

# LOCAL ACCOUNT OF ADULT SOCIAL CARE IN STOCKPORT 2017/18

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## WELCOME...

**...to our Local Account of Adult Social Care for the financial year April 2017 to March 2018.**



***The provision of care to the people of Stockport represents one of the most important responsibilities the Council has and the financial sustainability and the quality of this provision is one of our highest priorities.***



Stockport, like other local areas across the country, is facing a range of challenges around health and social care. These include an ageing population with increasingly complex care needs, rising birth rates and poorer health outcomes for residents in some parts of the borough. This is coupled with unprecedented demand and financial challenges across local councils and the NHS, potentially impacting on our most vulnerable residents.

This means that we need to change how these services are delivered. Our Stockport Together programme is helping to transform health and social care services, bringing them together in a local, community-based setting. This is focused on early help and prevention, so that people can receive the care and support they need in their own home, so they can live independently for as long as possible. We are working alongside our NHS partners to ensure that if people do need to be admitted to hospital, they are supported to continue their recovery at home whenever possible.

Whilst we face significant challenges, this is an exciting time for social care, with the imminent publication of the Government's Green Paper along with the opportunities presented by responsibilities and funding devolved to the Greater Manchester Health and Social Care Partnership. We are also keen to respond to the findings from the 2018 Care Quality Commission review of Stockport's health and social care systems.

The Local Account has been produced in conjunction with Healthwatch Stockport to ensure the voice of our residents and service users is heard. We hope it provides an insight into the many ways in which we are transforming social care to meet the changing demands from local people.

*Councillor Wendy Wild, Deputy Leader and Cabinet Member for Adult Social Care, Stockport Council*

*Mark Fitton, Director of Adult Social Services (DASS), Stockport Council*

# 1. BACKGROUND TO THE LOCAL ACCOUNT

**A Local Account is a document that tells residents how well we have delivered adult social care services in relation to our priorities.** We produce a Local Account to show what has changed over the last financial year, the progress that has been made, the views of service users about the services they have received and what we are going to do in response.

We have tried to explain our Local Account as clearly as possible. Sometimes we may need to use a technical or medical term to talk about the services we provide. You can see what they mean by using the [TLAP jargon buster](#).

This Local Account covers the period from April 2017 to March 2018, although there are some references to more recent activities during the first half of 2018/19. This ensures timeliness and relevance whilst recognising that the document is largely retrospective.

Whilst the Local Account focuses on Adult Social Care services, these are becoming increasingly integrated with health services at a local level, so much of this will overlap.

Further information about health services in Stockport during 2017/18 can be found in the following documents;

- [Public Health Annual Report](#)
- [Stockport NHS Foundation Trust overview; Your Health, Our Priority](#)
- [Stockport Clinical Commissioning Group – Annual Report and Accounts](#)
- [Pennine Care Quality Account](#)

## **Adult Social Care in Stockport**

**Adult social care provides personal and practical support to help people live the lives they want to lead. It supports people of all ages who have disabilities, mental health conditions or are generally frail, as well as their carers to live with opportunity, independence and control. In Stockport, we are delivering this through;**

- Providing a range of services aimed at delaying the need for more intensive, long term social care support.
- Ensuring customers get the information, support and service they need, in a timely manner.
- Ensuring that people who are eligible for support can access services that re-build skills, confidence, and support a return to independence.
- Developing integrated health and social care to provide a broad range of services in neighbourhoods which build community networks
- Enabling sustainable, high quality social care services and a skilled, caring workforce.

## Greater Manchester Health and Social Care Partnership

All of this is being done at the same time as a number of other national changes to health and social care. Locally, the GM Health and Social Care Partnership has seen the transfer of certain powers and responsibilities from national government to GM to change the way health and social care is delivered across the region.

Since signing an historic devolution deal with the government, the Partnership has taken charge of the £6bn spent on health and social care across ten boroughs. An additional £450m is being spent to transform public services, all of which will be overseen by the GMHSCP in order to deliver real benefits for local people.

Improving our health and social care services, and residents looking after themselves and one another, is at the heart of these devolution plans. The GM Population Health Plan outlines how people in GM will be empowered to lead healthier, wealthier and happier lives – from birth to old age. This is closely linked to communities, work prospects and quality of life, complementing local work already underway across the ten boroughs.

For more information, visit: <http://www.gmhsc.org.uk>

### The future of Adult Social Care

We're all likely to be touched by social care at some point in our lives, whether that be ourselves or our friends and families. Social care helps keep our communities together, it helps keep people in their own homes and out of hospital to reduce pressure on the NHS and it is essential to our economy.

Stockport spent around £70 million in 2017/18, and collectively, councils spend over £15 billion on adult social care every year. By 2019/20, councils could be spending around 38p in every pound of Council Tax on adult social care. As more is spent on social care, less money is available to keep other valued local services running.

An ageing population along with inflation and other pressures mean that adult social care is facing a funding crisis. Having been underfunded for years, a further £3.56 billion will be needed by 2025 just to maintain the status quo. Front line services, along with residential and home care providers are at the sharp end of these funding pressures.

The future of social care is at a crossroads, with a Government Green Paper expected to set out what future provision will look like, how these increasing costs will be met and who should pay for them. Discussions are underway across councils and health authorities to inform these proposals, which will shape the future provision social care for many years to come.

## 1.1 Information About Our Population

Some key facts and figures about the care and support needs of our adult population

### INFOGRAPHIC OF KEY DEMOGRAPHICS DATA

**Stockport's population is older than average and ageing**

- By 2021 the **65+** population of Stockport is expected to increase by **2,600 people (5%)**
- By 2020 the **85+** population of Stockport is expected to increase by **950 people (9%)**

In the most deprived areas men have **7 years poor or very poor health** compared to **3 years** in the most affluent areas.

- In the **most deprived** areas the decline in health starts at age **55**, compared to **71** in the **least deprived** areas.

**30% of the population** as a whole are not **active enough**

- More than **200 deaths a year** in Stockport could be saved if every adult met the target of 5 x 30 minutes **moderate activity** a week

**61% of adults** are **overweight or obese**

**1,130 people** in Stockport have been registered as **blind or partially sighted**

There are approximately **28,000** over 18's (**12%**) in Stockport with **below average mental wellbeing**

**56,300 (1 in 4 adults)** adults suffered from a **mental health condition** in Stockport this year

**Mortality rates** are almost **4 times higher** for people in Stockport with serious mental health conditions, than the Stockport average

**12,150 people** in Stockport have a **history of falling**, one of the key causes of loss of independence

**2,850 people** have been diagnosed with **dementia** in Stockport. People with dementia make up an increasing number of the clients supported by Adult Social Care

**1,515 people** have been diagnosed with a **learning disability** in Stockport

**14%** of over 65s provide **unpaid care**. The total value of unpaid care in Stockport is estimated to be **£604 million a year**

**72% of over 65s** have a **at least one long term condition diagnosed by a GP**

- **33% of over 65s** have a **at least two long term condition diagnosed by a GP**

**12,600 working age people** in Stockport are claiming **disability related benefit**

You can find further information about Stockport's population at the following link: [www.stockportjsna.org.uk](http://www.stockportjsna.org.uk).

Stockport Council serves a population of over 290,000 people, growing at a rate of around 1,000 people per year. Of particular relevance to adult social care is the rate of population growth in older adults, with a five percent growth in over 65s and an 11% growth in people over 85 predicted by 2020. Six percent of people over 65 in Stockport (around 3,500 people) received a council funded adult social care service in 2017/18.

Age group	2017	2020 projection	% increase 2017-2020
0-17	62,050	63,750	3%
18-64	169,650	169,600	
65-74	30,850	31,300	1%
75-84	19,200	20,550	7%
85+	8,300	9,200	11%
<b>TOTAL</b>	<b>290,050</b>	<b>294,400</b>	<b>1%</b>
<b>Total 65+</b>	<b>58,350</b>	<b>61,050</b>	<b>5%</b>

At the end of the last financial year, over 5,250 people (3,500 over 65s) in Stockport were receiving a council funded adult social care service:

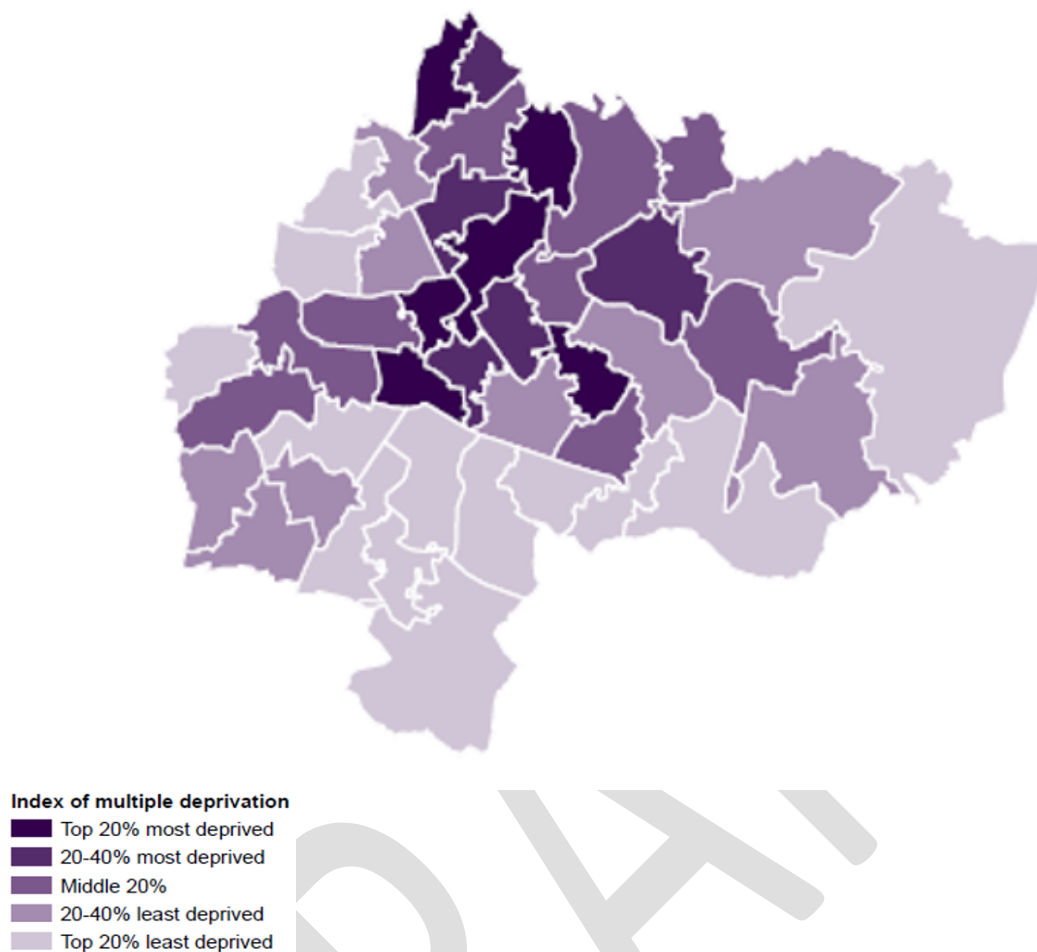
	All age	Over 65s
Residential care	748	629
Nursing care	332	299
Home care	1,457	1,250
Direct Payment recipients	1,137	308
Telecare	1,344	1,180
Day care	426	79
Other services	742	211

6,889 assessments were carried out last year, including 5,920 for over 65s.

The contact centre handled 8,973 contacts from residents in 2017/18 (regarding adult social care), including 7,609 from over 65s.

390 people in Stockport received bed based intermediate care last year, with a further 360 receiving home based intermediate care last year.

Stockport is the fifth most polarised local authority in England in terms of deprivation. The map below shows areas of Stockport colour coded by levels of deprivation.



Since 2005, Stockport's population profile has changed considerably. In our more affluent areas the population is substantially older now than in 2005, while the population of our more deprived areas are comparatively younger.

Assuming no change in profile of clients using council funded social care services, significant increases in service demand over the next 20 years can be anticipated. These changes are expected to be in the order of an extra 200 nursing care places, 600 residential care placements, 900 home care placements and 150 extra care housing placements.

Life expectancy in Stockport is holding steady, following national trends. However, people live longer in some parts of the borough than others, and there is also a significant gap in healthy life expectancy.

#### **Stockport**

Females 83.3

Males 79.8

#### **Priority Areas\***

Females 76.8

Males 73.1

#### **National**

Females 82.9

Males 79.2

*\* currently Brinnington and Central Area, Adswood/Bridgehall and Offerton Estate.*

The impact of these demographic trends is reflected in the demand for social care and care placements, with significant increases projected over the next 20 years.



## **1.2 Listening, Learning and Acting**

**As outlined earlier, demand for adult social care services continues to increase, with more people living longer often with complex conditions, whilst available resources continue to reduce.**

**It is therefore essential that we keep listening to what people want, learning from where things could have gone better, and continuously acting on feedback to improve.** There are several ways we listen to our customers and involve them in changing the way we provide services together:

- Working together to co-produce services – for example, we worked with Signpost for Carers and Healthwatch Stockport to develop the Stockport Carer's Charter and the Carers Connect website, helping to identify, support and bring together carers across Stockport. All Stockport Together Partners have now signed up to the Carer's Charter.
- Collaborative working with Healthwatch Stockport, an independent consumer champion for health and care services – 'Afternoon Tea' sessions have engaged Healthwatch members in looking into specific issues such as care at home, helping shape the recent home support commissioning. 'Enter and view' visits to care homes are also undertaken helping to ensure the quality of care, whilst plans are in the pipeline to develop a peer assessor role that works alongside our quality team.
- Looking at the compliments and complaints we receive about our services and taking steps to improve them – you can see some of these in section 1.3 below.
- Empowering patients in their communities through the GM Community Centred Approach, working with the Design Council to build on existing strengths and the work of community connectors to reduce social isolation and loneliness. This has focused initially on the Heatons area, with plans to roll out to other neighbourhoods during 2018/19.

### **Stockport Local System Review 2018**

A review was carried out in April 2018 of Stockport's local health and social care systems. This was part of a national programme of reviews undertaken by the independent regulator, the Care Quality Commission (CQC). The review focused on the movement of people through health and social care services, looking in particular at how different services work together.

The review looked at how local hospitals, community health services, GP practices, care homes and homecare agencies work together to provide seamless care for older people living in Stockport. The findings of the review were published by the CQC in June 2018, with the review team highlighting the following features in Stockport;

- A well-defined strategic vision from partners within Stockport Together, designed to meet the specific needs of Stockport residents.
- Good initiatives in place to respond to people's needs and prevent admission to hospital; for example the Neighbourhood Care Model, a multi-disciplinary approach to case management incorporating GP support, although much of this was in the early stages of development.
- A commitment from staff at all levels in the system to provide person-centred care, reduce isolation and to empower people to make decisions about their care and support needs.

A number of areas for improvement were also identified, including;

- If an older person living in Stockport went into crisis and required an emergency hospital admission, they might suffer long waits in A&E and were more likely to remain in hospital longer than required. This was often due to a shortage of homecare packages or the availability of high-quality residential care.
- People admitted to Wythenshawe Hospital often had a longer wait for social care assessment than those in Stepping Hill Hospital. Reviewers found that services planned at both hospitals sometimes added to system pressures. A&E wait times at Stepping Hill were too long.
- Recommending that care home and home care providers are better involved in the planning and completion of hospital discharges from an early stage. The system overall should embed the High Impact Change model to reduce the need for people to remain in hospital longer than necessary.
- The Health and Wellbeing Board and Adult Social Care and Health Scrutiny Committee lacked oversight of strategic decisions and areas of risk across the system, this was acknowledged by the board.
- Significant pressures in securing a sufficient workforce. Community social workers said they were carrying large and complex caseloads; this was often because of a lack of hospital social workers.

Stockport Together has responded positively to these findings and recommendations, with a detailed action plan being developed. This will feed into wider plans for Stockport Neighbourhood Care, including revised governance arrangements, with a review of the Health and Wellbeing Board already underway. An overview report has also been published outlining examples of best practice and lessons learnt from the first 20 of these reviews.

### **What our service users say...**

We also pay attention to what our residents tell us in national and local surveys. The Adult Social Care Survey is a national survey that is carried out by each council every year. The survey is sent to a random sample of people who receive care and support and asks them

about the impact services have on their lives. The results let us see how well we are performing and compare our performance to other councils. In 2016, 2,517 surveys were sent out and 654 (26%) were returned.

Satisfaction has increased since 2017 in relation to the overall impact of social care on people's quality of life and the care and support they received. More people who used social care also felt they had control over their daily lives. Around 4 in 10 social care users said they had as much social contact as they liked.

There was a slight fall in the numbers who find it easy to access information about services, who feel safe and who said that services made them feel safe and secure.

We're pleased to see that the majority of customers continue to be satisfied with the services that they receive. Maintaining the standard of services remains our goal but can be challenging at a time of significant financial and care market constraints.

***More detail on how Stockport performed in comparison to other areas against these and other national measures on Adult Social Care can be found at Appendix 2.***

## Working with Healthwatch Stockport

Healthwatch Stockport works closely with Adult Social Care on a wide range of issues and has a key role in developing, monitoring and commissioning care services. We have worked with Healthwatch to ensure that a user perspective is central to the Annual Account.

**Healthwatch is an independent health and social care champion, created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.**

Healthwatch Stockport is a membership organisation run by volunteers with an interest in health and social care. They are supported by a team of staff to offer help to members carrying out activity on behalf of the organisation. It is part of a network of other local Healthwatch organisations including Healthwatch England.

Healthwatch Stockport's vision is for "better experiences and outcomes for people using health and care services in Stockport" and its responsibilities are to;

***Inform:***

- *Provide a health and social care information and signposting service.*
- *Tell people about new opportunities to get involved in shaping local services.*

***Involve:***

- *Ensuring local people can get involved with the monitoring, commissioning and provision of local services.*
- *Engage with local communities about their views and experiences of health and social care*

***Influence:***

- *Produce reports and make recommendations about how health and social care could be improved*
- *Support key organisations to involve people who use services and take their experiences to shape better outcomes for residents of Stockport.*

Further information on the activities of Healthwatch Stockport are contained in the 2017/18 Healthwatch Annual Report available at;  
[www.healthwatchstockport.co.uk/sites/default/files/healthwatch\\_stockport\\_annual](http://www.healthwatchstockport.co.uk/sites/default/files/healthwatch_stockport_annual)

## 1.3 Compliments and Complaints

**We don't always get things right first time, so customer feedback in the form of compliments and complaints play an important part in helping us to understand what is working well and what changes we need to make to improve our services. All Adult Social Care services encourage customer feedback.**

In 2017/18 Adult Social Care received 133 complaints, a 7.7% reduction compared to 146 in 2016/17 and 140 in 2015/16. This is within the context of around 7,000 service users, and providing around 16,000 hours of care per week.

### **Complaints received in 2017/18 by issue**

#### **COMPLIMENTS AND COMPLAINTS TOTALS INFOGRAPHIC**

<b>Issue</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Quality of Care	38	30	47
Staff	19	25	28
Assessment	26	32	22
Delays / funding / fees	28	23	32
Not service specific	4	6	1
Incorrect information	8	17	0
ASC input into joint response	17	13	0
Lack of services	0	0	3
<b>Total complaints</b>	<b>140</b>	<b>146</b>	<b>133</b>

There were significantly more complaints in 2017/18 relating to quality of care and delays, funding or fees. Some of these relate to incorrect information or where a joint response was made, both of which recorded a nil return, or complaints around assessment which fell by almost a third.

There were a number of factors in complaints this year, including delays in publishing information on new care charges, increases in care fees, hospital charges and changes to services as part of health and social care integration. Complaints about external providers also continue to make up a significant proportion of complaints.

## Compliments - some of the nice things you said about our services in 2017/18:

**“Moving & Handling** – “I was so impressed with the communication and feedback received both via phone and email. XX has been able to provide advice and guidance throughout the manual handling process and has really helped the patient get home quickly and efficiently and most importantly safety. He has gone above and beyond and followed the patient up and kept me informed at every stage.”

**Integrated Discharge Team** – “XX was endlessly patient, informative, caring and supportive in what has been a difficult situation for us.”

**Locality Teams** – “...can I just commend you on fabulous holistic care of both my parents. You immediately put my mum at ease with your caring nature and by telling her you’d be there every step was so beneficial to her and my sisters. Thank you doesn’t seem enough. You have very efficiently also managed to help us access day care and we hope dad is happy at there, the staff are so lovely. I am writing to thank you for your wonderful help and support regarding my mother.”

**Equipment & Adaptations** – “I wanted to express my thanks to you for how compassionate and efficient you were when you came to assess my mum and dad . Your attention to detail took away some of my concerns and stress.”

### Some things we improved following complaints about our services:

What was the problem?	What did we do?
Invoice for services didn’t reflect hours delivered	Reduced the final invoice with full explanation to client. Invoices are now only raised after a full check of recorded call times, including disputed call times.
Delay in responding to request for information	Systems improved to ensure a prompt response is provided to future enquiries
Eligibility for ‘Blue Badge’ disabled parking permit	The process for issuing Blue Badges was reviewed, with decision to award permits for life where the applicants condition was permanent and unlikely to improve. A simpler re-application process was put in place that didn’t require an annual assessment.
Means testing for disabled facilities grant	Advice was provided and an improved process put in place to inform applicants of mandatory requirements sooner and more clearly.

Information on how to make a complaint is available on the ‘My Care My Choice’ website;

<https://www.mycaremychoice.org.uk/stockport-homepage/home/about-adult-social-care/contacting-adult-social-care/html-content/listening-to-your-concern-or-complaint/>

# 2. PRIORITIES AND CHALLENGES

## 2.1 OUR PRIORITIES FOR ADULT SOCIAL CARE

### Stockport Council's Priorities

Adult Social Care in Stockport is overseen by a member of the Council's Cabinet, currently the Deputy Leader, Councillor Wendy Wild. The Adult Social Care Portfolio has its own priorities and delivery plans, which were based around the following in 2017/18;

- Integrating Health and Social Care
- Supporting people and their carers, through the work of preventative services and initiatives
- Redesigning our Mental Health Strategy and Services
- Remodelling of the Stockport Learning Disability Service
- Developing our Adult Autism pathway and strategy
- Strengthening and reviewing the way we protect vulnerable adults at risk.
- Strengthening the Social Care Market

Quarterly updates on delivering these priorities are reported to the Council's Adult Social Care and Health Scrutiny Committee. These reports can be found under the relevant meeting papers on;

<http://scnmodgov.stockport.gov.uk:9070/ieListMeetings.aspx?CId=1004&Year=0>

### 'Think Local, Act Personal (TLAP) – Making it Real'

This is a sector-wide commitment to transform adult social care through personalisation and community-based support, with customer experience as a central priority. Over 30 national organisations worked together to produce a set of markers to support progress in delivering real change and positive outcomes. It has been endorsed by the Department of Health, Care Quality Commission and the Association of Directors of Adult Social Services.

The framework is built around the issues most important to the quality of people's lives, with a series of statements expressing what people want to see and experience, and what they would expect to find if personalisation is really working well.

We have used the themes from 'Making it Real' within the Local Account as a way of helping to check and build on progress, as well as letting our customers know what we are doing. It is helping us work with our customers, partners and providers to look at current services from a customer perspective, identify areas for change and develop plans for action.

*Further information on how we delivered against our local priorities during 2017/18 is aligned to the TLAP themes in 2.4 below.*

## **2.2 SUMMARY OF KEY ACHIEVEMENTS WITHIN ADULT SOCIAL CARE DURING 2017/18**

- ✓ A new alliance of providers delivering community-based care, Stockport Neighbourhood Care, was established as part of Stockport Together in June 2017.
- ✓ The Transfer Hub was opened at Stepping Hill hospital in summer 2017. This is a new facility that includes a transfer team comprising social workers, discharge co-ordinators and other agencies working closely together to ensure patients don't stay in hospital longer than is needed.
- ✓ The Steady in Stockport service was launched to reduce the number of older and vulnerable people having to go into hospital due to injuries from falls.
- ✓ A new Enhanced Case Management system is being rolled out across health and social care to provide a more joined up approach to meeting people's needs.
- ✓ Multi agency Crisis Response and Active Recovery teams have been set up to provide a more rapid response and support for people coming out of hospital
- ✓ Wellbeing and Independence Networks are helping to support people in their own homes, in their local communities and in accessing transport.
- ✓ The programme of outsourcing the groups of Learning Disability tenancies (previously supported by internal council staff) to new organisations was also completed, with 43 properties outsourced in ten phases.
- ✓ The Stockport Carers Charter was launched in November 2017 and has been adopted by the Stockport Together partners, with each organisation committed to an Action Plan to support local carers.
- ✓ The Adult Autism strategy was approved and published, with local initiatives helping raise the profile and awareness of autism. These include training programmes, autism friendly sessions in libraries and dedicated social work posts.
- ✓ An ethical framework for home support was agreed which will fundamentally change the way these services are provided in the borough with the aim of providing a more outcomes focused approach.



## 2.3 CHALLENGES AND AREAS FOR IMPROVEMENT

### Social Care and Health Integration

Social care and health integration continues to drive our approach to addressing increasing demand, decreasing budgets and an aging population with complex needs. Stockport Neighbourhood Care (SNC), the Multi-Specialty Community Provider vehicle at the heart of the Stockport Together programme was launched in June 2017. SNC uses the best available evidence to deliver the right support in or close to people's homes through four work-streams focussed on:

- developing eight multi-disciplinary neighbourhood teams, based around GP practices, which meet care and health needs seven days a week;
- supporting people's recovery at home and providing a strong transition to and from hospital;
- enabling people to take more control over their health and wellbeing;
- working with third sector partners to develop a preventative, 'place based approach' that builds connections within communities;
- reducing the number of people admitted to hospital through the emergency department; and
- supporting carers through the new Carers Charter and providing advice, information and peer support through a third sector partner.

An Alliance Agreement was signed by the four provider partners to support the delivery of the programme and to hold Stockport Neighbourhood Care to account.

*During 2018/19, we will continue to implement the Stockport Together programme, focusing on ensuring people remain well as long as possible and are looked after in and by their local neighbourhood when they need further support. We will help avoid unnecessary admission to hospital by providing a joined-up response when conditions deteriorate, prioritising support for timely discharges from hospital.*

### Responding to the CQC Local System Review

As outlined in the previous section, the CQC carried out a local system review in Stockport in April 2018. With its focus on how well people move through the health and social care system, the review provided a useful sense check of progress on Health and Care Integration as well as a valuable learning opportunity.

A detailed action plan is being developed to respond to the findings and recommendations within the CQC report, and this will guide much of our future work and priorities.

*This will be built around working with communities and supporting carers. During 2018/19 we will develop new ways of engaging with and investing in our local communities, re-*

*shaping our relationship with third sector organisations to support wider reforms, build capacity and resilience, and improve outcomes for all Stockport residents. We will also review the assistance provided to local carers.*

*We will also continue to improve the way we protect vulnerable adults – and those entering adulthood – from harm, pro-actively reviewing cases where agencies could work closer together to prevent harm occurring, and strengthening our complex safeguarding arrangements.*

## **Mental Health Redesign**

Our mental health services and strategy are being redesigned to work effectively alongside SNC and Pennine Care Foundation Trust. Community Mental Health Services are moving towards a two team model, each with an integrated recovery hub. Building on the successful dementia drop-in model, we are aiming to develop more community based support. Our Dementia Strategy has been updated and focusses on creating a Dementia Friendly Stockport.

*During 2018/19, we will continue to move towards a new model for our Community Mental Health Services, with integrated recovery hubs and ensuring there is more support in the community for people with dementia.*

## **Updated Autism Strategy**

Co-production is also at the heart of the Adult Autism Strategy which was successfully updated with the active involvement of adults with autism, their families and carers, and our local health partners. We also benefited from our collaboration with Greater Manchester Autism Consortium, particularly in terms of access to training and learning from best practice.

*We will continue our phased approach to outsourcing our supported tenancies, along with supported employment projects for people with a learning disability, whilst working to improve awareness, assessment, diagnosis, transitions, support and employment for people with autism.*

## **Driving up Quality in the Care Market**

We are working closely with providers in the social care market to address a number of identified challenges in order to improve the recruitment and retention of staff, service quality and to review some of the processes that underpin our approach to commissioning. Focussed work has seen the percentage of nursing and residential care home beds rated good or outstanding increase from 35% to over 70% in under 12 months, above average for Greater Manchester.

Transformation funding and improved market intelligence are driving a number of initiatives that aim to improve quality, stability and innovation in locality based home support. The Council has given a commitment to implement an Ethical Care Framework for Care at Home in 2018/19 supported by an increase in fee rates for organisations signing up.

*We will continue to support and strengthen development of the social care market, using local data and intelligence to inform commissioning. We will develop an ethical framework for external home care workers, promoting a people-centred approach to care.*

DRAFT

## 2.4 MAKING IT REAL – WHAT OUR PRIORITIES MEAN FOR YOU...

### 1. Information and Advice

*Having the information I need, when I need it.*

#### What this means for you...

- You have the information and support you need in order to remain as independent as possible.
- You have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
- You can speak to people who know something about care and support and can make things happen.
- You have help to make informed choices if you need and want it.
- You know where to get information about what is going on in your community.

#### We have been helping you by ...

- Launching the [Stockport Local Directory](#) for residents to find out about local support, activities and volunteering opportunities in Stockport.
- Establishing and extending the Prevention Alliance, including the Wellbeing and Independence Networks (see below), advocacy services and the Alliance for Positive Relationships helping people build resilience and independence.
- Further developing the '[My Care, My Choice](#)' dedicated website for Adult Social Care, with information about what services are available and how to receive them, along with information about other help and support to help residents remain living as independently as possible.
- Providing initial funding for Walthew House to provide essential services for people with a sensory loss, enabling them to access information and key opportunities.
- Developing the Stockport Carers Charter, adopted by all Stockport Together partners, to ensure provision of high quality information, advice and support for carers.

## **2. Active and supportive communities.**

### *Keeping friends, family and place*

#### **What this means for you...**

- You have access to a range of support that helps you to live the life you want and remain a contributing member of your community.
- You have a network of people who support you - carers, family, friends, community and if needed paid support staff.
- You have opportunities to train, study, work or engage in activities that match your interests, skills, abilities.
- You feel welcomed and included in your local community.
- You feel valued for the contribution that you can make to your community.

#### **We have been helping you by ...**

- Establishing Stockport Neighbourhood Care as part of a long-term shift towards prevention, with integrated locality teams delivering new models of care. These include Enhanced Home Care, Steady in Stockport and Crisis Response teams.
- Supporting more adults with learning a disability in paid employment and to live independently – significantly above the North West average.
- Working with Signpost Stockport for Carers to develop [Carers Connect](#), an interactive online support resource enabling carers to connect with each other and their local communities.
- Launching the Stockport Local Fund to enable community organisations to bid for funding to build community capacity and promote health and wellbeing amongst local residents.
- Supporting vulnerable people to access our Wellbeing and Independence Networks, to prevent or delay crisis, deterioration and the need for formal health and social care services. These include helping people live independently at home, tackle social isolation and access community transport.

### **3. Flexible integrated care and support.**

#### *My support my own way*

#### **What this means for you...**

- You are in control of planning your care and support.
- You have care and support that is directed by you and responsive to your needs.
- Your support is coordinated, co-operative and works well together and you know who to contact to get things changed.

#### **We have been helping you by ...**

- Reviewing the Mental Health Alliance and Carers contracts to join up Community Mental Health Services with Stockport CCG and Pennine Care.
- Improving support for people with dementia through Stockport's Dementia Strategy, as part of a wider 'Healthy Ageing' approach, to make Stockport an Age and Dementia-friendly town. This includes dementia drop-ins, promoting healthy lifestyles and raising awareness.
- Providing support across a range of settings through Stockport Neighbourhood Care from enhanced home care to recovery following a spell in hospital, enabling people to step up or down according to their support needs.
- Working with Stockport Advocacy to provide greater choice for people with a learning disability including supported tenancies and new models of care that help people access paid employment and independent living.
- Establishing a new Adult Autism pathway to ensure people with autism and their carers receive a full range of support which is appropriate and joined-up, helping to make Stockport a more 'autism friendly' place.
- Improving outcomes for young people when they move from children's to adult services by early identification of safeguarding issues and support needs.

## 4. Workforce

### *My support staff*

#### **What this means for you...**

- You have good information and advice on the range of options for choosing your support staff.
- You have considerate support delivered by competent people.
- You have access to a pool of people, advice on how to employ them and the opportunity to get advice from your peers.
- You are supported by people who help you to make links in your local community.

#### **We have been helping you by ...**

- Developing an ethical approach to commissioning that places the workforce at the centre of care and support provision that values their contribution through better remuneration, career paths and recognition.
- Enabling service users in receipt of direct payments, self-funders and carers to exercise wider choices through a vibrant, sustainable and high quality local market for social care services.
- Introducing new roles and training programmes across health and social care to provide a person-centred, intermediate tier of support between hospital and community.
- Working across partners to ensure Care Act compliance, whilst helping to build and sustain independence within the local community.
- Funding a new specialist social worker post to build awareness, knowledge and capacity amongst staff working with adults with autism.

## 5. Risk enablement

### *Feeling in control and safe*

#### **What this means for you...**

- You can plan ahead and keep control in a crisis.
- You feel safe, you can live the life you want and you are supported to manage any risks.
- You feel that your community is a safe place to live and local people look out for you and each other.
- You have systems in place so that you can get help at an early stage to avoid a crisis.

#### **We have been helping you by ...**

- Supporting service users and carers in planning their own care and identifying potential risks, including information on how to report any safeguarding concerns.
- Putting a comprehensive action plan in place through the local Safeguarding Adults Board, reviewing and learning from cases to improve our policies and processes.
- Improving our complex safeguarding arrangements, including the identification of people who may be vulnerable to going missing, being abused or exploited.
- Setting up the Crisis Response Team to help support people who are at immediate risk of hospital admission.
- Working with service users through the Dignity in Care forum, to better understand their experiences of care and drive improvement.
- Developing new approaches to identifying and tackling neglect and self-neglect, and ensuring that Deprivation of Liberty Safeguards are in place for service users in residential or nursing care.



## 6. Personal budgets and self-funding

### *My money*

#### What this means for you...

- You can decide the kind of support you need and when, where and how to receive it.
- You know the amount of money available to you for care and support needs, and you can determine how this is used (whether it's your own money, direct payment, or a council managed personal budget).
- You can get access to the money quickly without having to go through over-complicated procedures
- You are able to get skilled advice to plan your care and support, and also be given help to understand costs and make best use of the money involved where you want and need this.

#### We have been helping you by ...

- Increasing the proportion of people who benefit from personalised care and support along with direct payments to carers. All adults supported in the community and carers now receive personal budgets or direct payments.
- Matching demand and availability through our Quality, Choosing and Purchasing systems to ensure timely and appropriate support is available to help people to continue to live independently within their local community.
- Adding a new part of the 'My Care, My Choice' website for '[My Care, My Market](#)' where service users can browse a directory of local care agencies, along with other services that offer support and activities to help residents live their lives their way.
- Maximising choice for social care services through the Joint Commissioning Steering Group, including quality improvement with independent providers.
- Re-commissioning residential and nursing provision along with home care to ensure a high quality local offer.
- Developing new approaches to case management to get a better understanding of how resources are deployed, track outcomes for service users and carers, and improve future delivery.

## 2.5 Case Studies

The case studies below help to bring to life how Adult Social Care services are working with service users from 18 to 85, their families, community and voluntary organisations and other public services to improve outcomes.

### Sam's Story

Sam (not his real name) is 18 and has complex autism. He is being supported to transition from 6<sup>th</sup> Form to a local college and is also receiving a personal budget from Adult Social Care. Sam's ambition is to be employed and live independently within the community. Along with his mum, he is being supported by a team that includes an Education and Careers Worker, his support workers at High School and College, along with a Transition Social Worker.

Planning for Sam's transition to college started over a year beforehand. He was able to visit local colleges and they visited him in school, supporting him to make a choice that met his needs and apply for a place. A transition plan was agreed, and Sam was introduced to his new support worker who spent time with him in his final year at school. His school support worker also took Sam to visit his new college regularly in his final term, and he also spent time there over the summer. His Education, Health and Care Plan was also updated to reflect the ongoing support being provided.

This enabled Sam to settle in to his new college, and for adjustments to be made to help him feel more comfortable. He left school looking forward to starting at college and with the confidence to develop his skills and interests. He is gaining graphic design experience at college, with the help of his personal budget and developing skills around preparing for adulthood. He is also improving his self-confidence by taking up karate, and his social skills by meeting up with his school support worker.

The key to this success has been allowing time for Sam to develop relationships with his support workers, listening to parents concerns and focusing on his journey towards his ambitions.



### **Anne's story**

Anne is 42 years old and has secondary progressive Multiple Sclerosis. She lives with her husband who works full time and two children aged 10 and 16 who both have caring roles when their father is at work. Anne previously had some limited help from Occupational Therapy and District Nursing services, along with referrals to Adult Social Care when at points of crisis.

Anne was known to be struggling to come to terms with her diagnosis and was in denial about what the future may hold. She certainly did not recognise herself as disabled, and previous interventions had been limited around specific short term issues, such as specialist equipment, despite attempts to engage her in contingency planning.

More recently Anne's GP made a referral to ASC with consent to consider a multidisciplinary approach. It was also disclosed that Anne's children were both undertaking caring roles including some significant manual handling procedures and personal care support. Anne expressed concern around the impact this was having on her children, and that their schools had raised concerns about their performance.

Following receipt of the referral, Adult Social Care called a 'neighbourhood triage' meeting to understand the background to the case, particularly in relation to Anne's difficulty coming to terms with her diagnosis and prognosis. An initial approach was agreed to have joint input from a Social Worker and a psychological wellbeing practitioner. This helped to address the psychological issues associated with the illness and opened the door for Anne accepting further support. By helping her to come to terms with her diagnosis, Anne was then able to work with the Social Worker taking an outcome focussed approach to consider what she wanted her future to look like and that of her family.

Support was then incrementally introduced from Occupational Therapy, District Nursing and eventually some personalised support via a Direct Payment so that Anne could employ a Personal Assistant. The children still maintained some lower level caring roles but these had been significantly reduced and were no longer potentially physically dangerous. They are also receiving some support in their own right as young carers and are both understood to be engaging much better at school and socially.

The final support planning followed the Enhanced Case Management principles and a Goals of Care document was produced to outline how Anne's outcomes were being supported holistically including informal and formal support networks. In addition, and something quite new for Anne, some significant consideration was given to contingency planning with Anne acknowledging for the first time that her illness would progress over time.

### **Grace's story**

Grace lives in Stockport and is in her mid-eighties. She has been suffering from poor health and was admitted to Wythenshawe Hospital following her husband, who was her main carer, suffering a major stroke and being admitted to hospital himself. Grace was allocated a Hospital Social Worker at Wythenshawe whose specific role it to support Stockport residents in their discharge from the hospital.

The Social Worker received an 'Assessment Notice' and was able to meet with Grace and her family to plan a safe discharge from hospital. Her daughters were unable to access their parent's funds due to Grace's stroke, leaving the family without access to finances and facing an application to the Court of Protection for Power of Attorney which can be take some time.

The Social Worker undertook Mental Capacity Assessments as Grace lacked capacity to make the decision relating to her discharge from hospital. A range of options were considered with her daughters, and it was agreed that a short term placement would be the most appropriate option at this time, whilst longer term arrangements could be considered. An assessment was arranged and funding agreed that enabled Grace to be transferred within 24 hours to move her urgently to the same care home as her husband.

The case has highlighted the need for Carers Assessments and contingency planning, particularly where an elderly carer is managing without outside support but is then faced with a sudden crisis. This could have prevented the need for a hospital admission and eased the stress placed on Grace, her husband and family.

Grace's daughters thanked the Social Worker for "being endlessly patient, informative, caring and supportive in what has been a very difficult situation for us... Being able to draw upon (their) skills has helped greatly. She responded in a very timely fashion to our calls and has always kept us informed with regard to the options available for mum's care."

## **Helping people with dementia stay involved with their local communities**

The Marple Dementia Drop-in was set up around 5 years ago by Chris, a local resident with dementia, with the help of his support worker, local residents, the Council, 3rd sector organisations, Marple Cricket Club and EDUCATE. The drop-in provides a dementia friendly environment, where people with dementia and their carers can visit for information and advice, to socialise, make new friends and be supported by people in a similar situation.

A key aim of the drop-in is to help the local community to become more dementia friendly, and ensure people with dementia stay involved with their local community. When one of the drop-in volunteers was involved in setting up a community orchard in Marple, the dementia group were keen to get involved. The group raised money to purchase two trees in the orchard. Individual members also sponsored and helped to plant their own trees some in memory of loved ones who had passed away. One lady explained; the orchard is 'somewhere nice you can go to remember your loved ones'.

The group have also been making links with the local supermarket. Recently Chris was invited by the supermarket manager to help the store become more dementia friendly. He did a site visit and walk-about, and advised staff on some of the difficulties customers with dementia might face in the store. Since the visit, the supermarket has launched a 'quiet hour' on Tuesday mornings for people with dementia and people with autism. The initiative is also being rolled out to eight other stores across Stockport and Greater Manchester. The drop-ins relationship with the store is continuing to develop, as they also send a member of staff on a regular basis to the drop-in to update the group on developments at the store.

The Marple Dementia Drop-in was also pleased to take part in a recent local community art project. Friends of Rose Hill Station in Marple commissioned a community artist to work with local people to produce a mural at the station. The community artist held a couple of painting sessions at the Marple drop-in. Caron is one of the members of the Marple drop-in whose painting is now on display at Rose Hill station. She attended the opening of the mural by Stockport's Mayor, saying 'I was dead chuffed. I've never done anything like this before and it was great to take part.'

Another member of the group to take part was Arnie. He is well known at the drop-in for his fantastic highly detailed colouring-in pictures. Because of his dementia this had become more difficult, and Arnie was no longer able to do this work. However with his permission the community artist managed to incorporate one of Arnie's pieces into the mural at Rose Hill station. His wife Evelyn said 'It was wonderful to see the finished product. Arnie was proud to take part. And it's helping him get back into art work'.

The group are keen to continue to develop these links with the local community, which are having real benefits for people with dementia and their carers who attend the group and for local people.

# APPENDIX 1

## How we spent your money on Adult Social Care in 2017/18

The table below shows the proportion of the Council's budget which was spent on Adult Social Care for the three year period 2015/16 to 2017/18. This budget reflects the direct costs allocated to the service.

Top level budget	Financial year	Council net Budget* £m	Adult Social Care net Budget* £m	%
Adult Social Care budget as a % of total budget	2015-16	£234.353	£65.326	28%
	2016-17	£230.712	£67.645	29%
	2017-18	£232.282	£69.878	30%

\*net budget figure at outturn

The 2017/18 budget for ASC was £65.771m in April 2017 and included £3.651m of recurrent savings. The final 'out turn' budget in March 2018 was £69.878m, with the £4.1m increase in during the year mainly due to additional corporate funding. This was to cover issues such as demographic and demand pressures (e.g. Residential Care, Nursing, Care, Homecare); the recurrent impact of placements where services commenced part way through 2016/17; the impact of the National Living Wage increase in 17/18 (increase from £7.20 to £7.50 for people aged 25 and over); and price inflation on ASC care management services.

**The following financial analysis is based on the Adult Social Care Financial Return (ASC – FR).** This is an annual return completed by all local authorities and covers a proportion of the Council's central funds that is reallocated to Adult Social Care services, and is not the direct cost of these services.

18 – 64 Services	TOTAL EXPENDITURE (including Joint arrangements) £000's	% of Total
Physical Support	7,890	6.1%
Sensory Support	303	0.2%
Support for Memory and Cognition	736	0.6%
Learning Disability Support	31,641	24.6%
Mental Health Support	1,884	1.5%

Older peoples' services	TOTAL EXPENDITURE (including Joint arrangements)	% of Total
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	£000's	
Physical Support	43,724	34.0%
Sensory Support	612	0.5%
Support for Memory and Cognition	7,880	6.1%
Learning Disability Support	2,404	1.9%
Mental Health Support	3,304	2.6%

Social support services	TOTAL EXPENDITURE (including Joint arrangements)	% of Total
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	£000's	
Substance Misuse Support	430	0.3%
Asylum Seeker Support	168	0.1%
Support to Carer	120	0.1%
Support for Isolation / Other	1,847	1.4%

Other social care	TOTAL EXPENDITURE (including Joint arrangements)	% of Total
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	£000's	
Assistive Equipment and Technology	1,523	1.2%
Social Care Activities	17,548	13.7%
Information and Early Intervention	3,030	2.4%
Commissioning and Service Delivery	3,453	2.7%

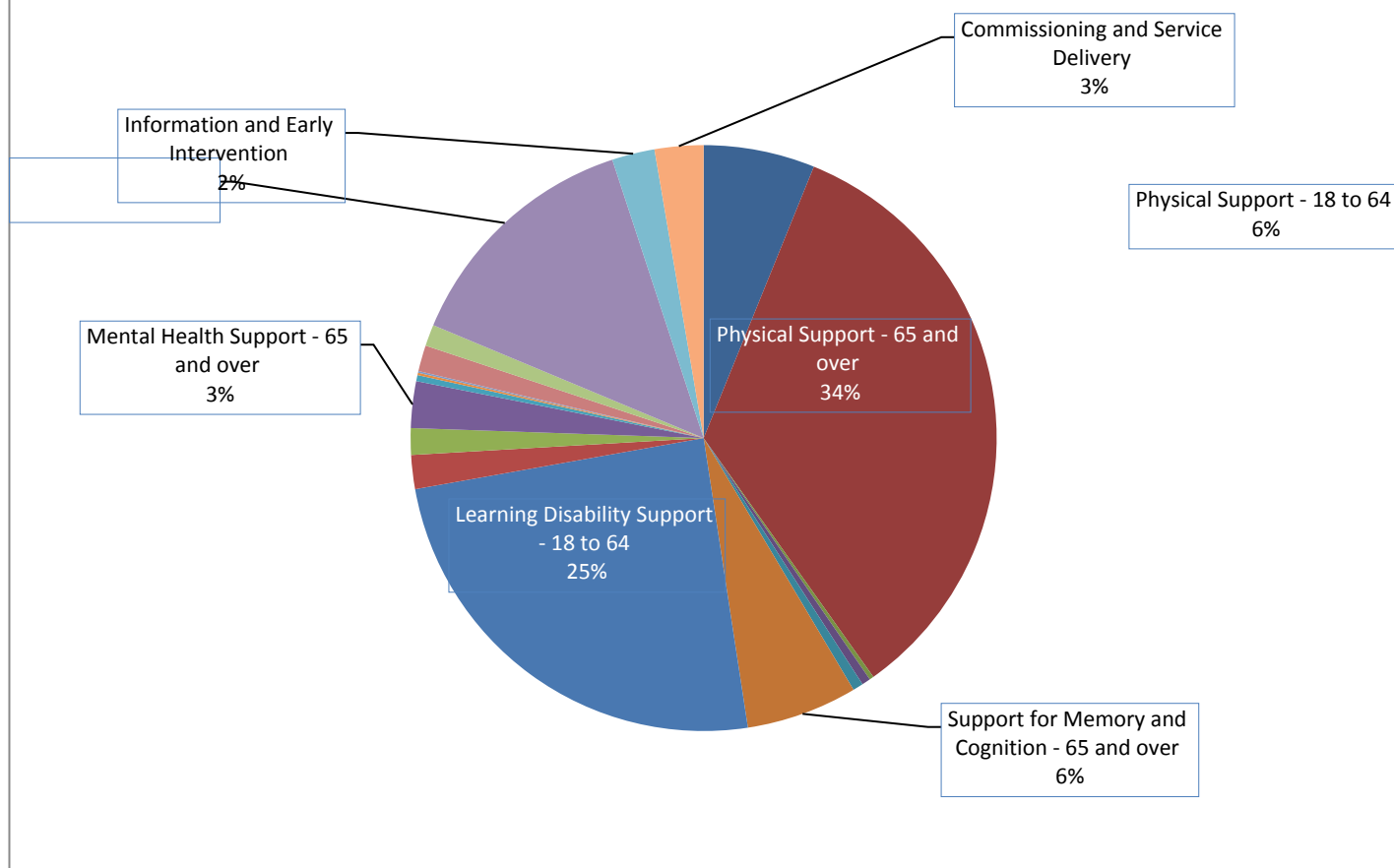
**Unit costs for clients accessing nursing and residential of long term care, by Primary Support Reason (PSR\*) and age band, 2017/18 (£ per week\*\*)**

PSR	Stockport (18-64)	North West (18-64)	Stockport (65+)	North West (65+)
Physical Support	£649	£730	£565	£548
Sensory Support	£904	£1002	£565	£511
Support with Memory & Cognition	£758	£715	£562	£512
Learning Disability Support	£1239	£1480	£739	£657
Mental Health Support	£662	£759	£555	£553

\*categorisation of PSRs may vary between LAs.

\*\*figures include overhead charges for which apportionment method between LAs may vary.

## % of Total ASC Expenditure



## Expenditure by Service Area per 10,000 population










Type	TOTAL EXPENDITURE (including Joint arrangements) £000's	Per 10,000 Population £000's
<b>Gross Expenditure on Adult Social Care</b>	<b>128,497</b>	<b>5,713</b>
Gross Expenditure on Residential Care per 10,000 population	24,679	1,097
Gross Expenditure on Nursing Care per 10,000 population	11,208	498
Gross Expenditure on Direct Payments per 10,000 population	14,014	623
Gross Expenditure on Home Care per 10,000 population	11,639	518
Gross Expenditure on Supported Accommodation per 10,000 population	18,982	844
Gross Expenditure on Supported Living per 10,000 population	889	40













## APPENDIX 2








### How we're performing based on national measures

The Adult Social Care Outcomes Framework (ASCOF) was introduced by the government to gather information on the performance of local authorities' adult social care departments. The results let helps us compare performance with other councils, improve the quality of care, and to identify priorities for local improvement.

Key to symbols used - year-on-year trends		
	Increasing / decreasing - no specific polarity to measure	
	Increasing / decreasing - positive trend	
	Increasing / decreasing - negative trend	
	Increasing / decreasing - within acceptable range	
	No change	
<div><div>Above NW average</div><div>In line with NW average</div><div>Below NW average</div></div>		

ASCOF indicator	Description	2015/16	2016/17	2017/18	North West Average 2017/18	Stockport Trend

ASCOF indicator	Description	2015/16	2016/17	2017/18	North West Average 2017/18	Stockport Trend
1A	Social care-related quality of life (scored out of 24)*	18.2	18.5	18.7	19.2	
1B	Proportion of people who use services who have control over their daily life *	72.4%	71.5%	73.6%	77.7%	
1C (1a)	Proportion of adults supported in the community who benefit from personalised care and support	93.7%	93.7%	96.7%	88.1%	
1C (1b)	Proportion of carers who receive a direct payment in their capacity as a carer	62.9%	73.8%	99.8%	90.6%	
1D (1)	Proportion of people who use services who reported that they had as much social contact as they would like*	40%	41%	40.9%	44.7%	
1E	Proportion of adults with a learning disability in paid employment	11.6%	10.5%	10.6%	4.3%	
1F	Proportion of adults in contact with secondary mental health services in paid employment	2.2%	3.5%	5%	5%	
1G	Proportion of adults with a learning disability who live in their own home or with their family	92.9%	93.8%	93.1%	88.2%	
1H	Proportion of adults in contact with secondary mental health services living independently with or without support	70.2%	82.1%	73%	52%	
2A (2)	Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population **	587.9	582.6	624.7	737.8	

ASCOF indicator	Description	2015/16	2016/17	2017/18	North West Average 2017/18	Stockport Trend
2B (1)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital	88.6%	86.5%	96.1%	84.6%	
2C (2)	Number of people whose delayed discharge from hospital is attributed to adult social care (average per day)	N/A	32.7	9.6	6.3	
2D	Proportion of people accessing short-term services that no longer require long-term packages of care	81.5%	78.7%	85.2%	74%	
3A	Overall satisfaction of people who use services*	58%	65%	65.8%	67.9%	
3D i	Proportion of people who use services who find it easy to find information about services*	74%	73%	72.4%	74.6%	
4A	Proportion of people who use services who feel safe*	63%	68%	66.9%	71.6%	
4B	Proportion of people who use services who say that those services made them feel safe and secure*	77%	78%	75%	85.7%	

\* Based on ASCOF Survey  
 \*\* Population data based on data provided by NHS Digital

You can find a fully interactive Business Intelligence site produced by NHS Digital here:

<https://app.powerbi.com/view?r=eyJrljoiZTZlNDUwMTQzZjI3ZC00MDJlLWEzNzEtMmQ4YzkzYWVlZmYzliwidCI6IjUwZjYwNzFmLWJiZmUtNDAXYS00ODAzLTkzMzc0OGU2MjllMjlmMi0jh9> – just select ‘Stockport’ from the drop-down menu.

## Key Findings

Select a Local Authority on the right (by scrolling through the Local Authorities) to see the comparative figures for the selected Local Authority and the related region.

Select a council

Stockport



### Social care-related quality of life

Younger adults (aged 18 to 64) reported a higher quality of life score (**19.5**) than those aged 65 and over (**18.9**). The overall social care-related quality of life score at England level was **19.1**. Scores are out of a maximum of 24.

### Selected Organisations:

North West



Stockport



Black line denotes England score



### Proportion of adults with a learning disability in paid employment

After falling in each of the last two years, the national figure has increased in 2017-18 back to the proportion reported in 2014-15 (**6.0 per cent**). This varies across each region in England. London and the Eastern region have the highest proportion at **7.5 per cent**, whilst North West, East Midlands and West Midlands have the lowest proportion at **4.3 per cent**.

**4.3**

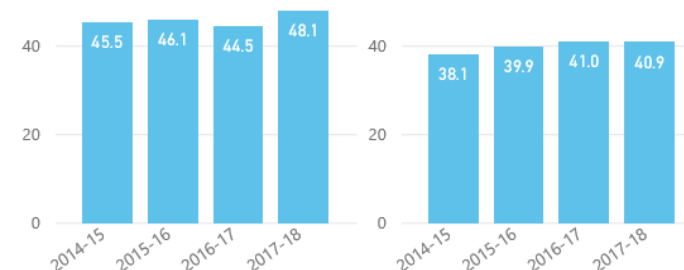
**10.6**

per cent of adults with a learning disability in paid employment



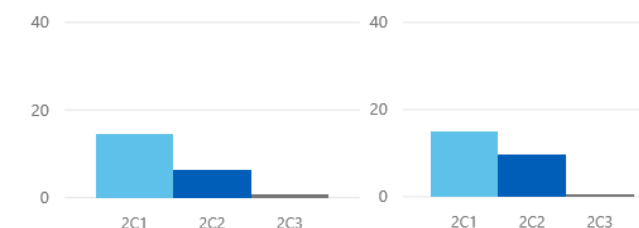
### Social contact

In 2017-18, **46.0 per cent** of service users in England had as much social contact as they would like. This is an increase nationally from the **45.4 per cent** reported in both 2016-17 and 2015-16 and a rise of 1.2 percentage points on the 2014-15 figure (**44.8 per cent**). A higher proportion of male service users reported having as much social contact as they would like (**47.5 per cent**) than female service users (**45.0 per cent**) and those service users aged 18-64 reported higher proportions (**49.2 per cent**) than the 65 and over age group (**44.0 per cent**).



### Delayed transfers of care

In 2017-18 there were **12.3** delayed transfers of care from hospital per 100,000 population in England (2C1). The South West region had the highest number of delays (**15.9** per 100,000 population) with the North East reporting the lowest (**6.1** per 100,000 population). Nationally, there were **4.3** delayed transfers of care per 100,000 population that were attributable to social care (2C2) and **0.9** per 100,000 population that were jointly attributable to the NHS and social care (2C3).



# APPENDIX 3

## Our Council and partnership plans and strategies to transform Adult Social Care in Stockport

### 1. Stockport Council Plan

The Council Plan 2018/2019 sets out our approach to how we will deliver our priorities over the next 12 months. It has a clear focus on investing in a sustainable future for Stockport and its people. The Plan explains our commitment to growing Stockport's local economy, protecting vital local services and ensuring that everyone has the opportunities they deserve.

Alongside our **Partnership Borough Plan** ([www.stockportpartnership.org.uk](http://www.stockportpartnership.org.uk)), we are working together with public services, local communities and business to make sure that:

- People are able to make informed choices and look after themselves
- People who need support get it
- Stockport benefits from a thriving economy
- Stockport is a place people want to live
- Communities in Stockport are safe and resilient.

You can find out more about our priorities for Stockport at the following link:

<https://www.stockport.gov.uk/performance/stockport-council-plan>

### 2. The Council's Medium Term Financial Plan

The Council has agreed a programme to continue to reduce spending and to prepare for the Council to be financially self-reliant in the coming years, when funding from the central government will cease.

This programme builds on the significant transformation, investment and reforms the Council is well underway with, including Stockport Together.

You can read more information on how we are addressing the financial plan at the following link:

[www.stockport.gov.uk/addressing-the-financial-plan/overview-addressing-the-medium-term-financial-plan](http://www.stockport.gov.uk/addressing-the-financial-plan/overview-addressing-the-medium-term-financial-plan).

### 3. Stockport Together programme

The five main health and care organisations in Stockport have been committed to working differently since January 2015, when they formally began working on the Stockport Together programme. Since then, the organisations have been working together and combining their skills to better serve the people of Stockport.

These organisations have pledged to deliver a safe, affordable and integrated health and social care system to meet the needs of Stockport. We are transforming the way that

healthcare is managed and organised in Stockport so the services you rely on are fit for purpose in the 21st century.

If we can improve the health and wellbeing of the older generation, then their quality of life should greatly improve, and the need for costly in and outpatient care (health services provided in a hospital setting) should be reduced.

We understand that people prefer to be treated in their own home rather than in hospital. While hospital can be the right place for some, high quality care at home is, in most cases, more beneficial to the patient and their recovery.

We want to provide an efficient and effective system by changing our way of working: instead of being a reactive service, we will become proactive.

This should help you to maintain your independence, reduce the number of unnecessary outpatient visits, and lower the frequency of hospital stays and the length of time spent in a hospital bed. Having health and social care services which work better together will enable us to support people when they no longer need specialist medical support, but may need some longer-term ongoing social care input.

Further information on Stockport Together can be found at [www.stockport-together.co.uk](http://www.stockport-together.co.uk)

#### **4. The Joint Health and Wellbeing Strategy**

The Joint Health and Wellbeing Strategy 2017 – 2020 sets out a number of key themes for the local health and care system.

This vision is complex, and cannot be delivered through a single plan. A range of programmes as well as topic themed strategies and partnerships approaches will help the systems in Stockport evolve. The programmes include; Stockport Together, Stockport Family and Greater Manchester Devolution. This strategy sets out the ways in which we'll develop the health and social care system in Stockport. It also sets out how we'll meet these needs over the next three years. The year one review highlights achievements and updates the strategy ensuring it reflects the developing programmes.

The strategy has been produced jointly by the Stockport Together partners, along with Stockport Healthwatch and many other contributors from partners, other professionals and voluntary and community sector representatives.

The Strategy, as well as the Year 1 review are available at;  
<https://www.stockport.gov.uk/health-and-wellbeing-board/joint-health-and-wellbeing-strategy>

The 24<sup>th</sup> Annual report (2017/18) of the Director of Public Health can be accessed here;  
[https://assets.ctfassets.net/ii3xdrqc6nfw/2AFxZNTgfmUGMkKEOmM2y2/cdda0a899e7f189d7925f8036224ed98/24th\\_Annual\\_Public\\_Health\\_Report\\_for\\_Stockport\\_-\\_Introduction.pdf](https://assets.ctfassets.net/ii3xdrqc6nfw/2AFxZNTgfmUGMkKEOmM2y2/cdda0a899e7f189d7925f8036224ed98/24th_Annual_Public_Health_Report_for_Stockport_-_Introduction.pdf)

## 5. Greater Manchester Strategy (GMS)

'Our People, Our Place' - the GM Strategy - was launched by the GM Combined Authority in October 2017. It sets out the ambitions for the future of the city-region and its 2.8 million residents, covering health, wellbeing, work and jobs, housing, transport, skills, training and economic growth.

There are ten priorities across these areas, set out below. Adult Social Care plays a part in delivering all these priorities, in particular;

- Healthy lives, with quality care available for those that need it
- An age-friendly Greater Manchester



Further information can be found at: [www.greatermanchester-ca.gov.uk/ourpeopleourplace](http://www.greatermanchester-ca.gov.uk/ourpeopleourplace)

## APPENDIX 4 – CONTACTING US

**Let us know if you need to access to care and support for yourself and / or someone else.** You can contact us by phone on **0161 217 6029** (8.30 to 5pm Mondays to Thursdays and to 4.30pm on Fridays) or by email at [adultsocialcare@stockport.gov.uk](mailto:adultsocialcare@stockport.gov.uk). We may be able to provide information and advice, put you in touch with community support services or offer short- term support in the first instance.

If you have long-term needs, we can help you and your family plan the support you need. This may include carrying out an assessment to find out what you are finding difficult. If you are eligible for support, you may be able to arrange it yourself using direct payments.

You can get more information about accessing care and support for adults via our *Contact Centre* or by visiting our website at the following link: [www.mycaremychoice.org.uk](http://www.mycaremychoice.org.uk)

### Emergency help out of normal office hours

Not all unexpected major social care problems happen during normal office hours or can wait until the next day. That's why we have an Out of Hours service staffed by people with a good working knowledge and understanding of health and social care services. The team works in partnership with other professionals and aims to make difficult situations safe for the people of Stockport. They provide emergency social work support to people in crisis and can deal with:

- Problems with children and young people;
- Older people who are at risk and need immediate help;
- People with mental health problems in times of crisis, including undertaking assessments under the Mental Health Act;
- Concerns about a person with a physical, sensory or learning disability.

You can contact the Out of Hours Service by phone on **0161 718 2118**. They operate Monday to Thursday, from 5pm to 8.30am, Friday 4.30pm to 8.30am Monday, with 24 hour cover on Bank Holidays.

*In an emergency when somebody is at immediate risk of harm, you should call the police on 999.*

### Mental Health

Pennine Care NHS Foundation Trust operate an emergency mental health out of hours response service provided by Approved Mental Health Professionals. To get in touch between 8.30am and 4.30pm, Monday to Friday, please phone 0161 419 4678. In an emergency between 4.30pm and 8.30am, Monday to Friday and on Saturdays, Sundays and Bank Holidays, contact the Stepping Hill Hospital switchboard on 0161 483 1010.