

**Manchester City Council
Report for Resolution**

Report To: Executive 16th February 2011
Health and Wellbeing Overview and Scrutiny Committee 21st
February 2011
Resources and Governance Overview and Scrutiny Committee
22nd February 2011 and 28th February 2011

Subject: Budget Proposals for Adults Directorate

Report of: Strategic Director, Adults

Summary

This report provides Members with information on the proposed changes to the Adult Services Directorate as part of the proposals for the budget and Medium Term Financial Plan. This report forms part of a suite of reports to the Executive and the Resources and Governance Overview and Scrutiny Committee for Members' consideration in reaching decisions on the budget and level of Council Tax.

This report is also provided to assist the Health and Wellbeing and Resources and Governance Overview and Scrutiny Committees in looking at the draft business plans for Adult Services.

Subject to decisions on the Council's budget and Medium Term Financial Plan, the proposals in this report will be built into the business plans for all services within the Adults Directorate.

Recommendations

Executive is recommended to:

- 1 Approve the proposals in this report to be included in the budget to be recommended to Council; and
- 2 Note that if the proposals outlined in this report are agreed by Council further reports will be submitted to the Executive as specified in the body of the Report.

Wards affected: All

Community Strategy Spine	Summary of the contribution to the strategy
Performance of the economy of the region and sub region	The proposals in this report support economic growth by reducing worklessness and dependence and by managing demand away from statutory services and into universal settings

Reaching full potential in education and attainment	The proposals in this report support Adults attaining and being economically and socially active
Individual and collective self esteem – mutual respect	The Adults proposals strive to promote independence, choice and control over their own lives
Neighbourhoods of choice	Neighbourhood working and integrated working at a neighbourhood level supports place and neighbourhoods of choice

Implications for:

Equal Opportunities Considerations

Yes

Risk Management

Yes

Legal

Yes

Financial Consequences for the Capital and Revenue Budgets

The proposals set out in this report form part of the draft budget submitted to the Executive, Resources and Governance Overview and Scrutiny Committee and Council.

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Background Documents (available for public inspection)

Report to Executive on 22 December re Provisional Local Govt Settlement
Report to Executive on 19 January on Financial Settlement 2011/12 + 2012/13.
Workforce issue
Final Local Government Financial Settlement from CLG 31 January 2011

1. Introduction

Budget Overview

- 1.1 Set out in the table below is the opening 2011/12 net cash limit budget and Full Time Equivalent (FTE) for the Directorate for Adults. This is the budget before adjustments for growth and savings proposals.

2011/12 Cash Limit Budget (before growth and savings proposals)		
Gross Budget	Net Budget	FTE
£000	£000	
238,458	191,209	2015

- 1.2 The existing Analyse and Improve Manchester (AIM) Programme within the Directorate for Adults had already identified significant efficiency savings. Efficiency savings have been delivered in 2010/11 of £5.8m (with a reduction of 145 full time staff). The savings identified within the Directorate were a further £18.345m for the period 2011/12 to 2012/13, incorporating a further planned reduction of 123 full time posts.
- 1.3 The post settlement savings identified for the Directorate are a total of £39.5m, an increase of £21.2m in the overall savings identified. This incorporates a further reduction of 155 full time posts, taking the total planned reduction to 278 over the period 2011/12 to 2012/13.

Introduction

- 1.5 The Directorate for Adults covers a broad agenda that goes beyond traditional social care and which supports Manchester's Community Strategy and the Council's priorities of promoting economic growth and reducing dependency. By enabling health and wellbeing the Adults Directorate can reduce worklessness and dependency. As well as improving lives this can also improve the productivity of the labour market and contribute to economic growth.
- 1.6 The Directorate therefore, has a significant contribution to make to the long term strategic leadership of the city. It also plays a key role in leading the reform of public services. This more strategic role is reflected in the proposals in this report to strengthen the Directorate's strategic commissioning role. In particular, the Directorate will take a leadership role in its work with the NHS to ensure the wide ranging NHS reforms wholly address the health and wellbeing of Manchester citizens.
- 1.7 The Directorate's vision is ambitious and includes: Independent adults who are socially and economically included in the community; who are able to parent well and provide good role models to children in their early years; who choose a healthy lifestyle and where mental health is recognised as being as important as physical health.

- 1.8 This vision will shift the focus on deficit and dependency to independence and promote citizens as assets in the community. It also shifts the focus from health inequalities and socio economic deprivation to healthy prosperous communities which contribute to place shaping.

2. Reducing and Refocusing Resources

A. Leadership for Reform

- 2.1 The Directorate's planned transformation pre settlement was focussed on further restructuring of staffing and achieving £172k savings. It was also planned to progress streamlining of the customer journey and integration with Health bringing initial savings of £1m over two years. The total overall savings are £1.172m
- 2.2 The Adults Directorate will have a leadership role in redefining social care and focusing targeted services on complex families to reduce dependency and therefore costs to public services. This will include working in an integrated way across public sector partners so that we align investment collectively, target evidence based interventions and achieve better outcomes for lower costs.
- 2.3 Financial imperative dictates that the strategic leadership role of the Adults Directorate within the Council must be to decrease its provider role and, as a consequence, increase its planning, influencing and strategic commissioning role. It also needs to support and contribute to building capacity in the community.

B. Universal Services

- 2.4 Universal services are minimal in the Directorate for Adults, as much of our business is targeted and assessed via Fair Access to Care criteria and community care assessments of need. However, there are some areas that could be classed as potential universal services e.g. Manchester Advice, social needs transport and day services meal provision.
- 2.5 Following a tender process in 2010, the Council and the Legal Service Commission (LSC) have jointly commissioned the Citizens Advice Bureau (CAB) and its partners to provide general welfare and advice services including debt and housing advice, welfare benefits and employment, family and immigration advice across the City. As a result, pre settlement savings of £480k were set against Manchester Advice. Post settlement, it is proposed that in house provision is withdrawn. This has the potential to make savings of £1.68m. An additional £1.2m post settlement has therefore been identified. A citywide court service aimed at preventing mortgage repossession will remain and be reviewed in the first year. This proposal will be subject to an Equality Impact Assessment.
- 2.6 A transitional advice service, in the customer contact centre, will support customers to access self service advice and information on-line.

2.7 In total, pre-settlement savings for universal services were £570k, which includes a transport efficiency (see appendix). Post settlement additional reductions are £1.2m, an overall total of £1.77m.

C. Targeted Services

2.8 The majority of the Directorate for Adults' business is targeted. The budget proposals recognise that we need to provide sufficient resources to ensure safeguarding and to protect our most vulnerable customers. A core part of Adult Social Care is assessments of need. Pre settlement we provided for needs that met the Fair Access to Care criteria of critical and substantial needs. Post settlement, lower band substantial needs will have to be reassessed and where appropriate this will be provided by community based alternatives.

2.9 Manchester Directorate for Adults provides Individual budgets (IBs) for all eligible customers, these can be in a virtual form or as a cash individual budget. Pre settlement, customers could have a mixture of in-house provision e.g. day services, cash IB and virtual IB. Post settlement, we propose to restrict the cash IB offer, which will make efficiencies of £1.466m. We also propose to create an independent review team to promote independence and reduce dependency with savings identified as up to £1.927m.

2.10 The pre settlement Supporting People grant was £35.756m. It funded service provision for 14,000 of the most marginalised citizens in the City e.g. people with mental health issues, homeless families, young care leavers, people who have drug and alcohol issues, women and children fleeing domestic violence, ex offenders. In a city which is the fourth most deprived local authority in England and Wales, this grant is extremely important in providing a safety net to these citizens.

2.11 The settlement reduced the Supporting People grant by 35% equating to a £12.6m reduction. The impact, if passported in its entirety, would displace 300 people from their accommodation and would remove tenancy support to 900 most vulnerable people e.g. people with learning disabilities, mental health needs and older people. Some of these people would have to enter residential care at much higher cost.

2.12 This level of reduction is undeliverable without serious consequences and therefore the proposal is to "top up" Supporting People by a minimum amount of £4m resulting in a reduction of £8.6m over two years. In order to manage this level of reduction, the Directorate will redefine Adult Social Care overall and also manage the risks going forward. Our target customers will continue to include elderly, frail and disabled customers with critical and high band substantial needs. These customers will usually be picked up in integrated health settings.

2.13 On the 5th October 2010, the Department of Health announced that an additional sum of money would be allocated to PCTs to develop plans locally with Local Authorities, NHS Trusts and Community Health Services to facilitate seamless care for patients on discharge from hospital and to prevent avoidable

hospital readmissions. As yet it is not known the extent to which Manchester will benefit from this funding. The health provider support e.g. district nurses, therapists etc, will be increasingly important to maintaining care closer to home. The Public Health contribution, using sound evidence based interventions, will play an important role in working with families with complex needs and effectively reducing health inequalities. Public Health will need to be aligned to integrated commissioning and place priorities.

- 2.14 We propose to pioneer a radical new approach to integrated, targeted and specialist services to reduce dependency within families with the most complex needs. We propose to set up a single pot (Manchester Investment Fund) which can include funding contributions from other public sector partners in the city.
- 2.15 Adults Directorate will use the Manchester Investment Fund to target dependent individuals and families, recognising that it is the parents and other adults in a family that have the most impact on the behaviour of the whole family including children. Dependent adults will be assessed on the basis of their opportunities and potential to work and make a contribution, rather than only on their needs. Closer working at a neighbourhood level with the Neighbourhood Regeneration Teams, the work programme providers and JobcentrePlus will be essential. The involvement of the Homelessness Service will also be crucial.
- 2.16 There will be reductions to support for those who are most dependent, including those living chaotic lives – particularly through the reductions in Supporting People, but what is left will be more effectively used, over time, to reduce the disproportionately high costs of those individuals and families to the public sector.
- 2.17 At the same time, the Directorate will be reducing the mainstream funding used to support elderly and vulnerable adults but we will get better value for it by integrating care services with the NHS, particularly working with GP Commissioning Consortia to move care closer to home and community, increasing self reliance within families and reducing demand in the acute sector of the NHS and for our own care services.
- 2.18 With regard to equipment and adaptations, which support people to remain in their own homes, pre settlement savings of £240k were proposed through ceasing supply of equipment under £25 and requesting Registered Social Landlords (RSLs) to fund their own adaptations, saving £500k. Post settlement, it is proposed to change the nature of in-house provision, potentially saving £1.5m over two years.
- 2.19 Pre settlement, maximising occupancy of day services was planned to bring savings of £1.199m. Post settlement, a further redesign of internal day services is proposed to bring additional savings of £240k.
- 2.20 In targeted services the pre settlement savings overall were linked to value for money procurement, commissioning for outcomes and assessment that promoted independence and choice, saving £13.502m.

The detail, over and above some of the major proposals identified here, are also set out in the appendix. Post settlement, the targeted services are reduced in quantity and in access bringing further savings of £17.749m., an overall saving of £31.251 m.

- 2.21 Where necessary, such proposals will be subject to consultation, consideration of Equality Impact Assessments and further reports to the Executive for a final decision.

D. Neighbourhoods

- 2.22 The Directorate for Adults already works in neighbourhoods and was recently further restructured to support the neighbourhood model. Post settlement, it will become more important to integrate delivery and commissioning at a neighbourhood level.

- 2.23 The Directorate will continue to embed the locality model at a neighbourhood level, and ensure alignment with Strategic Regeneration Frameworks (SRFs). Lead commissioners will continue to work into PBC commissioning boards and to link with SRF colleagues and integrated neighbourhood teams.

- 2.24 The Directorate will be developing a social work presence in GP practices and establishing community health and social care integrated teams.

E. Core

- 2.25 Core services will support the Adults' Directorate via sound intelligence, research, policy, performance and outcomes evidence. Strategic business partners for HR/OD and Finance will assist in co-ordinating these functions in the Directorate.

- 2.26 The Adults' Directorate will support the consolidation of support services/back office. Performance reporting will be less focussed on quantity reporting for external organisations and more focussed on investment, evidence, outcomes and cost benefits for the City and public sector partners. ICT will need to reflect the modern business world and associated needs.

- 2.27 The core will enable the Adults' Directorate to align and target activity to the strategic priorities. It will be further supported by Strategic Business Partners in HR/OD and Finance.

- 2.28 With the support of HR/OD pre settlement the Directorate was planning to manage staff sickness more effectively and increase mobile working which would bring savings of £2.013k. Also planned was an admin review and business support improvements bringing savings of £807k. Further planned savings pre-settlement took the total to £3.101m.

- 2.29 Post settlement, increased charging and income collection and further reductions in admin are proposed bringing savings of £2.225m, making an overall total of £5.326m

3. Partnership

- 3.1 The key partnerships in the Directorate for Adults are primary care commissioners via the Practice Based Commissioning leads, soon to become GP consortia; secondary care via acute hospitals and their new role as host to health provision; rapid and emergency services via North West Ambulance Services; and Public Health, which will transfer to the Council in 2013.
- 3.2 The main priority for Directorate and Health colleagues is to build integrated urgent care both upstream in the community, in the form of integrated health and social care teams, and at A and E in acute hospitals to prevent unnecessary admission and to proactively discharge patients.
- 3.3 Other key partners are carers and families who play a vital role in supporting cared for people to remain in the community.
- 3.4 In addition, on 16th November 2010 the Department of Health announced that new resources would be made available to the NHS over the next four years to enable more carers to take breaks from their caring responsibilities (as yet, the figure for Manchester is unknown) .
- 3.5 Voluntary Sector Support will be vital for enabling our overall strategy to be implemented. Commissioning from the voluntary sector will need to be based on sound investment for return both in cost benefits and in outcomes. Decommissioning in order to shift investment needs to be based on clear and evidenced criteria, formal consultation of stakeholders and compliance with contractual notices.
- 3.6 The voluntary sector, in partnership with the Council, promotes independence. Pre settlement, the Directorate provided a total of approximately £12m (excluding Supporting People) to the voluntary sector. Post settlement, it is proposed to reduce voluntary sector grants by £2m. There may be additional reductions from Supporting People, but the deficit is not yet known. £9.9m will remain a reduction of 17%. The reductions will be based on clear, evidenced criteria and will be subject to full consultation. This will affect all wards and a wide range of community groups. An equality impact assessment will underpin our final proposals.

4. Growth

- 4.1 In addition, the Medium Term Financial Strategy includes £3.495m for adult services demographic growth – the Directorate expects an increase in the number (and average costs) of customers with learning disabilities and also older people, including those over 85, whose costs are typically much higher than older people within the 65-84 age range.
- 4.2 In addition, £7.372m in 2011/12 and £7.064m in 2012/13 from the Department for Health, has contributed to the resources which help support the Directorate's cash limit.

5. Impact on Citizens, Communities, Families

- 5.1 The financial settlement will affect some of the most marginalised citizens in the city and the size and scale of financial challenge for the Council is such that we will have to cease providing some things, charge more for others and ask other partners or community groups to provide alternatives instead.
- 5.2 There is concern that some groups will be impacted upon several times due to the simultaneous reforms front loaded in first two years e.g. Adults with a mental health issue may face benefit issues, housing issues, loss of grant funded schemes, loss of Supporting People monies.
- 5.3 These and other proposals will impact on families generally. The Directorate have recognised the potential impacts and risks in determining their overall budget proposals, but will need to keep under close review demand from the most vulnerable and the availability of public resources to meet those needs, through the Manchester Investment Fund.
- 5.4 Communities will need to shift expectations of public sector and of the City Council's role and some will need to lead and solve their own community issues.

6. People Impact

- 6.1 The overall scale of change within Adult Services through the planned delivery of the Target Operating Model (TOM) was already anticipated to be significant requiring a reduction of 268 FTE. During 2010/11 there was a reduction of 145 FTE as part of the first implementation of the TOM. The revised projection forecasts an additional reduction of 155 FTE which means a total reduction of 278 FTE over the next two years.
- 6.2 The full extent of the impact on specific roles will not be fully understood until the details of the proposals have been worked up and engagement with staff in services has taken place. Initial discussions with Heads of Service indicate that these potential savings cannot be achieved without impact on service delivery.
- 6.3 If the proposals are agreed, the areas of biggest impact are as follows;
- Through streamlining the assessment roles and processes to improve the customer journey and implement mobile working solutions across the current Care Management, Reablement and Manchester Equipment and Adaptation Partnership (MEAP) services, there is an expected reduction of 60 FTE.
 - Moving to a customer & process focused Business Support function replacing the many current administration structures will result in a reduction of 49 FTE from across the entire directorate.
 - The existing Homelessness services will be restructured reducing the workforce by 44 FTE. This forms part of proposals on how the reduction in Supporting People funding can be met.

- The withdrawal of almost all direct provision of Manchester Advice will lead to a reduction of 100 FTE.
- Day centre services are currently being redesigned to provide a more customer need focused offer. The new Wellbeing centres opening will mean a reduction in 10FTE.
- Other process & service redesigns will result in a further reduction of 15 FTE across the Directorates.

Through detailed workforce planning analysis will be undertaken to map the skills of the remaining workforce resulting from the take up envisaged through the VER/VS scheme.

7. Implementation and Risk

- 7.1 The budget proposals for Adults are based on a number of assumptions and they include :
- Sufficient resources have been made available to protect and safeguard the most vulnerable citizens
 - Integration with the NHS economy is successfully implemented, enables sound whole system working both financially and in overall governance terms and enables effective demand management across health and social care
 - Redefining Adult Social Care and targeting collective public sector resources towards families with complex needs via the Manchester Fund will return cost benefits and better outcomes
 - Improved Voluntary Sector commissioning will improve outcomes for overall investment.
 - The shift from provider role to commissioning role and new ways of doing business will enable value for money
 - m people and the Workforce Strategy is efficient and effective
- 7.2 The budget delivery will be monitored via formal arrangements and the Strategic Director for Adult Services will oversee and continuously assess spend, level of demand, effectiveness of interventions and success of outcomes. Overall, the Strategic Director will ensure safe service delivery balanced by adequate capacity to implement the reforms and release the savings to timescales .

Proposed Savings Options for Adult Services

Detail of Savings Proposal	Type of Saving	Amount of Saving		
		2011/12	2012/13	Total
		£,000	£,000	£,000
<u>Leadership</u>				
Reduction of Staffing Budget in structures.	Existing AIM Savings	172	0	172
Integrated working with Health to improve the customer journey	Existing AIM Savings	500	500	1,000
<i>Total for Leadership</i>		672	500	1,172
<u>Universal Services</u>				
Review of Manchester Advice.	Existing AIM Savings	221	259	480
Transport efficiencies from locality working (hub model).	Existing AIM Savings	90	0	90
Additional savings re Manchester Advice .	Further Savings	1,200	0	1,200
<i>Total for Universal Services</i>		1,511	259	1,770
<u>Targeted Services</u>				
Day services - combine service centres for each locality. Each centre will cover Physical Disability, Manchester Learning Disabilities Partnership and Older People.	Existing AIM Savings	1,199	0	1,199
Supported Accommodation skill mix - increase grade skill mix to keep number of support staff constant whilst reducing costs	Existing AIM Savings	0	48	48
Reduction in night staff required through introducing Assistive Technology	Existing AIM Savings	36	0	36
Assistive Technology	Existing AIM Savings	240	0	240
Rates for mental health service provision	Existing AIM Savings	600	600	1,200
Remove all duplication of assessments between Hospitals, Reablement, Manchester Equipment and Adaptations Partnerships & Care Management.	Existing AIM Savings	54	0	54
Efficiencies from implementing end to end generic approach to assessments. Workload analysis of social workers in hospital and in the community	Existing AIM Savings	993	0	993
Review of the Resource Allocation System	Existing AIM Savings	726	0	726
Change care packages to accurately reflect temporary stops in care (e.g. because of temporary hospital stays)	Existing AIM Savings	8	0	8
Some Contact Centre reviews and reassessment by phone	Existing AIM Savings	33	0	33

Contact Centre web-based referrals	Existing AIM Savings	69	0	69
Review of community equipment provision - no longer supplying equipment for under £25	Existing AIM Savings	240	0	240
Luncheon clubs: assess & redesign of the services provided	Existing AIM Savings	290	0	290
Learning Disability - smoother transition re: commissioning of services (as customers move from children's services to adult services).	Existing AIM Savings	100	100	200
Review of Manchester Learning Disability Partnership Supported Accommodation. Changes in the model of support and accommodation	Existing AIM Savings	100	200	300
Alignment of reablement shift patterns to required service provision.	Existing AIM Savings	27	0	27
Review of existing customers to promote independence	Existing AIM Savings	525	0	525
Increase the number of customers using and benefiting from Reablement, thus improving their quality of life and independence. From 43% to 70%	Existing AIM Savings	1,359	1,406	2,765
Opening an autism centre - anticipated reduction in the average unit costs of support via appropriate and specialised services for Autism	Existing AIM Savings	0	140	140
Reduction in care costs from investment to prevention programme	Existing AIM Savings	260	500	760
Rationalisation of office accommodation e.g. staff to move out of Victoria Mill and be based in district offices	Existing AIM Savings	12	0	12
Open existing drop-ins for additional days per week. Open new drop-ins to gain efficiencies in staff support during daytime hours.	Existing AIM Savings	10	15	25
Increase short breaks capacity. Potentially attract customers from neighbouring authorities and/or self-funding customers	Existing AIM Savings	25	25	50
A dedicated nurse in Manchester Learning Disabilities Partnership to ensure all potential Continuing Health Care cases are achieved	Existing AIM Savings	250	250	500
Manchester Learning Disability Partnership - placements could be moved to lower cost provision more suited to their needs, Adult Placements, Keyring Scheme etc.	Existing AIM Savings	200	200	400
Introduction of Manchester Learning Disabilities Partnership reablement	Existing AIM Savings	100	100	200
Reducing the cost of secure hospital discharges - a new contract for this specialist group should reduce average cost of these placements by 20%	Existing AIM Savings	100	100	200
Consistent application of Resource Allocation System across all customer groups	Existing AIM Savings	50	50	100
Manchester Learning Disability Partnership - potential through reassessment and review to increase independence	Existing AIM Savings	100	0	100
Individual Budgets buffer zone to be reduced	Existing AIM Savings	597	597	1,194
Review provision of frozen meals.	Existing AIM Savings	268	0	268
Increase placements made by Manchester Adult Placements Service: 2.5% year 1, 5% year 2.	Existing AIM Savings	100	0	100
Registered Social Landlords to pay for own adaptations installations	Existing AIM Savings	0	500	500

In house provision - convert to social enterprise model	Further Savings	0	1,500	1,500
Adult Placements Service capacity -reduction in the cost of care through increasing placements made by the service	Further Savings	0	86	86
Reablement service - changes to staffing structure	Further Savings	96	9	105
Planned exiting of the Social Care Reform Grant to ensure no staff costs	Further Savings	1,600	0	1,600
Independent review team to promote independence and reduce dependency	Further Savings	600	1,327	1,927
Review of existing Individual Budgets offer	Further Savings	1,466	0	1,466
Review of transport charges for day services	Further Savings	75	0	75
Charge non-assessed customers a notional cost for preventative services	Further Savings	75	75	150
Recosted service redesign (day services).	Further Savings	240	0	240
Supporting People reductions.	Further Savings	5,500	3,100	8,600
Reductions to grants awarded.	Further Savings	1,500	500	2,000
Total for Targeted Services		19,823	11,428	31,251
Core Services				
Manage sickness over a 3 year period down to the national average of 8.5 days.	Existing AIM Savings	524	283	807
Introduction of mobile working across all assessment staff. There is the potential for further productivity savings by completing electronic forms at the point of customer contact	Existing AIM Savings	0	1,077	1,077
Mobile Working in Floating Support.	Existing AIM Savings	0	109	109
Mobile Working in Manchester Adult Placements Service.	Existing AIM Savings	0	20	20
Move to directly managed business support function/review of admin function.	Existing AIM Savings	711	176	887
Rationalisation of business units estates.	Existing AIM Savings	101	0	101
Improve delay in charging customer contributions	Existing AIM Savings	100	0	100
Improvements in collection of Personal Contributions to be implemented	Further Savings	1,200	-800	400
Review charging for lunches in day services	Further Savings	38	38	76
Amendment to cash Individual Budget audit process and recovery of additional unspent/misappropriated monies.	Further Savings	905	0	905
Business support and admin review	Further Savings	200	0	200
Changes to Charging Policy	Further Savings	0	644	644
Total for Core Services		3,779	1,547	5,326

Total for Adult Services		25,785	13,734	39,519
	Existing AIM Savings	11,090	7,255	18,345
	Further Savings	14,695	6,479	21,174
Total for Adult Services		25,785	13,734	39,519