

Appendix A

Report to the
Health and Social Well-Being Overview and Scrutiny

Wards All

<p style="text-align: center;">Public Health and Adult Social Care Directorate – 2024/25 Period Nine Revenue Monitoring</p>
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Briefing Paper of the Director of Public Health and Adult Social Care

1. Purpose of the Paper and Summary

- 1.1. To provide an overview of the budget for Public Health and Adult Social Care Directorate - how spend is impacted by demand levels, what performance measures are used to monitor this, and what service actions are required to control demand and mitigate budget pressure without adversely affecting the delivery of services.

2. Background / Introduction

- 2.1. The budget for 2024-25 set by Council in February 2024 is predicated on assessed staffing structures, forecast demand metrics, and contractual commitments within the Public Health and Adult Social Care Directorate.

3. Summary

- 3.1. This is the fourth in a series of in-year reports to Members and covers the position at the end of December (period 9).
- 3.2. The Directorate is reporting a forecast overspend of £2.315 million at the close of the financial year. This is attributable to a projected pressure on Adult Social Care, the key component of which continues to be volume and cost pressures on external placement budgets including residential care, nursing care and community wellbeing (home care).
- 3.3. The Directorate return shows the financial summary for the directorate. This includes:
 - The annual budget per service; the profiled budget for the year to date; actual spend to date and the current variance. This is an unadjusted (raw) variance and does not take account of timing differences and other known adjustments needed in the ledger.

- Details of any variances against the budget and mitigating actions for each service.
- The key metrics which applies to the Adult Social Care (ASC) service, showing the budget build-up, weekly average costs, and the expected number of people being cared for in each care category and the variances from those assumptions.

4. **Current position and Forecast**

Adult Social Care

4.1. As previously reported there are several national activities impacting on ASC here in Hull; the main ones being:

- Following a new duty introduced by the Health and Care Act 2022, the Care Quality Commission (CQC) has begun the rollout of the CQC assessment framework to all councils. It is expected that all Local authorities will have been assessed by CQC before the end of 2025 which will be published with a narrative report and single rating.
 - Sixty eight Local Authorities have received notification of assessment since December 2023. On the 13th January 25 Hull City Council received notification of assessment. The first step of this assessment is to submit an information return by the 31st January 2025. Planning and preparation for CQC assessment continues to be a priority within the service.
 - Adult Social Care had an ADASS Peer Challenge take place, on 20th – 22nd November 2024. As part of the regional sector led improvement offer a team of peers; staff from other councils, assessed ASC on their services strengths, areas of development and preparation for formal CQC assessment. High level feedback from this evidences positive findings and a number of areas of strengths have been highlighted. Identified areas of consideration for ongoing improvement are already known and understood, and underway for development within the service. This is a positive position as ASC continue to actively prepare for formal assessment. A formal report will follow in December 2024, and ASC will publish this in January 2025.

4.2. **ASC Grants.**

As previously noted, key grants supporting the ASC budget in 2024/25 include the following:

- Market Sustainability and Improvement Fund (MSIF) grant, of which there are two elements in 2024/25:
 - MSIF1, Hull's allocation for the year being £4.135m with a further £0.981m being receivable re former Fair Cost of Care funding. The

criteria of the fund is to build capacity in the workforce and improve market sustainability.

- MSIF2 for which the allocation to Hull for 2024/25 is £1.241m.
- Adult Social Care Discharge Fund grant, where the Council's allocation is £4.187m, with the Integrated Care Board allocation for Hull having been confirmed at £2.841m. A plan detailing the proposed use of the funds was submitted to the former Department for Levelling Up, Housing and Communities (DLUHC) as part of the overall Better Care Plan submission for 2023-25.
- Accelerating Reform Fund (ARF) grant, which provides £20m nationally in 2023-2024 and £22.6m in 2024-2025 to support innovation in adult social care. This funding was allocated following a bidding process involving consortia of local authorities and health partners with the lead partner locally being North Lincolnshire Council. The amount receivable by the Council for 2023/24 and 2024/25 will be £182k, with the funding being targeted at supporting developments in priority services namely Carers Support and Shared Lives to increase support to carers and to improve experience in receiving care and support from shared lives carers.

ADASS national surveys

- Key findings from the ADASS Spring Survey were summarised in the period 7 monitoring report, but to recap:
 - Adequacy of ASC budgets – 90% of Directors have indicated that they have at best only partial confidence that their budgets for 2024/25 will be sufficient to fully meet their statutory duties (*the Council falls in to this category*)
 - Waiting times – waiting times for social care assessments or review of care needs have fallen by c11% since mid-2023 (*generally, waiting times in Hull have increased over the period*)
 - Complex care – generally, the average cost of complex care packages nationally is outstripping budgetary expectations (*this is the case for the Council*)
 - Long-term care – 89% of directors indicated that the number of people requiring long-term care exceeds the level of increase assumed when setting the 2024/25 budget (*again, this is the case for the Council*)
 - Budgetary pressures – increasing demand for long term care, in conjunction with cost increases driven by increases in the National Living Wage and general inflationary pressures, has led to c72% of English Council's reporting an overspend against ASC budgets in 2023/24 totalling c£586m nationally (*the Council recorded an overspend of c£1.3 million against ASC for 2023/24*)
 - ASC savings – nationally, the level of savings required against ASC budgets in 2024/25 will be c£900m, with a further £900m currently required against 2025/26 budgets. (*the level of savings built into the ASC budget for 2024/25 is £1.739m*)

- A further survey – the ADASS Autumn Survey 2024 – was returned in early October. Amongst other things, this collated information on the likely extent of pressures on ASC budgets nationally in 2024/25, and the extent of in-year savings which are being required from ASC budgets across the country.
- ADASS continue to lobby to government for sustainable changes to funding, and recognition of interdependencies with the NHS. The Lord Darzi independent investigation of the NHS in England (July 2024) also highlights the requirements for an expansion of funding in community based services especially multi-disciplinary neighbourhood care team models and enhancing use of technology and digital systems to support people to live well at home.

National Budget

Looking forward, key points from the Chancellor's Budget on 30 October from an ASC perspective included the following:

- National Living Wage for persons aged 21 and upwards will increase by 6.7% from £11.44/hr to £12.21/hr with effect from April 2025. This will have a significant impact on the amount payable by the Council for commissioned services like residential care and community wellbeing (home care services) in 2025/26
- Similarly, changes to employer national insurance contributions – where the rate payable by employers is set to rise from 13.8% to 15% next April, and the point from which employer contributions are payable will drop from £9,100 pa to £5,000 pa – will also affect third party providers, and consequently impact on the amounts payable by the Council for commissioned services with effect from April 2025
- Additional funding of £600m nationally is to be made available to support social care. Based on previous distribution methodologies, it is currently estimated this will result in an allocation of c£3.5m for the Council.

Local Picture

- 4.3. At the time of writing (mid-January), Adult Social Care is reporting a projected pressure at outturn of c£2.315m. This is made up of a projected gross pressure of c£2.725m which is partially offset by assumed mitigations of c£0.410m in the form of a re-configured savings plan for the remainder of the year.
- 4.4. The pressure of £2.725m itself comprises several components. Whilst as previously noted additional in-year corporate investment of £1.6m has alleviated pressures on the Supported Living budget, other aspects of the ASC commissioning (third party) budget – which now stands at c£140m in gross expenditure terms – continue to experience significant challenges of both a cost and volume nature, particularly in areas like residential care (both long and short term for both working age adults and older people) and community wellbeing (home care) services. Whilst this gross pressure – currently estimated at c£5.462m - will be partially offset in the year by higher than forecast levels of income, significant strain still appears likely on the basis of current projections. The overall position across third party budgets is summarized in the table below.

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Placement Category	Budget			Period 9 Position (Actual to date and			Variance		
	Budget £m	Average No of people	Average cost per week £	Period Forecast £m	Average No of people	Average cost per week £	Numbers Variance £m	Price Variance £m	Total Variance £m
Residential over 65	39.1	967	775	41.4	1004	803	1.2	1.1	2.3
Residential under 65	20.2	274	1,417	21.5	286	1,488	0.5	0.8	1.4
Nursing Care	2.8	49	1,077	3.5	50	1,175	0.1	0.6	0.7
Agency Day Care	3.8	288	254	4.3	301	275	0.2	0.3	0.6
Supported Living	26.8	334	1,540	27.0	355	1,453	1.7	-1.5	-0.3
Shared Lives	0.9	39	464	0.8	37	406	0.0	-0.1	0.0
Direct Payments	14.3	581	473	13.5	542	457	-0.4	-0.4	-0.8
Agency Home Care (based on hours)	13.3	9,899	24.60	14.2	10814	24.60	1.0	0.0	1.1
Extra Care (based on hours)	3.1	2,859	20.89	3.0	2769	20.89	-0.1	0.0	0.0
Short Stay/ Respite	7.8	-	-	8.3	0	-	0.5		0.5
Total Variance £'m	132.1			137.5			4.7	0.8	5.4

4.5. This pressure itself is, however, in part attributable to the fact that some of the strain on a number of these commissioning budgets is itself the result of savings originally built into the ASC budget for 2024/25 which are proving difficult to realize in the year (see section 4.6 below). This being the case, the service is now in the process of implementing a plan to address this prospective shortfall which will mitigate the total projected pressure of £2.725m by the £0.410m referred to in para 4.3. These mitigations are discussed further in para 4.8, below, but will serve to reduce the forecast pressure at outturn for the service down to £2.315m. This compares with a forecast variance of £1.866m at period 7.

4.6. It is however important to note within the overall third party projections that a relatively steady-state position has been assumed for the remainder of the year from January onwards – ie that whilst some degree of fluctuation may occur in client numbers over the period, volumes will on average be fairly similar across the different services to those experienced over the period to the end of December. Similarly, average package costs have been assumed to be similar to current levels for the remainder of the year, although in areas like Older People’s residential care there is some evidence that the package costs for new clients entering the system are tending to be higher than for those leaving. Clearly, both of these factors could have a bearing on the final outturn position if the actual position on either volumes or costs begins to differ significantly from current assumptions. This is being monitored closely by the service and will be a key facet of the next monitoring report at the year end.

Savings

4.7. As outlined at period 5 & 7, £1.350m of efficiency savings were built into the ASC budget for 2024/25. The budget setting process also confirmed a further £455k of vacancy and other savings for the directorate as a whole, of which £389k were taken against the ASC budget. The total savings requirement built in to the ASC budget for 2024/25 was therefore £1.739m.

As set out in the Directorate return, the delivery of some elements of the £1.739m savings badged against ASC will not be achieved in the year. Whilst the required uptick in CHC / s117 income (£250k additional income for the year), and a reduction in costs through the work of the Compliance Team (£100k, largely relating to the control of planned / actual visit times by community wellbeing providers) will be achieved and even exceeded, there are difficulties with several areas of the original savings plan which will require a change of approach. To recap, these areas are principally as follows:

- Reviewing activity
 - Reviewing and Support team, £0.250m
 - High Needs Team reviews £0.250m
 - Further High Needs Team review £0.152m

Whilst savings from reviewing activity will be difficult to achieve at these levels in the year, work is continuing to target activity on those cases where a re-assessment of need – and a consequent reduction in package costs – is most likely to occur. As previously indicated, this will however necessitate some rebalancing of resources within the service to focus on review rather than assessment-based activity. This is continuing to require careful management from a system-wide perspective to mitigate any potential impact which might arise as a consequence of delayed assessment activity.

- Increase in-house supported living £0.250m

As previously noted, technical issues relating to housing benefit eligibility have rendered the original proposal for the creation of in-house CQC regulated supported living in-viable. This being the case, alternative proposals have been progressed through the expansion of the Housing Related Support scheme which will be operational from February 2025.

- Increase complex respite provision £0.250m

Whilst the concept of this saving remains valid – it is a project within the ASC Continuous Improvement Programme – the issue remains one of timing. Investment in support to the carers of people with complex needs will yield savings through the delay / reduction of the need for formal care packages in high-cost areas like Supported Living, but the effect of this will be some way down the line – additional costs will be incurred before any slowing of demand for care packages will take place. Whilst a £0.250m net saving remains feasible in the longer term it will not as previously noted be deliverable in the current year.

- DOLs savings, £0.060m

Whilst the recruitment of staff to undertake assessment work is now nearing completion, the use of external providers will continue for some time rendering the saving undeliverable within the current financial year. Longer term delivery will as noted be dependent on future activity levels.

- Reduction in agency staff costs, £0.090m

Whilst the majority of agency staff currently utilized by ASC are either social workers or occupational therapists working in key areas like the locality and hospital teams where recruitment to vacant posts has proven difficult for some time, work is still ongoing to reduce agency-related expenditure and it is envisaged that some reduction in costs may be achieved by the end of the financial year. The need to balance operational viability with financial imperatives in the affected areas will however remain paramount.

- Acquisition of currently rented estate £0.040m

As noted at period 5 & 7, a capital investment of c£270k will be required to realize revenue savings in this area. Whilst the longer-term viability of this proposal continues to be considered, it is recognized that a revenue saving will not be achievable in the current year.

4.8 Since period 5, work has continued on a number of other strategies to try to ensure that the original savings requirement of £1.739m for the year can be met in full. Due to timing and recruitment issues it is now apparent that the £0.645m of alternative savings will not be achieved in full in 2024/25 see further detail below. The following 4 items were being explored as alternative savings plans:

- Assistive technologies to replace 1-1 care in residential care – this will involve the review of people living in residential care who receive additional 1-1 care to identify where the use of assistive technologies can reduce the 1-1 hours. This approach then has the potential to expand further in residential care, supported living and community wellbeing
2 individuals have now been recruited but due to training and timing of the recruitment the savings will not start to be realised until 2025/26 although we may see some small savings in March 2025.
- Dementia Care Framework - Embedding of the dementia care framework across residential care to reduce the levels of care required for people with dementia through alternative approaches.
This continues to be explored but due to timing issues will not be realised in 2024/25.
- Further compliance savings – additional savings to be achieved through reduced tolerance between planned and actual care hours delivered in Community Wellbeing (home care) services.
This continues to be worked on and the team are achieving further savings on this in 2024/25.
- A general review of non-pay budgets across the service is in progress to constrain spending between now and the end of the year wherever possible
The Team is working through this each month and will continue to show any savings made.

- 4.9 So – whilst some £0.645m of items in the original savings plan will not be achievable, and therefore continue to be classified as “red” items in the attached appendix – alternative approaches to cost reduction are now being implemented to address the shortfall. As a consequence, the headline pressure of £2.725 million on the ASC budget – which includes this shortfall against the original savings plan – has been mitigated down to £2.315 million through the application of some of these alternative savings measures.
- 4.10 The Adult Social Care Team continue to work on finding alternative savings plans and have achieved a large amount of savings in 2024/25 on numerous schemes such as CHC/S117 increased income (0.250m) and the Reviewing Function Pilot (0.250m) as noted in the appendix to this report, these savings and more are included in the £2.725 million but are masked by the higher costs and volume coming into the system as shown in the table in para 4.4.

Investment

- 4.11 As noted at period 5, £10.750m was invested in the ASC budget in 24/25, largely to address the significant impact of price inflation on commissioning (third party) budgets, and also to address the effects of demographic pressures and other demand pressures around acuity and in accommodating “un-met” demand in the market. This was further supplemented by an additional £1.600m in the year as outlined in the period 2 (end May) report. Whilst this clearly represents a very significant increase in resources, it is still the case that the challenges faced by the service –in terms of client numbers, cost, and levels of individual need – all continue to increase. As previously reported this continues to present significant challenges from a budgetary perspective which the service is seeking to address whilst continuing to fulfil its statutory duties to all clients with assessed care needs.

Risk

- 4.12 The nature of adult social care services is that they often operate on a volatile, demand-led basis, whilst this entails numerous risks, the key ones over the remainder of the year are currently identified as being as follows:
- (i) Third party placement pressures as numbers – particularly in residential care and Supported Living – may continue to rise through the winter period (see also para 4.6)
 - (ii) an increasing average level of individual need – acuity – and therefore of average costs across all services (again, see para 4.6)
 - (iii) increasing strain on the wider provider market locally – particularly in relation to residential care
 - (iv) the impact of potential changes within the Humber & North Yorkshire Integrated Care Board locally in relation to the administration of CHC (Continuing Health Care) funding and s117 (Mental Health) payments
 - (v) The need for the service to deliver alternative actions to replace those savings included in the original budget for 2024/25 which will not be deliverable in the year (see paras 4.6-4.11 above, and tables 1.7 (Efficiency savings) and 1.8 (Vacancy and Other savings) of the appendix to this report).

Continuous Improvement

- 4.13 The refresh of the ASC Continuous Improvement Programme was agreed earlier this year at the ASC Continuous Improvement Board, with projects now aligned under the three Strategic Leads – Quality & Partnerships, Improvement & Assurance, and Integration & Wellbeing. All projects now have an indicative timescale for delivery over a three-year period.

The Continuous Improvement Programme risk register has been developed over the last few months, with all programme delivery risks now linking into a centralised risk process which monitors and reports on all ASC risks.

The Benefits Tracker is now being developed to ensure all benefits identified through the Continuous Improvement Programme will be captured, monitored and reported on throughout the three-year period. Each project will have a financial savings target and these will be tracked monthly to ensure that going forwards any risk to efficiencies not being delivered are identified as soon as possible.

Public Health Service

- 4.14 The bulk of the Public Health Service covers the administration and spend of the Public Health Grant, and also covers the Public Protection Service. Spend is driven by the contracts arranged with providers, not by volume of activity or any other metrics which are used as a monitoring aid in other service areas.

At period 9, the Public Health Grant continues to be forecast on budget at the year end on the basis that current spending pressures will be funded from the application of grant carried forward from 2023/24.

As noted at period 5 & 7, it should however be recognised that the Public Health budget includes significant funding from fixed term grants for public health services and several associated programmes across the Council.

There is also a continuing lack of clarity at national level in relation to increased pay costs for NHS Agenda for Change staff. There is a significant risk for local authorities should this be expected to be paid through the Public Health grant. We have tried to mitigate this risk through clarity of contractual arrangements.

With regard to Public Protection, there are some pressures as previously reported in relation to the achievement of vacancy management factors in the year, although at present it is still anticipated that these may be contained within the totality service budget. As a result, the current forecast is still for a nil variance against budget to be achieved at outturn. This will continue to be monitored as the year progresses.

City Safe

As was the case at period 7, there are also some pressures on the City Safe budget in relation to the achievement of vacancy management factors across various pay budgets, along with some costs relating to completion of the

Community Strategy although these will in part be covered by the application of funds carried forward from 2023/24. Again, however, the current expectation is that all these pressures may be contained within the totality of the service budget so at present a nil variance is still being projected at outturn.

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Officer Interests: None
Background Documents: - None

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Director of Public Health and Adult Services					Period 9	
Summary Directorate Position						
Director of Public Health and Adult Services	Full Year Budget	Profiled budget to date	Actual to date	Variance to date	Projected Variance from Budget	
Service Area	£'000				£'000	
Adults Social Care	115,011	90,408	86,212	-4,196	2,315	
Public Health	19,924	14,943	13,086	-1,857	0	
Public Protection	2,770	2,078	2,019	-59	0	
City Safe & Early Intervention	2,510	1,698	861	-837	0	
NET EXPENDITURE	140,215	109,127	102,178	-6,949	2,315	
Adults Social Care						
Director of Public Health and Adult Services	Full Year Budget	Profiled budget to date	Actual to date	Variance to date	Projected Variance from Budget	
Service Area	£'000				£'000	
Adults Social Care	115,011	90,408	86,212	-4,196	2,315	
Assistant Director comments on the Service year to date variance						
Comments / reasons for variance					Value of year to date variance from Budget	
					£'000	
Govt Grants - mainly due to timing issues re Extra Care PFI credits and receipt of grants					1253	
Third Party payments - double payment profiling issue					-4047	
Premises - largely attributable to timing issues re Extra Care PFI payments					-510	
Supplies & Services - mainly due to outstanding payments re Housing Related Support contracts					-660	
Other Grant reimbursements - timing issues re ICB contribution to Extra Care					-376	
Other minor variances					144	
Total variance to date					-4196	
Assistant Director comments on the Service projected position						
Comments / reasons for variance					Value of projected variance from Budget	
					£'000	
Placement costs (U65 Residential care, short-stay residential care, Nursing care - as per metrics)					5462	
Other Grants - health contributions					-1895	
Customer & Client receipts					-1150	
Staffing					113	
Personal Needs of Client					195	
Total Service Area projected variance					2725	
Comments on actions / assumptions					Value of corrective actions / assumptions needed for position reported	
					£'000	
Corrective action re ASC Efficiency savings					-410	
Total Service Area corrective actions/assumptions					-410	
Net Service Area variance					2315	

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Public Health					
Service Area	Full Year Budget £'000	Profiled budget to date	Actual to date	Variance to date	Projected Variance from Budget £'000
Public Health	19,924	14,943	13,086	-1,857	0
Assistant Director comments on the Service year to date variance					
Comments / reasons for variance				Value of year to date variance from Budget £'000	
Various Government grants received but profile does not match				-380	
Grossing up of Health Inequalities monies needs to be carried out as payments have now been made				523	
Underspend due to vacant posts				-65	
Income received from contracts that has not been profiled.				-397	
Contact payments are in arrears of profile				-1538	
Total variance to date				-1857	
Assistant Director comments on the Service projected position					
Comments / reasons for variance				Value of projected variance from Budget £'000	
Total Service Area projected variance					0
Comments on actions/assumptions				Value of corrective actions/assumptions needed for position reported £'000	
Total Service Area corrective actions/assumptions					0
Net Service Area variance					0

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Public Protection						
Director of Public Health and Adult Services	Full Year Budget	Profiled budget to date	Actual to date	Variance to date	Projected Variance from Budget	
Service Area	£'000				£'000	
Public Protection		2,770	2,078	2,019	-59	0
Assistant Director comments on the Service year to date variance						
Comments / reasons for variance					Value of year to date variance from Budget £'000	
Income within Environmental Protection has not been invoiced as per the profile					-59	
Total variance to date					-59	
Assistant Director comments on the Service projected position						
Comments / reasons for variance					Value of projected variance from Budget £'000	
					0	
Total Service Area projected variance					0	
Comments on actions / assumptions					Value of corrective actions / assumptions needed for position reported £'000	
Total Service Area corrective actions/assumptions					0	
Net Service Area variance					0	

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City Safe & Early Intervention					
Service Area	Full Year Budget £'000	Profiled budget to date	Actual to date	Variance to date	Projected Variance from Budget £'000
City Safe & Early Intervention	2,510	1,698	861	-837	0
Assistant Director comments on the Service year to date variance					
Comments / reasons for variance					Value of year to date variance from Budget £'000
Various grant accruals and outstanding grossing up of various grants					-837
Total variance to date					-837
Assistant Director comments on the Service projected position					
Comments / reasons for variance					Value of projected variance from Budget £'000
Total Service Area projected variance					0
Comments on actions / assumptions					Value of corrective actions / assumptions needed for position reported £'000
Total Service Area corrective actions/assumptions					0
Net Service Area variance					0

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Efficiency Savings							
Service Area / Directorate	Programme/Project	Savings Target	Savings expected to be achieved	Savings Variance	RAG (Red / Amber / Green) Rating of current risk position	Explanation required?	Explanation for variance
		2024/25 £000's	2024/25 £000's	2024/25 £000's			
Adults Social Care	Reviewing function pilot	250	250	0	GREEN	No	Whilst to date the savings have not been achieved, there is a plan to deliver the required level of savings in the second half of the financial year. This will however be very challenging to achieve.
Adults Social Care	CHC/S117 increase income	250	250	0	GREEN	No	
Adults Social Care	High Needs Team	250	250	0	GREEN	No	Whilst to date the savings have not been achieved, there is a plan to deliver the required level of savings in the second half of the financial year. This will however be very challenging to achieve.
Adults Social Care	Increase Compliance Team	100	100	0	GREEN	No	
Adults Social Care	Increase in-house supported living	250	0	-250	RED	Please provide explanation for variance	Focus now on expansion of external HRS provision - effective from Jan 25
Adults Social Care	Increase complex respite provision	250	0	-250	RED	Please provide explanation for variance	Extended respite will not yield savings in short term
Total Public Health and Adults Services		1,350	850	-500			

Vacancy and Other Savings							
Service Area / Directorate	Programme/Project	Savings Target	Savings expected to be achieved	Savings Variance	RAG (Red / Amber / Green) Rating of current risk position	Explanation required?	Explanation for variance
		2024/25 £000's	2024/25 £000's	2024/25 £000's			
Adult Social Care	Dol's savings plan from "in-housing" the assessment function	60	0	-60	RED	Please provide explanation for variance	Any savings attributable to the project are not going to be realised in the current financial year.
Adult Social Care	DFG recharging	33	33	0	GREEN	No	
Adult Social Care	Brokerage vacancies	14	14	0	GREEN	No	
Adult Social Care	Supported Housing Vacancies	18	18	0	GREEN	No	
Adult Social Care	Reduction in Agency	90	45	-45	AMBER	Please provide explanation for variance	No savings against agency achieved to date therefore there is a significant risk that the full amount will not be achieved.
Adult Social Care	Other Staff savings	-18	-18	0	GREEN	No	
Adult Social Care	Service Delivery efficiencies - Further High Needs Team Review	152	152	0	GREEN	No	
Adult Social Care	Service Delivery efficiencies - Acquisition of rented estate	40	0	-40	RED	Please provide explanation for variance	Review indicates viability of saving questionable - £270k cap invest needed
Public Health & Public Protection	Grants Income	63	63	0	GREEN	No	
Community Safety & Partnerships	Vacancies	3	3	0	GREEN	No	
Total Public Health and Adults Services		455	310	-145			