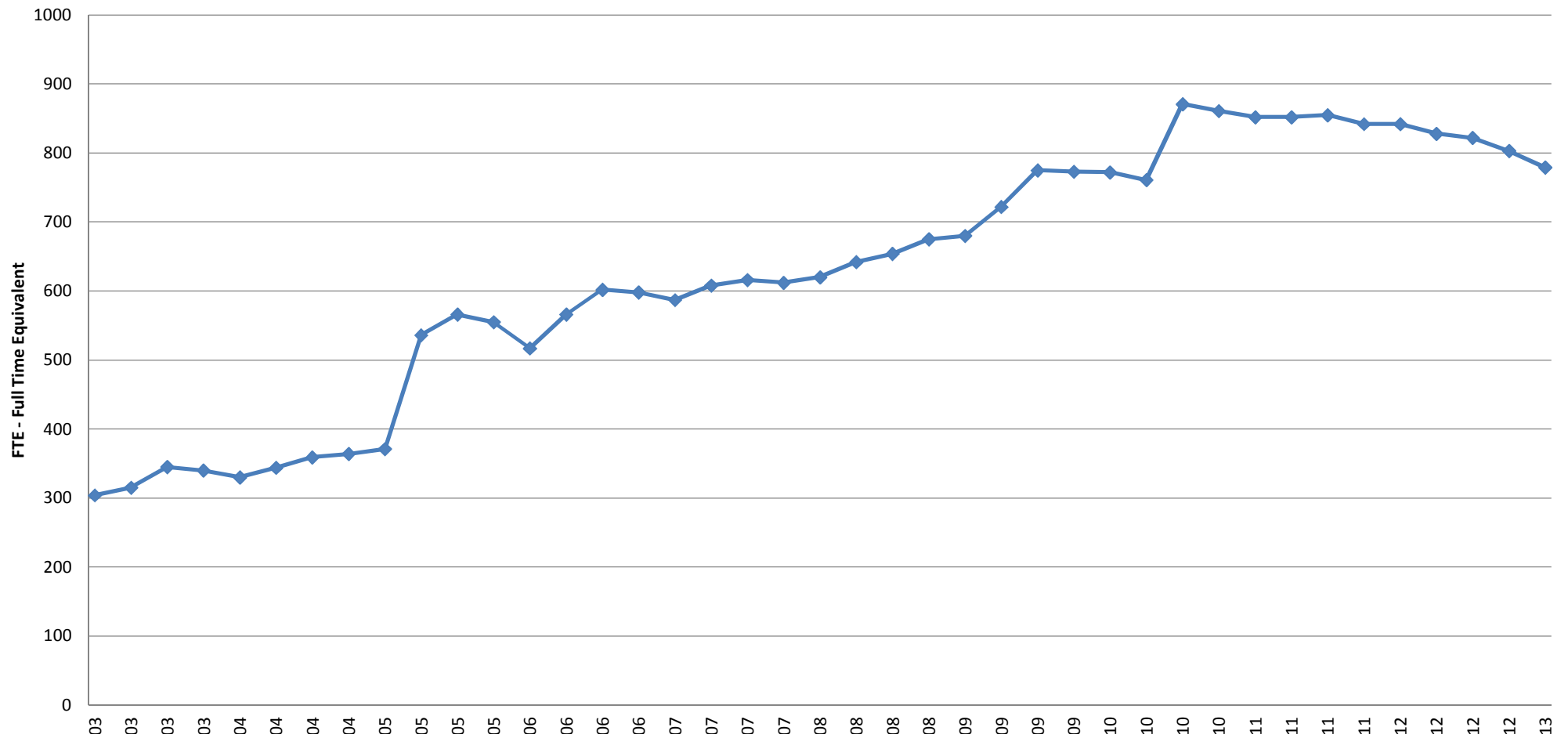
Specifically, within budget, the Head of Community Care would have delegated authority to:-

- create, delete and amend posts;
- recruit to frontline teams at any point on agreed career grades;
- establish career grades for all frontline staff in consultation with union representatives and the Human Resources Manager."

Frontline staff can be defined as those delivering a service to the public



# Staffing Watch figures for 'Social Work' 2003 - 2013





Quartile	FTE - Social Work	
Mar-03	304	
Jun-03	315	
Sep-03	345	opening of new high dependency unit / staffing dependent on needs of service
Dec-03	340	
Mar-04	330	
Jun-04	344	
Sep-04	359	
Dec-04	364	
Mar-05	371	
Jun-05	536	TUPE transfer of Shetland Welfare Trust employees in to Shetland Islands Council
Sep-05	566	Increase of more than 5% - Some Care at Home staff have transferred from relief to permanent contracts
Dec-05	555	
Mar-06	517	
Jun-06	566	Formalising relief contracts for Care at Home Staff & Flexi Social Care Worker posts
Sep-06	602	Increase = formalising relief contracts for Care at Home staff and Flexi Social Care Worker posts
Dec-06	598	
Mar-07	587	
Jun-07	608	
Sep-07	616	
Dec-07	612	
Mar-08	620	

Jun-08	642	
Sep-08	654	
Dec-08	675	
Mar-09	680	
Jun-09	722	Several new services being introduced & increased demands on the Community Care Service.
Sep-09	775	New services being introduced and increased demands on Community Care Service.
Dec-09	773	
Mar-10	772	
Jun-10	761	
Sep-10	871	Increase in Service to meet demand; New Service added; vacancies filled, some with external finding
Dec-10	861	
Mar-11	852	
Jun-11	852	
Sep-11	855	
Dec-11	842	
Mar-12	842	
Jun-12	828	
Sep-12	822	
Dec-12	803	
Mar-13	779	





Shetland Islands Council

## Section 3:

# Joint Resourcing

## Financial Framework

### 1. Aligned Budgets

NHS Shetland and Shetland Islands Council are committed to aligning budgets for all services in the Community Health & Care Partnership (CHCP.) Details of CHCP budgets are included in this Local Partnership Agreement and monitored by the Local Partnership Finance Team (LPFT).

The Financial Regulations and Standing Orders of each partner agency will apply to the individual budgets. Copies of these documents are available separately.

### 2. Budget Setting

The partner agencies annual planning cycles are shown in the diagram attached at paragraph 12 below.

This process includes the preparation of medium and long term service projections. Budget estimates will be prepared as an integral part of the process by each partner agency and discussed by the LPFT who will report details to the CHCP Management Team (CHCPMT) with any recommendations.

CHCPMT will in turn advise the partner agencies and the Community Health Partnership Committee as appropriate.

### 3. Devolved Budgets

Budgets for all community care services are devolved to team/unit level. There are currently no ceilings on the value of individual care packages

#### Care at Home Services

Indicative budgets are set for each locality at the start of the year. Managers in the Community Care Services retain overall responsibility. They will work together to ensure equitable service provision across Shetland and advise the Head of Community Care on areas of

under/overspend. Any virements affecting locality budgets would be agreed with the relevant Budget Responsible Officers (BROs) and reported to the CHCPMT via the Local Partnership Finance Team.

#### **Aids and Adaptations**

Specialist equipment over £500 and adaptations to property require the countersignature of the Senior OT Community or a Service Manager.

#### **4. Budget Monitoring**

BROs in each partner agency will work with the members of the LPFT to ensure up to date financial information is available on all CHCP services.

Budget monitoring reports will be prepared quarterly by the LPFT for the CHCPMT. The reports will include background information where there are any material budgetary variances, over or underspends and details of any corrective action taken or recommended.

#### **5. Changes to CHCP Budgets**

Once budgets have been set, any changes proposed to CHCP budgets will be discussed and agreed by CHCPMT before being actioned by either partner agency in accordance with the appropriate Financial Regulations and Standing Orders. The LPFT will provide support for BROs and CHCPMT in this process.

Any over/underspend will be addressed initially by the partner agency whose budget is directly affected.

Virements will be processed in accordance with each agency's Financial Regulations as appropriate and CHCPMT notified via the LPFT.

#### **6. Specific Funding**

The LPFT will share information regarding specific and / or additional allocations of funding, for example from the Scottish Government and provide information to CHCPMT and to BROs in the partner agencies as appropriate.

The CHCPMT has delegated authority from the partner agencies to agree the detailed allocation of specific funding for the implementation of CHCP services locally.

**7. Capital Expenditure**

Details of each partner agency's capital programme will be made available to the LPFT and CHCPMT in so far as this relates to the CHCP.

**8. Joint Commissioning Arrangements**

The commissioning and procurement arrangements for the CHCP are set out in the CHCP Commissioning Strategy, which forms part of this agreement. Details of all services outsourced are included below.

Any formal procurement arrangements are progressed by either agency following that agency's standing orders and financial regulations and underpinned by a specific financial agreement that effectively pools the aligned budgets.

For example, independent advocacy services have been commissioned through a formal tender process led by the Council's Community Care Service. The detailed financial arrangements between the Council and NHS were agreed prior to the contract being let. Under this arrangement, the contract has been formally agreed between the Council and the successful contractor and the NHS funding is paid across to the Council to support the commissioning arrangement from a pooled budget. The contract terms include financial monitoring arrangements reported via LPFT.

Similarly, NHS capital funding for the joint development of specific capital projects has been paid to the Council and the projects have been taken forward as part of the Council's capital programme, e.g. the additional support needs base linked to Anderson High School in Lerwick and the respite care facility for adults with learning disabilities which opened in January 2007.

**9. Local Partnership Finance Team (LPFT)**

The Terms of Reference for the LPFT is included below.

**10. Community Health Partnership (CHP) Risk Register**

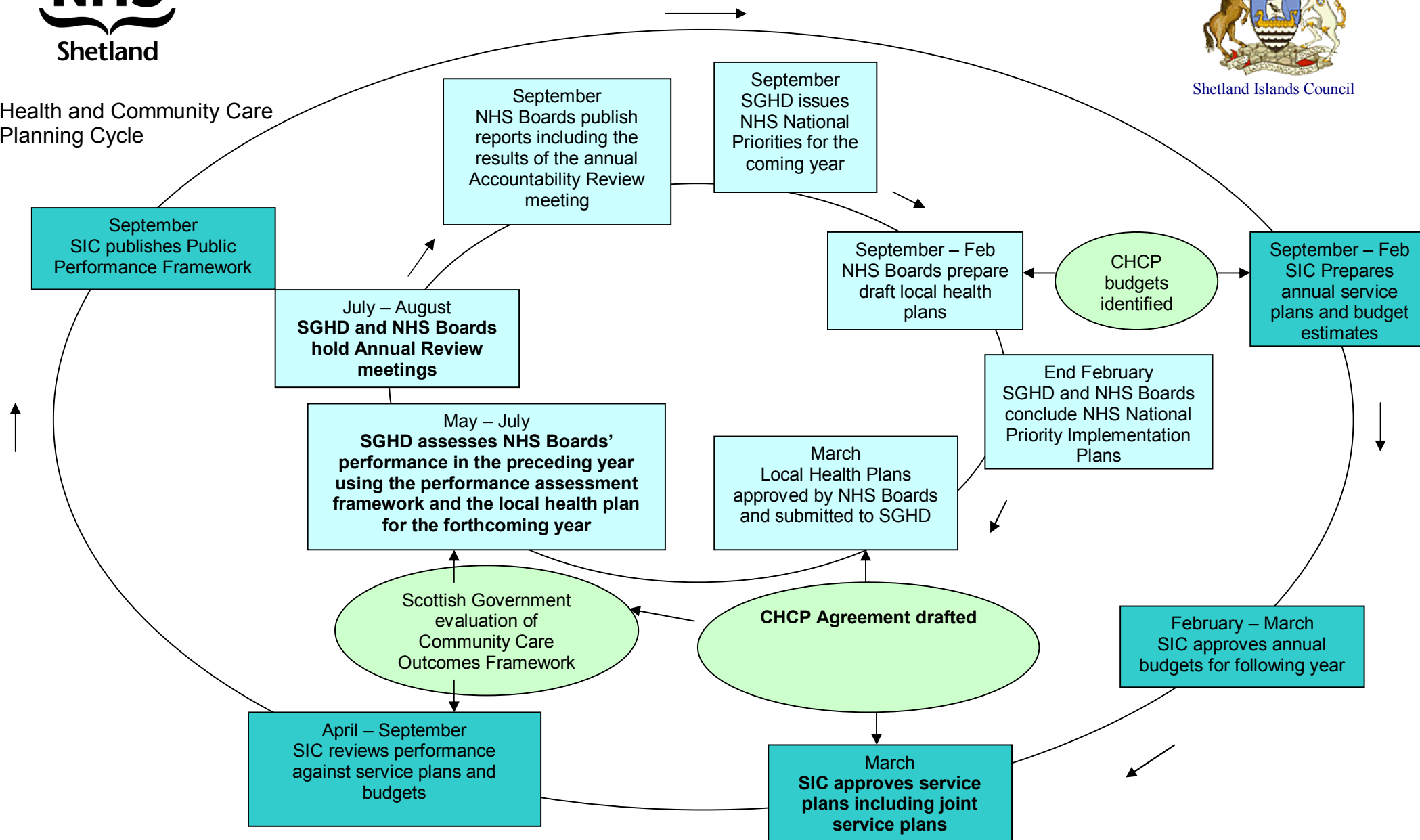
The Risk Register is reviewed and updated regularly by CHCPMT and includes financial risks. The Framework is included in Section 6 of this Agreement.

11. **Dispute Resolution**

Any failure to agree by LPFT will be reported to the CHCPMT in the first instance.

12. **Planning Cycle Diagram**







Shetland Islands Council

### 13. Capital Projects

#### Residential Care and Extra Care Housing

The provisional work programme to take forward the recommendations from the Long Term Care Review and Dementia Redesign was approved by the Council on 18 February 2009, Minute Reference SIC 08/09. This will create an additional 122 long term care places in Shetland by 2020.

It is estimated that the cost of the feasibility studies for each project in the work programme would range from £25,000 to £45,000 depending on the size of the project. The total cost of the feasibility studies required to support the work programme is estimated at £430K.

The estimated capital and revenue costs are summarised in the table below.

The revenue costs shown are estimated full year costs at 2010/11 prices based on current staffing ratios, fixed costs and operating costs of current Community Care establishments. This gives an average figure of £47,320 per annum for each care place with a minimum of ten places in each setting.

The costs of increasing numbers of care packages in the community over the next 15 years assuming 45% of all those requiring long term care are supported at home would be an additional **£4,840K per annum** by 2020.

Progress with the work programme during 2009/10 has been steady.

- 3 extra care housing places have been provided in Unst linked to Nordalea.
- Work on the temporary care home at Montfield is well advanced and should be completed by July 2010. Slippage has been caused by additional work required on drainage.
- The feasibility study for Isleshavn has been completed and the preferred option of converting the old Mid yell school has been approved by the Council. It is anticipated that contractors should be on site by April 2011.
- The feasibility study on Taing and Edward Thomason House, Viewforth and extra care housing options for Lerwick will be presented to the Council in May/June 2010.
- A proposal from a private developer means that early progress may be possible with the new care home for the central area.



	Location	Additional Capacity	Capital £'000,000s	Revenue per annum £'000s
2009/10	Nordalea sheltered housing pilot	3	0.1	140
2010/11	Montfield care home	17	2.6	800
2012/13	ET House & Taing House developments	14	3.5	660
2012/13	Isleshavn	11	4.5	520
2012/13	Overtonlea	5	1.5	235
2014/15	Viewforth	15	4.5	710
2014/15	Lerwick extra care housing	18	4.4	540
2017/18	Fernlea	3	1	140
2017/18	Wastview	5	1.5	235
2017/18	North Haven	5	1.5	235
2019/20	New central care home	20	4.5	945
2019/20	Wastview	5	1.5	235
2019/20	Fernlea	3	1	140
2019/20	Nordalea	2	0.5	95
2019/20	Overtonlea	5	1.5	235
2019/20	North Haven	5	1.5	235
<b>Totals</b>		<b>136 places</b>	<b>£35.6 Capital</b>	<b>£6,100 Revenue</b>

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
Lerwick	<u>Residential Care</u>			1. <u>Taing &amp; ET House</u>		
	• Taing House 20			– <i>Feasibility Study</i>	£45K	2009/10
	• Edward Thomason House 16			• Looking at combining these 2 sites and increasing overall capacity to <b>50</b> places		<b>Completed April 2010</b>
	• Viewforth House 20			• Modular concept to retain homely, small scale model and atmosphere		
	<u>Extra Care Housing</u>			• Dementia friendly throughout		
	• King Erik House 16			• Combined domestic, office and other backroom facilities		
	<b>Total 72</b>	<b>110</b>	<b>135</b>	• Outsource most laundry needs. Retain domestic style machines and capacity for residents' personal items and clothing		

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<ul style="list-style-type: none"> <li>Findings of the feasibility study are that outsourcing laundry is not recommended <i>Capital works</i></li> </ul>	£3.5M capital £660K/year revenue	2012
				2. <u>Montfield Care Home</u> – Refurbishment of ground floor of Montfield hospital to create 15 rooms including 2 rooms for couples giving 17 places	£2.6M capital £800K / year revenue	April 2010  Estimated completion date July 2010

CHCP Agreement 2010-2013

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<p>4. <u>Additional Extra Care Housing</u></p> <ul style="list-style-type: none"> <li><i>Feasibility Study</i> 8 units co-located with ET/Taing House . <b>No space available. Preferred site from the feasibility study is on King Harald Street</b></li> </ul>	£45K	2015
				<ul style="list-style-type: none"> <li><i>Feasibility Study</i> 4 Units co-located with King Erik House St Clements Hall . <b>Feasibility Study findings are that this would be a difficult conversion, and is not recommended</b></li> <li><i>Capital Works</i></li> </ul>	£25K  £1M capital £190K/year revenue	2012  2014

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<ul style="list-style-type: none"> <li>Preferred option for extra care housing in Lerwick is 18 units on King Harald Street</li> </ul>	<p>£4.4M capital £540K/year revenue</p>	2015
Central	Walter & Joan Gray Home in Scalloway with 16 residential care places	Included above		5. <u>New Care Home</u> <ul style="list-style-type: none"> <li><i>Feasibility Study</i> 20 places Spec as at 1. above <b>with possibility of some extra care housing</b> <b>Note: A proposal from a private developer is being considered which may mean this project can move ahead more quickly</b></li> </ul>	£45K	2018
				<ul style="list-style-type: none"> <li><i>Capital Works</i></li> </ul>	<p>£4.5M capital £945K/year revenue</p>	2020

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
<b>Yell</b>	Isleshavn 10 residential care places	20	25	6. <u>New Isleshavn</u> – <i>Feasibility Study</i> completed. Detailed design phase underway 21 places combining residential and extra care on same site  – <i>Capital Works</i>	£45K      £4.5M capital £520K / year revenue	April 2009      2012
<b>South Mainland</b>	Overtonlea 15 places	20	25	7. <u>Extension and/or extra care housing</u> – <i>Feasibility study</i> : Initially 5 additional places with scope for a further 5 at a later date  – <i>Capital Works</i> <ul style="list-style-type: none"> <li>Phase 1</li> <li>Phase 2</li> </ul>	£45K      £1.5M capital £235K / year revenue £1.5M capital £235K/year revenue	April 2010      2012  2020

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
<b>Whalsay</b>	Fernlea 10 places	13	16	8. <u>Extension and / or Extra Care Housing</u> – <i>Feasibility Study</i> 3 + 3 additional places  – <i>Capital Works</i> <ul style="list-style-type: none"> <li>Phase 1</li> <li>Phase 2</li> </ul>	£45K       £1M capital £140K / year revenue £1M capital £140K/year revenue	2013       2015    2020
<b>Unst</b>	Nordalea 7 places	10	12	9. <u>Sheltered Housing / Extra Care</u> – 3 or 4 places – pilot  – <i>Feasibility Study</i> for conversion of Nordalea to create 2 additional places  – <i>Capital Works</i>	£50K capital £180K / year revenue   £25K   £500K capital £95K / year revenue	April 2009      2018   2020



## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
North Mainland	North Haven 15 places	20	25	10. <u>Extension and / or Extra Care Housing</u>		
				– <i>Feasibility Study</i> looking initially at 5 additional places with scope for a further 5 at a later date	£45K	2015
				– <i>Capital Works</i>		
				• Phase 1	£1.5M capital £235K / year revenue	2018
				• Phase 2	£1.5M capital £235K / year revenue	2020
West Mainland	Wastview 15 places	20	25	11. <u>Extension and / or Extra Care Housing</u>		
				– <i>Feasibility Study</i> looking initially at additional 5 places with scope for a further 5 at a later date	£45K	2015
				– <i>Capital Works</i>		
				• Phase 1	£1.5M capital £235K / year	2018

## Provisional Work Programme 2009-2024 - April 2010 update

### Residential Care and Extra Care Housing Developments

Locality	Current Situation	Projected Demand		Future Plans	Cost	Target Date
		2018	2024			
				<ul style="list-style-type: none"> <li>Phase 2</li> </ul>	revenue £1.5M capital £235K / year revenue	2020

### OT Resource Centre

This project suffered a setback in 2009/10 when it became apparent that the preferred site next to Brevik house on South Road, Lerwick, was not suitable. A new site at Gremista has been identified and contractors should be able to start the building works in September/October 2010.

OT Resource Centre	2010/11 £1M	2011/12 £1.5M
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### Eric Gray Resource Centre Redesign

The feasibility study for the complex needs service has been approved by the Council. Further work is needed to complete the design work for other strands identified in the redesign.

Learning Disabilities day care for complex needs	2010/11 £200K	2011/12 £1.5M	2012/13 £2M
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### NHS Capital Programme

Details of the NHS Shetland capital programme are available separately. In recent years, NHS Shetland has provided funding in the form of a capital grant towards the cost of SIC projects, where there is a clear demonstrable health gain. This is expected to continue in 2010/11.

## **Local Partnership Finance Team (LPFT)**

### **Terms of Reference**

#### **1. Purpose**

To support the work of Shetland's Community Health and Care Partnership (CHCP) by providing an Integrated Financial Resource Framework.

#### **2. Background**

2.1 The LPFT was established in April 2004 to advise the Joint Future Implementation Group (JFIG) on all matters relating to the financial resources and financial management arrangements for Joint Future Services in Shetland.

2.2 The LPFT has developed the systems and financial governance arrangements set out in the CHCP Agreement regarding community health and care budgets and continues to evolve to support Shetland's CHCP.

#### **2. Remit**

3.1 The LPFT is responsible for providing information and advice on all financial aspects of the business of Shetland's CHCP.

3.2 Specific tasks include:-

- i. preparation of a Integrated Financial Resource Framework including protocols for:-
  - strategic financial planning,
  - risk assessment and management,
  - operational budget setting, control and management,
  - agreement on treatment of over/underspends,
  - virement, and
  - dispute resolution;
- ii. preparation of budget estimates and costings for CHCP projects;
- iii. sharing information regarding specific funding from the Scottish Government for CHCP projects and service developments;
- iv. preparing reports for CHCP Management Team and CHP Committee as required comprising financial management

information: reports include a quarterly budget monitoring report of CHCP expenditure.

#### **4. Membership**

- 4.1 Head of Community Care, SIC/NHS Shetland (Chair);  
Director of Finance, NHS Shetland;  
Management Accountant, NHS Shetland;  
Head of Finance, SIC;  
Management Accountant SIC with responsibility for Community Care Service budgets;  
Financial Planning Officer, Social Care, SIC.
- 4.2 Other members of staff from NHS Shetland or the Council may attend as required, depending on the current agenda.
- 4.3 The Chair and Vice Chair of the Council's Services Committee and the Community Care Spokesperson are invited to attend
- 4.4 Representatives of other agencies involved in the provision of health and social care services in Shetland may also be invited to attend as appropriate.

#### **5. Quorum**

- 5.1 The quorum for a meeting will be one staff representative of each partner agency and the chairperson or their nominee.

#### **6. Frequency of Meetings**

- 6.1 The LPFT will meet quarterly.
- 6.2 Additional meetings will be arranged as required.

#### **7. Dispute Resolution**

- 7.1 Any failure to agree will be reported to the CHCP Management Team.





Shetland Islands Council

## Section 3:

# Resourcing

## Financial Framework

### 1. Aligned Budgets

NHS Shetland and Shetland Islands Council are committed to aligning budgets for all services in the Community Health & Care Partnership (CHCP.) Details of CHCP budgets are included in the CHCP Agreement and monitored by the Local Partnership Finance Team (LPFT).

The Financial Regulations and Standing Orders of each partner agency will apply to the individual budgets. Copies of these documents are available separately.

### 2. Budget Setting

The partner agencies annual planning cycles are shown in the diagram attached at paragraph 12 below.

This process includes the preparation of medium and long term service projections. Budget estimates will be prepared as an integral part of the process by each partner agency and discussed by the LPFT who will report details to the CHCP Management Team (CHCPMT) with any recommendations.

CHCPMT will in turn advise the partner agencies and the Community Health Partnership Committee as appropriate.

Each partner organisation will establish its own Budget Strategy to reflect their financial circumstances and the allocation of resources from national and local sources.

Budgets will be aligned and the total budget envelope for the service area will then be prioritised in line with the agreed priorities set out in the CHCP Agreement and the associated strategic planning documents e.g. Shetland Mental Health Strategy. This will create an integrated budget framework for the CHP.

Detailed budgets will be prepared by Budget Responsible Officers (BROs) in the relevant service areas, in line with the CHCP Agreement to support the



Shetland Islands Council

continuation of service delivery and implementation of agreed change management projects and / or service improvements.

The CHCPMT will commend the budget to the CHP Committee and each partner agency's decision making structures for formal approval of the budget allocation.

The outcome of the formal budget setting process will be reported back to CHCPMT. If there are any changes from the budget proposed, service outcomes and action plans will be amended accordingly.

### 3. **Devolved Budgets**

Budgets for all community care services are devolved to team/unit level. There is currently a ceiling on the value of individual care packages in the community of £120,000 per annum.

Most packages of care are less than £50,000 per annum.

#### **Care at Home Services**

Indicative budgets are set for each locality at the start of the year. Managers in the Community Care Services retain overall responsibility. They will work together to ensure equitable service provision across Shetland and advise the Director of Community Care on areas of under/overspend. Any variations affecting locality budgets would be agreed with the relevant BROs and reported to the CHCPMT via the Local Partnership Finance Team.

#### **Aids and Adaptations**

Specialist equipment over £500 and adaptations to property require the countersignature of the Executive Manager OT or another Executive Manager or Director.

### 4. **Budget Implementation and Monitoring**

The CHCPMT will implement the aligned budgets. The budgets will be monitored through monthly reporting in each organisation and jointly through the CHCPMT and LPFT.

BROs in each partner agency will work with the members of the CHCPMT and the LPFT to ensure up to date financial information is available on all CHCP services.

Budget monitoring reports will be prepared quarterly by the LPFT for the CHCPMT and reported to the CHP Committee. The reports will include background information where there are any material budgetary variances, over or underspends and details of any corrective action taken or recommended.



Information on commissioned services will also be monitored and reported quarterly to the relevant organisation's committees.

## 5. **Changes to CHCP Budgets**

Once budgets have been set, any changes proposed to CHCP budgets will be discussed and agreed by CHCPMT before being actioned by either partner agency in accordance with the appropriate Financial Regulations and Standing Orders. The LPFT will provide support for BROs and CHCPMT in this process.

Any over/underspend will be addressed initially by the partner agency whose budget is directly affected.

Virements will be processed in accordance with each agency's Financial Regulations as appropriate and CHCPMT notified via the LPFT.

## 6. **Specific Funding**

The LPFT will share information regarding specific and / or additional allocations of funding, for example from the Scottish Government and provide information to CHCPMT and to BROs in the partner agencies as appropriate.

The CHCPMT has delegated authority from the partner agencies to agree the detailed allocation of specific funding for the implementation of CHCP services locally.

## 7. **Capital Expenditure**

Details of each partner agency's capital programme will be made available to the LPFT and CHCPMT in so far as this relates to the CHCP.

## 8. **Joint Commissioning Arrangements**

The CHCP Agreement is recognised as the CHCP Commissioning Strategy. The procurement arrangements and processes for the CHCP are set out below together with details of all services outsourced.

Any formal procurement arrangements are taken forward by either agency following that agency's standing orders and financial regulations and underpinned by a specific financial agreement that effectively pools the aligned budgets.



Shetland Islands Council

For example, independent advocacy services have been commissioned through a formal tender process led by the Council's Community Care Service. The detailed financial arrangements between the Council and NHS were agreed prior to the contract being let. Under this arrangement, the contract has been formally agreed between the Council and the successful contractor and the NHS funding is paid across to the Council to support the commissioning arrangement from a pooled budget. The contract terms include financial monitoring arrangements reported via CHCPMT and LPFT.

Similarly, NHS capital funding for the joint development of specific capital projects has been paid to the Council and the projects have been taken forward as part of the Council's capital programme, e.g. the additional support needs base linked to Anderson High School in Lerwick and the respite care facility for adults with learning disabilities which opened in January 2007. A similar arrangement is in place to develop the Therapy Resource Centre.

#### 9. **Local Partnership Finance Team (LPFT)**

The Terms of Reference for the LPFT is included below.

#### 10. **Community Health Partnership (CHP) Risk Register**

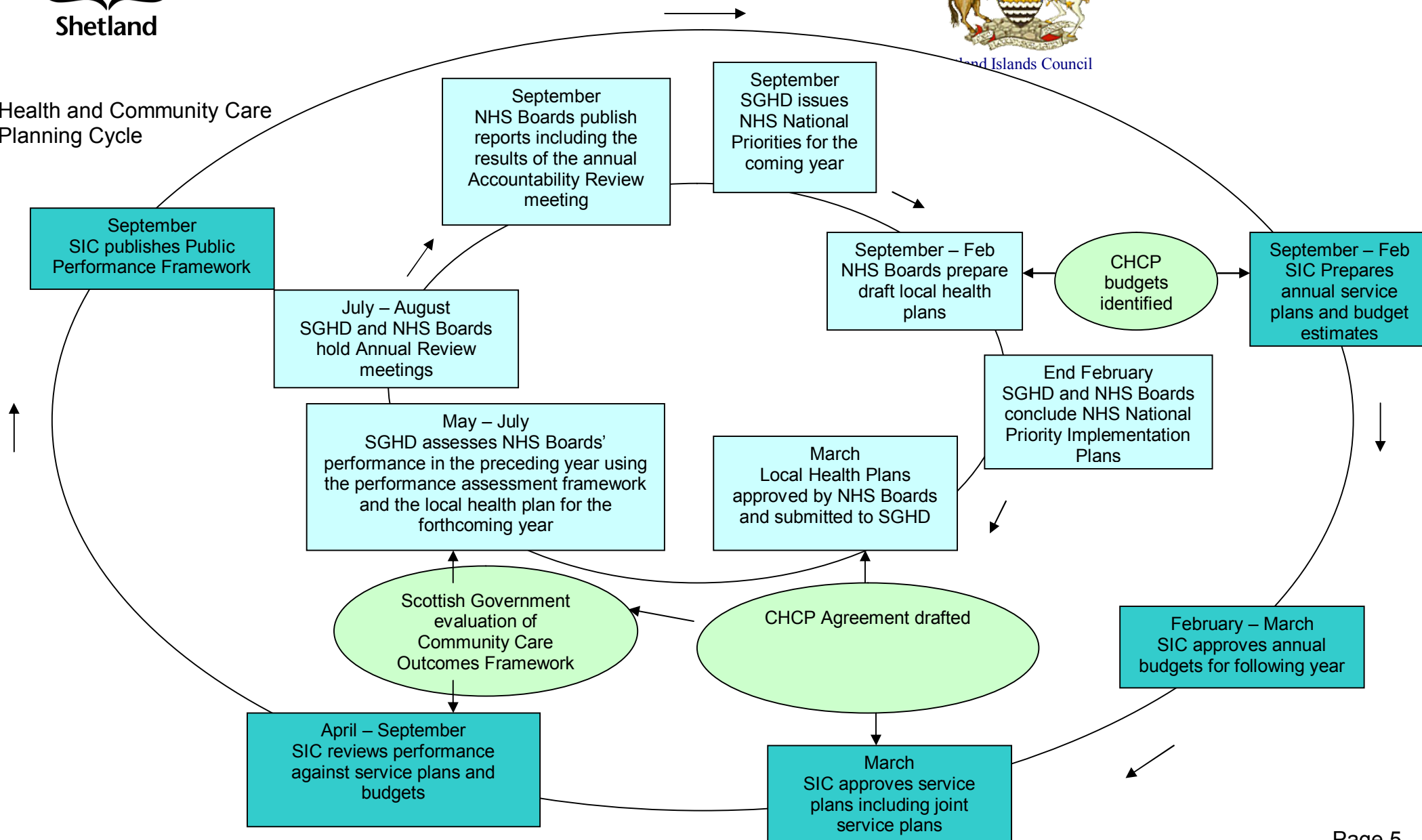
The Risk Register is reviewed and updated regularly by CHCPMT and includes financial risks. The Risk Register is included in the CHCP Agreement.

#### 11. **Dispute Resolution**

Any failure to agree by LPFT will be reported to the CHCPMT in the first instance.

#### 12. **Planning Cycle Diagram**

# Health and Community Care Planning Cycle



### 13. Capital Projects

#### Residential Care and Extra Care Housing

A provisional capital work programme to take forward the recommendations from the Long Term Care Review and Dementia Redesign was approved by the Council on 18 February 2009. This proposed an additional 122 long term care places in Shetland by 2020.

Work during 2009/10/11 to reshape care services particularly for older people and shift the balance of care from institutional care settings to the community has reduced the demand for residential care.

Telehealthcare models and reablement are supporting increasing numbers of people with complex care needs in their own homes or in supported accommodation e.g. extra care housing in Unst.

The capital work programme was reviewed during 2011/12 as part of the Reshaping Care for Older People Change Plan. The review took into account the severe financial restrictions likely to be imposed on the public sector for the foreseeable future.

The revised capital work programme was approved by the Council at a meeting of the Social Services Committee on 22 February 2012.

In light of the preferences of customers, the good progress made in shifting the balance of care to the community and the current economic climate all plans for additional residential care places other than those that will be created by joining ET House and Taing House are suspended indefinitely and have been removed from the list of capital projects.

The proposal to join up ET House and Taing House will make efficiencies, create six additional places within existing revenue allocations and make the site better suited for the support of people with dementia.

The feasibility study for a replacement for Isleshavn will be reviewed as all the indications are that a development on the scale proposed for the conversion of the old Mid-Yell School building is no longer needed.

The revised work programme is shown in the table below.

Residential Care	Location	Capital £'000,000s	Revenue per annum £'000s	Comments
2012/13/14	ET House & Taing House developments	3.5	WER	Changes will provide dementia appropriate residential care as part of the dementia redesign and closure of Viewforth
2012/13	Isleshavn	Feasibility Study to be reviewed WER	WER	Review proposals in light of progress on Shifting the Balance of Care and current financial context

#### OT Resource Centre

This project suffered a setback in 2009/10 when it became apparent that the preferred site next to Brevik house on South Road, Lerwick, was not suitable. A new site at Gremista has been identified and contractors started work on site in October 2010.

OT Resource Centre	2010/11 £415K	2011/12 £2.1M	2012/13 £200K
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#### Eric Gray Resource Centre Redesign

The feasibility study for the complex needs service has been approved by the Council. The design work due to be completed in 2011/12 is under review in light of changing patterns of service delivery and the financial constraints faced by the Council.

Learning Disabilities day care for complex needs	2010/11 £55K	2011/12 £625K	2012/13 £2.75M
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#### NHS Capital Programme

Details of the NHS Shetland capital programme are available separately. In recent years, NHS Shetland has provided funding in the form of a capital grant towards the cost of SIC projects, where there is a clear demonstrable health gain e.g. Montfield Support Services and OT Resource Centre.

## **Local Partnership Finance Team (LPFT)**

### **Terms of Reference**

#### **1. Purpose**

To support the work of Shetland's Community Health and Care Partnership (CHCP) by providing an Integrated Financial Resource Framework.

#### **2. Background**

- 2.1 The LPFT was established in April 2004 to advise the Joint Future Implementation Group (JFIG) on all matters relating to the financial resources and financial management arrangements for Joint Future Services in Shetland.
- 2.2 The LPFT has developed the systems and financial governance arrangements set out in the CHCP Agreement regarding community health and care budgets and continues to evolve to support Shetland's CHCP.

#### **2. Remit**

- 3.1 The LPFT is responsible for providing information and advice on all financial aspects of the business of Shetland's CHCP.
- 3.2 Specific tasks include:-
  - i. preparation of a Integrated Financial Resource Framework including protocols for:-
    - strategic financial planning,
    - risk assessment and management,
    - operational budget setting, control and management,
    - agreement on treatment of over/underspends,
    - virement, and
    - dispute resolution;
  - ii. preparation of budget estimates and costings for CHCP projects;
  - iii. sharing information regarding specific funding from the Scottish Government for CHCP projects and service developments;
  - iv. preparing reports for CHCP Management Team and CHP Committee as required comprising financial management information: reports include a quarterly budget monitoring report of CHCP expenditure.

#### **4. Membership**

- 4.1 Director of Community Care, SIC/NHS Shetland (Chair);  
Director of Finance, NHS Shetland;  
Management Accountant, NHS Shetland;  
Executive Manager Finance, SIC;  
Management Accountant SIC with responsibility for Community Care  
Service budgets;  
Financial Planning Officer, Social Care, SIC.
- 4.2 Other members of staff from NHS Shetland or the Council may be invited to attend with the agreement of the existing membership, as required, depending on the current agenda.
- 4.4 Representatives of other agencies involved in the provision of health and social care services in Shetland may also be invited to attend as appropriate.

#### **5. Quorum**

- 5.1 The quorum for a meeting will be one staff representative of each partner agency i.e. NHS Shetland and Shetland Islands Council and the chairperson or their nominee.

#### **6. Frequency of Meetings**

- 6.1 The LPFT will meet quarterly.
- 6.2 Additional meetings will be arranged as required.

#### **7. Dispute Resolution**

- 7.1 Any failure to agree will be reported to the CHCP Management Team.





**COMMUNITY CARE FINANCIAL OUTTURN**  
**2003/04 - 2012/13**

2003/04	2003-04 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	2,091,715	1,905,201	186,514
	Criminal Justice	20,095	75,725	-55,630
	Family Support	1,019,956	979,983	39,973
	Head of Service	-1	0	-1
	Looked After Children	1,496,153	1,593,127	-96,974
	Older People Services	3,302,326	3,033,838	268,488
	Planning & Information	349,208	307,851	41,357
	Fieldwork	2,974,084	2,939,582	34,502
	<b>Grand Total</b>	<b>11,253,536</b>	<b>10,835,307</b>	<b>418,229</b>

2003-04	2003-04 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	8,549,410	8,678,791	-129,381
	Financing	538,521	393,410	145,111
	Income	-3,301,350	-3,731,835	430,485
	Operating Costs	1,756,804	1,779,204	-22,400
	Recharges In	3,055,734	3,093,903	-38,169
	Recharges Out	-2,611,961	-2,644,020	32,059
	Transfer Payments	3,266,378	3,265,853	525
	<b>Grand Total</b>	<b>11,253,536</b>	<b>10,835,307</b>	<b>418,229</b>

2004-05	2004-05 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	2,459,304	2,767,470	-308,166
	Criminal Justice	21,257	13,107	8,150
	Family Support	1,147,170	1,159,339	-12,169
	Head of Service	1	0	1
	Looked After Children	1,754,892	1,623,854	131,038
	Older People Services	3,390,993	3,406,077	-15,084
	Planning & Information	540,566	359,232	181,334
	Fieldwork	3,207,344	3,309,190	-101,846
	<b>Grand Total</b>	<b>12,521,527</b>	<b>12,638,269</b>	<b>-116,742</b>

2004-05	2004-05 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	9,410,226	9,490,082	-79,856
	Financing	522,541	385,284	137,257
	Income	-3,680,345	-3,672,899	-7,446
	Operating Costs	1,859,877	1,892,630	-32,753
	Recharges In	3,314,534	3,828,691	-514,157
	Recharges Out	-2,805,774	-3,238,606	432,832
	Transfer Payments	3,900,468	3,953,088	-52,620
	<b>Grand Total</b>	<b>12,521,527</b>	<b>12,638,269</b>	<b>-116,742</b>

2005-06	2005-06 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	2,985,565.00	2,977,050.31	8,514.69
	Care @ Home	3,189,182.00	2,951,779.25	237,402.75
	Community Care Resources	917,733.00	633,975.01	283,757.99
	Criminal Justice	22,225.00	32,369.20	-10,144.20
	Family Support	1,383,303.00	1,212,532.69	170,770.31
	Looked After Children	2,064,156.00	2,018,486.80	45,669.20
	Older People Services	2,492,467.00	2,731,855.88	-239,388.88
	Planning & Information	707,963.00	485,815.05	222,147.95
	Fieldwork	637,142.00	535,264.60	101,877.40
	<b>Grand Total</b>	<b>14,399,736</b>	<b>13,579,129</b>	<b>820,607</b>

2005-06	2005-06 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	15,076,366	14,522,355	554,011
	Financing	457,939	458,723	-784
	Income	-7,900,127	-7,829,345	-70,782
	Operating Costs	2,655,189	2,792,046	-136,857
	Recharges In	3,693,826	4,101,835	-408,009
	Recharges Out	-3,105,907	-3,395,419	289,512
	Transfer Payments	3,522,450	2,928,934	593,516
	<b>Grand Total</b>	<b>14,399,736</b>	<b>13,579,129</b>	<b>820,607</b>

2006-07	2006-07 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	3,763,484	3,284,094	479,390
	Community Care Resources	4,036,730	4,502,376	-465,646
	Older People Services	3,313,448	4,102,283	-788,835
	Fieldwork	967,881	733,398	234,483
	Criminal Justice	73,285	13,851	59,434
	<b>Grand Total</b>	<b>12,154,828</b>	<b>12,636,001</b>	<b>-481,173</b>

2006-07	2006-07 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	13,265,630	13,480,512	-214,882
	Financing	343,108	106,852	236,256
	Income	-5,820,612	-5,918,886	98,274
	Operating Costs	2,100,582	2,798,576	-697,994
	Recharges In	4,246,986	4,080,440	166,546
	Recharges Out	-3,476,789	-3,241,115	-235,674
	Transfer Payments	1,495,923	1,329,623	166,300
	<b>Grand Total</b>	<b>12,154,828</b>	<b>12,636,001</b>	<b>-481,173</b>

2007-08	2007-08 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	3,916,824	3,706,258	210,566
	Community Care Resources	5,119,476	5,341,593	-222,117
	Criminal Justice	57,036	1,472	55,564
	Older People Services	2,578,788	3,035,138	-456,350
	Fieldwork	1,001,522	856,119	145,403
	<b>Grand Total</b>	<b>12,673,646</b>	<b>12,940,580</b>	<b>-266,934</b>

2007-08	2007-08 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	13,662,975	14,380,982	-718,007
	Financing	120,099	187,513	-67,414
	Income	-6,260,472	-7,107,130	846,658
	Operating Costs	2,180,831	2,839,624	-658,793
	Recharges In	4,557,701	4,688,779	-131,078
	Recharges Out	-3,442,564	-3,540,086	97,522
	Transfer Payments	1,855,076	1,490,898	364,178
	<b>Grand Total</b>	<b>12,673,646</b>	<b>12,940,580</b>	<b>-266,934</b>

2008-09	2008-09 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	5,872,540	5,721,430	151,110
	Community Care Resources	5,297,070	6,256,813	-959,743
	Criminal Justice	80,666	67,269	13,397
	Older People Services	5,494,442	3,702,078	1,792,364
	Fieldwork	1,201,888	1,086,134	115,754
	<b>Grand Total</b>	<b>17,946,606</b>	<b>16,833,723</b>	<b>1,112,883</b>

2008-09	2008-09 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	18,042,296	17,553,374	488,922
	Financing	96,099	227,197	-131,098
	Income	-6,014,831	-7,051,538	1,036,707
	Operating Costs	2,966,541	3,723,379	-756,838
	Recharges In	5,349,307	5,538,633	-189,326
	Recharges Out	-5,038,154	-5,173,238	135,084
	Transfer Payments	2,545,348	2,015,917	529,431
	<b>Grand Total</b>	<b>17,946,606</b>	<b>16,833,723</b>	<b>1,112,883</b>

2009-10	2009-10 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	6,713,464	7,263,766	-550,302
	Community Care Resources	7,505,975	7,597,056	-91,081
	Criminal Justice	70,070	82,913	-12,843
	Older People Services	4,009,069	4,060,671	-51,602
	Fieldwork	1,279,488	1,232,038	47,450
	<b>Grand Total</b>	<b>19,578,066</b>	<b>20,236,445</b>	<b>-658,379</b>

2009-10	2009-10 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	19,285,903	19,847,639	-561,736
	Financing	187,132	278,739	-91,607
	Income	-6,265,397	-8,883,543	2,618,146
	Operating Costs	4,250,474	6,613,164	-2,362,690
	Recharges In	6,285,443	6,048,650	236,793
	Recharges Out	-5,865,520	-5,084,224	-781,296
	Transfer Payments	1,700,031	1,416,020	284,011
	<b>Grand Total</b>	<b>19,578,066</b>	<b>20,236,445</b>	<b>-658,379</b>

2010-11	2010-11 Outturn by Service	Annual Budget (£)	Actual (£)	Variance (£)
	Adult Services	7,938,191	7,862,404	75,787
	Community Care Manager	0	0	0
	Community Care Resources	7,434,501	7,626,469	-191,968
	Criminal Justice	65,105	18,446	46,659
	Older People Services	5,642,762	6,113,172	-470,410
	Director of Comm Care	2,183,436	1,670,527	512,909
	Fieldwork	1,260,957	1,247,744	13,213
	<b>Grand Total</b>	<b>24,524,952</b>	<b>24,538,762</b>	<b>-13,810</b>

2010-11	2010-11 Outturn by Expenditure Type	Annual Budget (£)	Actual (£)	Variance (£)
	Employee Costs	23,749,629	23,330,173	419,456
	Financing	257,169	298,430	-41,261
	Income	-6,523,198	-7,927,102	1,403,904
	Operating Costs	4,281,807	6,101,996	-1,820,189
	Recharges In	6,015,138	6,393,185	-378,047
	Recharges Out	-5,168,444	-5,372,979	204,535
	Transfer Payments	1,912,851	1,715,060	197,791
	<b>Grand Total</b>	<b>24,524,952</b>	<b>24,538,762</b>	<b>-13,810</b>

2011-12	2011-12 Outturn by Service	Budget (£)	Actual (£)	Variance (£)
	Adult Services	7,218,403	6,953,367	265,036
	Community Care Resources	14,452,751	13,942,458	510,293
	Criminal Justice	43,897	101,528	-57,631
	Director of Comm Care	940,000	641,162	298,838
	Mental Health	2,801,512	2,952,171	-150,659
	Occupational Therapy	1,602,891	1,674,103	-71,212
	<b>Grand Total</b>	<b>27,059,454</b>	<b>26,264,788</b>	<b>794,666</b>

2011-12	Expenditure Type	Budget (£)	Actual (£)	Variance (£)
	Employee Costs	25,294,268	24,148,747	1,145,521
	Income	-6,924,496	-7,003,422	78,926
	Operating Costs	5,517,706	5,568,409	-50,703
	Recharges In	5,878,824	6,176,513	-297,689
	Recharges Out	-4,983,824	-4,834,856	-148,968
	Transfer Payments	2,276,976	2,209,398	67,578
	<b>Grand Total</b>	<b>27,059,454</b>	<b>26,264,788</b>	<b>794,666</b>

2012-13	2012-13 Outturn by Service	Annual Budget	Actual	Variance (£)
	Adult Services	7,439,197	7,056,274	382,923
	Community Care Resources	11,476,906	12,995,264	-1,518,358
	Criminal Justice	206,964	70,039	136,925
	Director of Comm Care	985,595	1,025,849	-40,254
	Mental Health	2,458,959	2,659,033	-200,074
	Occupational Therapy	1,779,438	1,434,890	344,548
	<b>Grand Total</b>	<b>24,347,059</b>	<b>25,241,349</b>	<b>-894,290</b>

2012-13	2012-13 Outturn by Expenditure Type	Annual Budget	Actual	Variance (£)
	Employee Costs	22,019,984	22,734,915	-714,931
	Income	-7,088,303	-6,978,627	-109,676
	Operating Costs	5,453,418	5,185,503	267,915
	Recharges In	6,116,267	3,749,890	2,366,377
	Recharges Out	-4,848,622	-2,146,774	-2,701,848
	Transfer Payments	2,694,315	2,696,440	-2,125
	<b>Grand Total</b>	<b>24,347,059</b>	<b>25,241,349</b>	<b>-894,290</b>