

Adult Social Care and Health – Q2 2024/25

Summary of progress on Council Priorities, issues arising, and achievements

Adult Social Care (ASC)

Demand for support services

Adult Social Care commission provide a range of services and support to working age adults and older people across East Sussex, in accordance with Care Act 2014 requirements. We are seeing an increasing complexity of need among our clients and demand for services has now returned to pre-pandemic levels. We are continuing to maintain a good level of performance against most of our measures, however the additional pressures facing the service are having a significant impact on our financial position. Details of the work being undertaken to address these issues are provided in the Revenue Budget Summary section.

Progress against ASCH priorities

During Q2 we continued to progress projects linked to the 5 priorities for ASC which are prevention, waiting times, safeguarding, quality, and value for money. We are developing a Prevention Strategy with key partners and stakeholders to inform further development of our offer to support people to prevent, reduce or delay the need for long-term support. We have completed a scoping review and conducted engagement work to help shape the strategy. We expect to publish the strategy at the end of 2024/25.

Local people tell us that waiting times are a critically important issue for them. We have implemented new processes to help reduce waiting times for assessments and reviews and we have launched a new standardised approach for managing waiting lists for Care Act assessments as recommended in the LGA Peer Challenge Review in February 2024. We have also continued work on our development plan for safeguarding, including our review of existing processes, embedding enhanced management oversight processes and an updated Framework for Safeguarding Audits that will be implemented in Q3.

To improve visibility of our performance against all five of the priorities for Adult Social Care and Health as set out in the Council Plan it is proposed that additional measures focus on waiting times and safeguarding are added to the set of Council Plan measures. The proposed measures

- Median waiting time for adult Care Act assessments - proposed target is less than or equal to 21 days **(ref i)**
- Median waiting time for carers' Care Act assessments - proposed target is less than or equal to 7 days **(ref ii)**
- Median time from proposed start date to actual start for adult client reviews - proposed target is less than or equal to 6 days **(ref iii)**
- Median time from proposed start date to actual start date for carer reviews - proposed target is less than or equal to 6 days **(ref iv)**
- Number of people with a Deprivation of Liberty Safeguards (DoLS) episode awaiting allocation of a Best Interest Assessor - proposed target is less than or equal to 650 people **(ref v)**
- Percentage of potential safeguarding concerns initially reviewed within 3 days - proposed target is greater than or equal to 99% **(ref vi)**

These measures are already regularly reported at a departmental level and as part of the CQC Information Return. Inclusion in the Council Plan will therefore help to provide visibility, accountability and grip across all levels of the Council. Targets for reviews and assessments have been set in line with best practice standards. The target for the Number of people with a Deprivation of Liberty Safeguards (DoLS) episode awaiting allocation of a Best Interest Assessor has been set based on our desired improvement trajectory for our DoLS performance. Validation and assurance processes are in place for the data used to calculate performance. The average waiting time would be calculated using the median time, as this measure is less affected by outliers and helps to give a better sense of what a 'typical' wait time is.

Health and Social Care integration

Progress has continued on the shared strategic development of 5 Integrated Community Teams (ICT) across our health and care system, aligning with borough and district boundaries. Building on the broader approach of integrated care services in East Sussex, these will also address local priorities based on intelligence and insight, using data for each area to help further understand and address local health and care needs and inequalities. Assets, teams and services have been mapped and leaders brought together for two development sessions in each of our 5 ICT footprints to identify potential tests of change for integrated working in each of the footprints and across East Sussex. The focus will be on multi-disciplinary team working, proactive care for the most complex and vulnerable patients, and population health improvement. Work is also being aligned with the local implementation of Neighbourhood Mental Health Teams.

Delivery remains strongly focussed on our shared Integrated Care System objectives for jointly managing patient flow through our system. An increase in numbers and complexity in the presentation of patients through our acute hospital sites has resulted in an increase in the number of patients who no longer meet the Criteria to Reside in an acute hospital bed, presenting a system risk in respect of adequate patient flow out of hospital. The agreed improvement actions being progressed include: using 'transfer of care hubs' to support standardised decision-making for discharge pathways; developing a common data set and definitions across NHS and social care information, and an escalation framework linked to agreed performance metrics, and; agreeing an improvement trajectory over the short, medium and long term.

East Sussex health and care partnership governance continues to evolve as part of the Sussex Integrated Care System (ICS). The Health and Wellbeing Board (HWB) will further strengthen its role as the key strategic stewardship group for East Sussex, through a programme of informal 'deep dive' sessions. The first session in September considered what shared leadership means in the current challenging context, and identified potential actions the HWB could take to support collective resilience through collaboration between local partners. The ICB and the three upper tier local authorities have also successfully recruited a new Independent Chair for the Sussex Health and Care Assembly, and the next Assembly meeting will take place on 20 November 2024.

Adults are able to take control of the support they receive

At the end of Q2, 27.3% of adults and older people were receiving Direct Payments, a total of 1,502 people. This number has increased slightly since June 2024 (1,493), however the number of people receiving community based long term support (the denominator) has continued to increase. This has resulted in a small drop in performance (from 27.6% in Q1), however the target continues to be met. Direct Payments are always considered when deciding how to meet an adult's care needs and identified outcomes and they are always offered as an option where appropriate.

Reabling people to maximise their level of independence

Reablement services help people regain mobility and daily living skills, especially after a hospital stay. The two measures below are used to look at the effectiveness of reablement services:

- Between 1 April and 30 June 2024, 93.4% of older people discharged from hospital to reablement / rehabilitation services were at home 91 days after their discharge from hospital (reported a quarter in arrears).
- No further request was made for ongoing support for 93.0% of people who received short-term services between April and September 2024.

Number of people receiving support through housing related support

Between 1 April and 30 September 3,281 unique clients were supported, equating to 45% of the annual target (**ref vii**). The service is currently operating with 86% of frontline staff posts filled and this is unlikely to improve until a decision on the future of the service is made in February 2025.

Number of carers supported through short-term crisis intervention

Between 1 April and 30 September, 139 carers were supported, equating to 36% of the annual target (**ref viii**). Carer referrals to the service have increased in Q2 and we are working closely with the service provider to improve performance. The provider is involved in collaborative working with East Sussex Healthcare NHS Trust through the East Sussex Discharge Improvement Operational Group to raise awareness of carers and how they can be supported and will be attending Micro Provider events in October.

Homes for Ukraine

As of 30 September 2024, since the start of the war a total of 1,920 guests had arrived in East Sussex under the Homes for Ukraine scheme, sponsored and hosted by 867 sponsors. A significant number (791) have successfully moved from hosted accommodation into independent private sector accommodation.

Third Sector support

During Q2, in response to the ending of the Generic Infrastructure Service (GIS) and Making it Happen (MiH) contracts, discussion began on creating a new programme of work to build on the success of these contracts and blend in the learning from the Community Network Support Programme (CNSP).

Third Sector Support, in collaboration with Voluntary, Community and Social Enterprise (VCSE) partners, created a new framework for a Community and VCSE Development Programme. This was shared with all officers that work alongside the VCSE sector, and external partners (district and borough councils, NHS, VCSE groups and organisations, and beneficiaries of GIS, MiH, and CNSP) to ensure that partners understood and could contribute to the framework.

A draft specification for the new programme was developed, and this will be used to commission providers to deliver the new programme ready for 1 April 2025.

During Q2 groups and organisations continued to be added to Tribe, the volunteer platform, 1:1 support and training was provided to enable listings to utilise the extra functionality of videos, and enhancing their lists to appeal to young people and working age adults. The Council, Tribe and the Voluntary Actions began planning for a further campaign to add volunteers coinciding with Trustees Week in November 2024.

Safer Communities**Serious Violence**

The team is working alongside youth services and the voluntary and community sector to coordinate a 2-year place-based project to tackle public place serious violent crime in high-incidence communities. Outcomes in Q2 include identification of locations for additional CCTV cameras on Broomgrove Estate in Hastings (subject to funding), engagement in Devonshire through the 3VA Celebrating Communities event, increased joint work between Hailsham Youth Service and the Police, an agreement to pilot a Youth Infrastructure Forum to support information sharing and coordination in Newhaven, and delivery of youth engagement events at Sidley Recreation Ground.

Prevent Violent Extremism

During Q2 the team delivered 5 Community Safety Prevent awareness sessions to schools and 10 training sessions to teaching staff, community groups and Local Authority staff, with approximately 400 students and staff benefiting.

The team also attended 3 events run by the Hastings & Rother Interfaith Forum, made 5 visits to local Mosques and the Ukrainian Refugee Hub in Bexhill, and collaborated with the Sussex Police Faith and Worship Officers for Eastbourne, Hastings and Rother.

During the summer the team conducted a rapid response review at the request of Police in response to the civil unrest across other parts of the country triggered by the Southport attack, with a view to preventing similar unrest in East Sussex in the future.

Substance Misuse

The Harm to Hope Partnership Board uses a whole system approach to address the aims of the Government's Drug Strategy, with strong links with HMP Lewes and the National Probation Service, primary and acute healthcare and commissioned VCSE providers. Due to the uncertainty of the continuation of central Government Supplementary Treatment and Recovery Grant beyond March 2025, a task and finish group is addressing any barriers and resourcing issues to manage continuity of care between prison and community treatment for those leaving prison. The partnership is also focusing on operationalising a multi-agency Joint Working Protocol for those with a co-occurring mental health condition and substance misuse. The latest figures for deaths (from 2022) show that 77 people died as a result of drug or alcohol misuse. Every death is a tragedy, and we continue to work hard to reduce the number of deaths every year by working with partners to ensure people receive support as early as possible.

Domestic Violence and Abuse, Sexual Violence and Abuse Services

Following the passage of the Victims and Prisoners Act 2024, Domestic Homicide Reviews have been renamed to Domestic Abuse Related Death Reviews. The new term better reflects cases of suicide and other domestic abuse related deaths, and the change has been promoted widely around networks.

The final White Ribbon action plan was submitted to White Ribbon UK, which approved the plan in August. At the end of Q2, the Team had recruited 25 Ambassadors and Champions, to share messages and raise awareness about harmful definitions of masculinity, representing 42% of the target of 60 by February 2024.

In August the Domestic Abuse Small Grants Fund was launched, for micro, small, and medium organisations and aimed at reaching people who are not currently engaging with support services. The fund has been possible due to ring fenced funding from central government provided to meet the statutory duties under the Domestic Abuse Act 2021.

Public Health

HIV Pre Exposure Prophylaxis (PrEP)

We have launched the UK's first free at the point of delivery online HIV Pre Exposure Prophylaxis (PrEP) service to provide people at risk of contracting HIV with easier access to preventative treatment. The HIV PrEP pill is an antiretroviral drug, the same type taken to treat HIV, and is aimed at people at a higher risk of HIV infection such as sexual partners of those who may be HIV positive and not on treatment. The pilot is being delivered in partnership with leading remote diagnostic provider Preventx, a not-for-profit community interest company, The Love Tank and Lloyds Pharmacy Online Doctor, and is attracting national and international interest. The service will help achieve the aim set out in the England HIV action plan to end HIV transmission occurring in England by 2030.

Staff Health

Funds have been successfully gained from the Department of Health and Social Care to deliver workplace cardiovascular disease (CVD) checks as part of a nation-wide workplace CVD checks pilot. As part of the pilot, workplace CVD checks will be offered to 1,500 Council staff over a 6-month period. All staff members aged 25-84 will be eligible to book an appointment which will include a blood pressure reading, height and weight measurement, cholesterol test, and a cardiovascular disease risk score. The pilot will gather evidence on the feasibility and impact of workplace CVD checks and encourage employers to support people to stay well in work by gathering and sharing learning on delivering CVD checks in the workplace. Where applicable, staff will also be offered referrals to behavioural change support such as weight management

programmes and Swap to Stop smoking cessation offers. In order to minimise sickness absence over the winter period, the Council has offered to reimburse the cost of a seasonal influenza vaccination to those who are not eligible for one free of charge from the NHS.

PSHE (Personal, Social, Health and Economic) conference

This year's PSHE conference was themed around Drugs, Alcohol and Tobacco education. This brought together 25 children's services colleagues and PSHE leads from secondary and post-16 settings across the county. The majority of attendees were in strong agreement that the workshops provided them with the knowledge and confidence to deliver Drugs, Alcohol and Tobacco education.

GP practices in East Sussex deliver a targeted NHS Health Check service

The aim is to increase coverage of NHS Health Checks (**ref ix**) in the most deprived areas (top 20% most deprived areas based on the Indices of Multiple Deprivation or IMD1). The goal is for 50% of adults in the most deprived areas to have received a NHS Health Check in the last 5 years by the end of 2026/27. This equates to 11,211 IMD1 NHS Health Checks by 2026/27. In 2024/25 we need to reach 561 NHS Health Checks each quarter. At Q1 we have achieved 389 which is 69% of the quarterly target. There was a large reduction in the number of NHS Health Checks conducted across East Sussex in Q1 compared to Q4 2023/24, specifically in areas of higher deprivation such as Hastings. Since January, GP practices have seen several contractual changes and this in turn has created increased uncertainty over GP activity of locally commissioned services such as NHS Health Checks.

Revenue Budget Summary

ASC and Safer Communities

The net ASC and Safer Communities budget of £259.953m for 2024/25 includes a 7% inflationary uplift of £18.607m to support the care market across the Independent Sector. This uplift is in addition to £3.917m to fund growth and demographic pressures, with the costs of the increases being partially funded by £7.060m raised through the 2% ASC Care Precept.

The net ASC forecast outturn for 2024/25 is £269.944m, which is a forecast overspend of £9.991m. This has increased from £269.761m and an overspend of £9.804m from Q1. The overspend largely relates to the Independent Sector, where the overspend is forecast to be £12.266m, up from £10.337m in Q1. This is due to a combination of factors with the most material being increasing complexity of need and pressures arising from demand and demographic growth returning to pre-pandemic levels. The forecast increase from Q1 is due to budget realignment where budget has been redistributed to set a more accurate starting point.

The financial challenges facing the Council are echoed nationally. We are one of 16 local authorities to sign-up to the County Council Network (CCN) project on Working Age Adults. CCN analysis of the Adult Social Care Finance Return (ASC-FR) shows that Working Age Adults and Whole Life Disability Spend now makes up 57% of all adult social care spend nationally – this is the same size as all of Children's Social Care. National spend on Learning Disability and Mental Health have both risen by over a third between 2020 and 2023. The CCN forecast that total adult social care spend on 18-24-year-olds (inflation assumed at 2% per annum) will reach 63% by 2036; 138% more than now.

Locally, a review of the current forecast and trends is underway to better understand the specifics of the overspend drivers and has identified that there were marked differences between residential care and non-residential care trends in 2023/24. Costs of non-residential care were the main driver of the increase in care package commitments as the average package rose almost 15% across the financial year, compared to a 6% increase in the numbers of packages. Residential care demonstrated an inverse trend with cost increases at 8% but package numbers rising by 18% across the same time period. Total numbers of clients had increased to just above pre COVID-19 levels by the end of 2023-24, but numbers in residential care were still 6% lower than in 2019/20

(pre COVID-19 levels). So far in 2024/25, the change in both cost and numbers of clients supported has been more predictable, hence the forecast only increasing by 2% from Q1 to Q2.

The Council shows as a high outlier amongst local authority comparators for the number of working age adults supported by the service relative to population size. Work to review high-cost placements continues on a regular basis and the cost of individual packages are benchmarked against other packages of care. The ASCH brokerage service recently re-negotiated a number of existing high-cost care packages of care which are all with the same provider, releasing over £100k per annum. The Council is also working to ensure that clients get the most appropriate support in cases where health needs may dictate that NHS-led care is more appropriate than social care.

A project is also ongoing to improve debt collection. Five priority actions have been identified that will improve the current debt process and ensure that Council liabilities are reported and managed effectively to best offset the wider economic factors that may cause debt to rise.

Client care needs are reviewed as part of ASCH duties under the Care Act. Particular attention is being paid to clients receiving care from more than one practitioner at a time (double handed care or 2:1 care), using Occupational Health support workers to ensure that individuals receive the appropriate care for their particular situation.

There is a forecast underspend in Directly Provided Services of £2.275m due to staffing vacancies which reflects the difficulties in recruitment.

Public Health

The Public Health (PH) budget of £38.765m comprises of the PH grant allocation of £30.389m, additional income and grants of £3.744m, a planned draw from reserves £3.036m for reserve projects and £1.596m released funding drawn to support in year spending.

At the end of Q2, PH expenditure is projected to be less than expected by £0.767m.

Public Health Reserves: At the end of Q2, general PH Reserves of £5.101m are projected to reduce to £1.752m.

COVID-19 related funding streams

ASC has incurred the final expenditure of £0.413m relating to schemes initiated during the national COVID-19 response in 2024/25. This has been funded in full by the brought forward amount and was spent before the grant deadline of 30 September 2024 on corporately approved schemes.

Grant	Funding brought forward £'000	Planned Usage £'000	Balance Remaining £'000
Contain Outbreak Management Funding (COMF)	413	413	-
Total	413	413	0

Homes for Ukraine

ASC continues to lead on the programme of services to support Ukrainian guests to settle in East Sussex. Expenditure in 2024/25 is forecast to be £4.703m against funding of £7.889m, with the remaining budget allocated for the subsequent years of support required under statutory guidance. In addition, ASC is forecasting to pass £1.351m to districts and boroughs to fund payments to hosts, in line with guidance.

HFU Grant Funding	Funding b/fwd £'000	Expected Funding £'000	Total Funding £'000	Planned Usage £'000	Funding c/fwd £'000
Tariff Funding	7,210	679	7.889	4,703	3,186
Thank you Payments	-	1,351	1,351	1,351	-

Total	7,210	2,030	9,240	6,054	3,186
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Capital Programme Summary

The ASC Capital programme budget for 2024/25 is £3.820m. The forecast is for slippage of £0.573m, mainly on the Supported Living Project (£0.503m), and an underspend of £0.050m on House Adaptations. This a change from Q1, when all the schemes were forecast on-line.

Construction on Phase 1 (Beckley Close and Cregg Na Ba) of the Supported Living Project is complete, with expenditure under budget. This underspend has been moved to Phase 2 (Jasmine Lodge and The Meads). Phase 2 costs have increased, mostly because of inflation. Construction work on Phase 2 is planned to start shortly and be complete by mid-2025.

Performance exceptions (see How to read this report for definition)**Priority – Keeping vulnerable people safe**

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	Q2 24/25 outturn	Note ref
Proposed new Council Plan measure: Median waiting time for adult Care Act assessments	Proposed New measure 2024/25	Proposed target: ≤21 days	NA	New Measure			19 days	i
Proposed new Council Plan measure: Median waiting time for carers' Care Act assessments	Proposed New measure 2024/25	Proposed target: ≤7 days	NA	New Measure			2 days	ii
Proposed new Council Plan measure: Median time from proposed start date to actual start for adult client reviews	Proposed New measure 2024/25	Proposed target: ≤6 days	NA	New Measure			6 days	iii
Proposed new Council Plan measure: Median time from proposed start date to actual start date for carer reviews	Proposed New measure 2024/25	Proposed target: ≤6 days	NA	New Measure			2 days before proposed date	iv
Proposed new Council Plan measure: Number of people with a Deprivation of Liberty Safeguards (DoLS) episode awaiting allocation of a Best Interest Assessor	Proposed New measure 2024/25	Proposed target: ≤650 people	NA	New Measure			634	v
Proposed new Council Plan measure: Percentage of potential safeguarding concerns initially reviewed within 3 days	Proposed New measure 2024/25	Proposed target: ≥99%	NA	New Measure			(Provisional) Q1: 1907/1914 99.6% Q2: 2056/2076 99.0% Q1+Q2 (YTD): 3963/3990 99.3%	vi

Priority – Helping people help themselves

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	Q2 24/25 outturn	Note ref
Number of people receiving support through housing related floating support	8,178	7,282	G	R			3,281	vii
Number of carers supported through short-term crisis intervention	333	390	A	R			139	viii
GP practices in East Sussex deliver a targeted NHS Health Check service	9% of the eligible population in the 20% most deprived areas (IMD1) received a health check	Increase coverage of IMD1 NHS Health Checks by 9% (i.e., uptake by total eligible population)	G	A			Reported quarterly in arrears Q1 2024/25: 1.7%	ix

Savings exceptions 2024/25 (£'000)

Service description	Original Target For 2024/25	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
	-	-	-	-	-	
	-	-	-	-	-	
Total Savings	0	0	0	0	0	
			-	-	-	
			-	-	-	
Subtotal Permanent Changes ¹			0	0	0	
Total Savings and Permanent Changes	0	0	0	0	0	

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
	-	-	-	
	-	-	-	
	-	-	-	
Total	0	0	0	

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Revenue Budget 2024/25 (£'000)**Adult Social Care – Independent Sector:**

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Physical, Sensory and Memory and Cognition Support	161,282	(89,452)	71,830	185,305	(100,809)	84,496	(24,023)	11,357	(12,666)	
Learning Disability Support	93,926	(6,130)	87,796	99,828	(12,019)	87,809	(5,902)	5,889	(13)	
Mental Health Support	41,401	(17,402)	23,999	42,082	(18,496)	23,586	(681)	1,094	413	
Subtotal	296,609	(112,984)	183,625	327,215	(131,324)	195,891	(30,606)	18,340	(12,266)	

Adult Social Care – Adult Operations

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Assessment and Care Management	33,254	(2,747)	30,507	36,576	(3,987)	32,589	(3,322)	1,240	(2,082)	
Directly Provided Services - Older People	17,538	(5,811)	11,727	16,557	(6,246)	10,311	981	435	1,416	
Directly Provided Services - Learning Disability	9,337	(605)	8,732	8,433	(636)	7,797	904	31	935	
Subtotal	60,129	(9,163)	50,966	61,566	(10,869)	50,697	(1,437)	1,706	269	

Adult Social Care- Strategy, Commissioning and Supply Management

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Commissioners, Commissioned Services and Supply Management	10,453	(4,329)	6,124	9,347	(4,412)	4,935	1,106	83	1,189	
Supporting People	6,221	(387)	5,834	6,221	(737)	5,484	-	350	350	
Equipment and Assistive Technology	8,498	(4,385)	4,113	9,104	(4,688)	4,416	(606)	303	(303)	
Carers	2,430	(1,736)	694	2,482	(1,788)	694	(52)	52	-	
Subtotal	27,602	(10,837)	16,765	27,154	(11,625)	15,529	448	788	1,236	

Adult Social Care- Planning, Performance and Engagement and Other:

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Planning, Performance and Engagement	7,690	(1,013)	6,677	7,553	(1,552)	6,001	137	539	676	
Service Strategy	6,890	(6,176)	714	6,834	(6,215)	619	56	39	95	
Safer Communities	2,116	(910)	1,206	4,137	(2,930)	1,207	(2,021)	2,020	(1)	
Subtotal	16,696	(8,099)	8,597	18,524	(10,697)	7,827	(1,828)	2,598	770	

APPENDIX 3

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Total Adult Social Care	401,036	(141,083)	259,953	434,459	(164,515)	269,944	(33,423)	23,432	(9,991)	

Public Health – Core Services:

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Mental Health & Best Start	3,544	-	3,544	3,416	-	3,416	128	-	128	
Health Visiting (Reserve funded)	8,096	-	8,096	8,354	(258)	8,096	(258)	258	-	
Risky Behaviours and Threats to Health	14,304	-	14,304	14,201	-	14,201	103	-	103	
Health Systems	3,637	-	3,637	3,470	-	3,470	167	-	167	
Communities	1,054	-	1,054	1,041	-	1,041	13	-	13	
Central Support	3,869	-	3,869	3,238	-	3,238	631	-	631	
Recovery & Renewal	245	-	245	256	-	256	(11)	-	(11)	
Funding/Savings to be released	2,420	-	2,420	2,426	-	2,426	(6)	-	(6)	
Public Health Grant income	-	(30,389)	(30,389)	-	(30,389)	(30,389)	-	-	-	
Other Grants and Income	-	(3,744)	(3,744)	-	(3,744)	(3,744)	-	-	-	
Draw from General Reserves	-	(3,036)	(3,036)	-	(2,011)	(2,011)	-	(1,025)	(1,025)	
Project Board Reserve	1,596	(1,596)	-	1,596	(1,596)	-	-	-	-	
Total Public Health	38,765	(38,765)	0	37,998	(37,998)	0	767	(767)	0	

Capital programme 2024/25 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget Q2	Actual to date Q2	Projected 2024/25	Variation (Over) / under Q1 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
Supported Living Projects	6,421	6,421	3,700	1,540	3,197	503	-	503	-	
Greenacres	2,598	2,598	70	-	-	70	-	70	-	
House Adaptations for People with Disabilities	2,769	2,719	50	(11)	-	50	50	-	-	
Total ASC Gross	11,788	11,738	3,820	1,529	3,197	623	50	573	0	