



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL

# Adult Care and Health

Portfolio Performance  
and Resources  
Agreement 2019/20



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# ADULT CARE AND HEALTH PORTFOLIO HOLDER'S INTRODUCTION

I am delighted to present the Adult Care and Health Portfolio Performance and Resource Agreement 2019/20 as the new cabinet member for Adult Care and Health.



This Agreement sets out our priorities, the key responsibilities in relation to services and budgets and provides information on the resources available to the portfolio and the key services, functions and teams. It also details the range of activities, projects and programmes that will support delivery of the priority outcomes, and performance measures that will evidence progress over the forthcoming year. The Agreement is firmly aligned to the vision and outcomes described in our 2019/20 Council Plan.

I believe the newly merged portfolio offers great opportunities to align and enhance the complementary work of Public Health and Adult Social Care, to improve outcomes and to collectively address some of the health inequalities that we know are present in Stockport.

Areas such as self-care and early intervention delivered using an asset-based approach will be the cornerstone of both our prevention strategy and the new service delivery models.

The health protection work and targeted intervention approach aims to offer support to people who may benefit most from our services.

One of my key aims in the role is to promote and celebrate the great work that Adult Care, Public Health staff and our partners do to support people in our communities to help raise the profile of the services they deliver. I want to take this opportunity to thank all of our staff across health and adult care for the valuable jobs they do.

Our priorities this year are to consolidate and development the work programmes commenced in 2018/19. We have an exciting year ahead with a number of new programmes and initiatives that are outlined in the Agreement.

Highlighting a few of these, we will aim to deliver on the;

- Active Communities Strategy
- All-Age Living Prospectus – Healthy, Happy Homes
- Healthy Ageing Action Plan
- GM Clean Air Plan
- The Ethical Care Framework in the social care market

The provision of care and the protection of the health of our population across all age groups is key to making positive impacts and sustainable outcomes for people. It represents one of the most important responsibilities the Council has to its citizens, which is underpinned by financial sustainability and high quality services.

I welcome your feedback and comments on this Agreement, and look forward to reporting back to the Committee over the forthcoming year.

**Cllr Jude Wells, Cabinet Member for Adult Care and Health**

<b>Portfolio Financial Summary</b>	
	<b>£000</b>
A: Net Cash Limit Budget (recurrent)	89,436
<i>Which is composed of:</i>	
<i>B: Gross Expenditure Budget</i>	<i>150,745</i>
<i>C: Income Budget</i>	<i>61,309</i>
<i>A: Net Cash Limit Budget B-C</i>	<i>89,436</i>
D: Approved use of reserves (non-recurrent)	6,981
E: 2019/20 Capital Programme	1,151

# ADULT CARE AND HEALTH – PORTFOLIO SUMMARY

Shared Outcomes	<b>People are able to make positive choices and be independent</b>					
	<b>People who need support get it</b>					
Portfolio Priorities	<b>Promoting healthy communities and reducing health inequalities</b>	<b>Early intervention, living and ageing well</b>	<b>Supporting a person and community-centred approach to well-being</b>	<b>Integrating our Health and Social Care services</b>	<b>Strengthening the way we protect vulnerable adults at risk</b>	<b>Providing support and care to help people remain independent for longer</b>
<b>We will do this by ...</b> <i>Specific programmes, strategies and activities in italics</i>	<p>Strategically shaping population health</p> <p><i>Active Communities</i></p> <p><i>Healthy Ageing</i></p> <p><i>Stopping smoking</i></p> <p><i>Joint Strategic Needs Assessment (JSNA)</i></p> <p><i>Health &amp; Wellbeing Board Strategic Plan</i></p> <p><i>GM Clean Air Plan</i></p>	<p>Protecting and improving the health of the population</p> <p><i>Public Health Programmes and Interventions</i></p> <p><i>Mental Health redesign</i></p> <p><i>Dementia Strategy</i></p> <p><i>The Prevention Alliance / WIN</i></p>	<p><i>Developing an asset-based approach to personalisation</i></p> <p><i>GP Health Champions</i></p> <p><i>Person and Community Centred programme</i></p> <p><i>Self-care</i></p> <p><i>Migrant &amp; Community Wellbeing</i></p> <p><i>Trusted Assessors</i></p> <p><i>Carers Charter</i></p>	<p><i>Developing the social care market and supporting carers</i></p> <p><i>Enhanced front door</i></p> <p><i>Commissioning &amp; infrastructure</i></p> <p><i>Ethical Framework</i></p> <p><i>Neighbourhood &amp; Boroughwide services</i></p> <p><i>CQC System Review</i></p>	<p><i>MAARS - Team Around the Adult</i></p> <p><i>Care Act Compliance / DoLS</i></p> <p><i>Drug &amp; Alcohol strategies</i></p>	<p><i>Support &amp; Care Management</i></p> <p><i>Making Stockport Autism friendly</i></p> <p><i>Improving outcomes for people with learning disabilities</i></p> <p><i>All-Age Living Prospectus</i></p> <p><i>Extra Care Housing</i></p>
<b>We are changing the way we work by...</b>	Getting more out of our spending					
	Improving citizen experience					
	Making sure we have the right property in the right places					
	Sharing services with other organisations					
	Creating an organisation that is fit for the future					
<b>We will work with GM to ensure...</b>	<b>Healthy lives with quality care available for those that need it</b>					
	<b>An Age Friendly Greater Manchester</b>					
	<b>Delivery of the GM Population Health Plan</b>					



# 1. ADULT CARE AND HEALTH PORTFOLIO SUMMARY

*This Portfolio Agreement sets out the key responsibilities in relation to services and budgets. It also details the range of activities, projects and programmes that will support delivery of the priority outcomes and the measures that will reflect progress over the year.*

## **Our vision for Adult Care and Health is...**

*“To help the people of Stockport live their best lives possible through promoting independence within our communities, working with our partners and empowering our staff to use an asset-based approach to provide high quality support for residents that is appropriate for their level of need.*

*We will also continue to improve the health of our local population through behaviour change programmes, supporting the development of healthier communities, tackling health inequalities and protecting the health of our population.”*

The Portfolio will work closely with other Portfolios, notably in relation to;

- Transitions from Children’s Services as part of an ‘All Age’ Model (Children, Families & Education)
- Complex safeguarding (including domestic abuse) of vulnerable adults across the Safer Stockport Partnership (Inclusive Neighbourhoods)
- Support funds – including the SLAS (Inclusive Neighbourhoods)
- Delivering the Clean Air Strategy (Sustainable Stockport)

**The Key Services and Functions within the Portfolio which contribute towards this vision are;**

### **Adult Social Care**

- Integrated Neighbourhoods
- Boroughwide services
- Learning Disability
- Mental Health
- Strategy & Performance / Commissioning
- Safeguarding and Prevention

### **Public Health**

- Public Health Leadership.
- Health Protection.
- Public Health Intelligence.
- Early intervention and prevention.
- Behaviour change.
- Healthy communities
- Healthy Ageing

## **Policy Drivers**

This section summarises some of the key policy developments that are likely to influence the work of the Portfolio during 2019/20. Updates on these will be included in the in-year reports.

### **NHS Long-Term Plan**

Launched in January, this 10 year plan for the NHS aims to improve the quality of patient care and health outcomes. It sets out the £20.5 billion budget settlement for the NHS the next 5 years, and focuses on building an NHS fit for the future by; enabling everyone to get the best start in life; helping communities to live well and helping people to age well.

It also includes measures to:

- Improve out-of-hospital care, supporting primary medical and community health services.
- Ensure all children get the best start in life by continuing to improve maternity safety including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025.
- Support older people through more personalised care and stronger community and primary care services.
- Make digital health services a mainstream part of the NHS, so that in 5 years, patients in England will be able to access a digital GP offer

### **Social Care Green Paper**

Since its original scheduled publication date of summer 2017, the publication of the Social care Green Paper has been postponed a number of times. The latest proposed publication date is Autumn 2019, although this is likely to be delayed further.

The Local Government Association published its own green paper for adult social care and wellbeing last year, setting out 14 recommendations to the Government for stabilising and sustaining the current system, and moving towards a better system.

### **Primary Care Networks (PCNs)**

More is emerging about PCNs (30,000 to 50,000 population) which will be developed as an enhanced service as part of the new five-year GP contract framework between NHS England and the BMA. The NHS long-term plan described how all GP practices will be expected to join a PCN by July 2019. Networks will have expanded neighbourhood teams of GPs, pharmacists, district nurses, community geriatricians, physiotherapists etc, joined by social care and the voluntary sector. The core network agreement will define how GP practices will work together and with other partners such as community services and will provide the structure and funding for how services are developed locally. Network contract specifications will set out what services the networks must provide to get financial entitlements. The initial core agreement is likely to be loose, to allow future flexibility, and local developments will be included in future reports.

### **Brexit**

The nature of the UK's departure from the EU and its implications remains uncertain. Public Health England issue regular guidance to a range of bodies across the health sector on Brexit related matters and local organisations will continue to follow this national advice.

### **NHS Assembly**

Membership of the new NHS Assembly, which will be advising NHS England and NHS Improvement on transformation, has been announced. The 56-member panel is made up of many NHS figures, patient champions and national voluntary organisations. Two local government representatives also sit on the panel; Carolyn Wilkins, chief executive of Oldham Council and accountable officer of Oldham CCG and Ian Hudspeth, leader of Oxfordshire Council and chair of the LGA Community Wellbeing Board.

### **GM Population Health Plan 2017-2021**

This plan aims to achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live in Greater Manchester through addressing the following key priorities;

- Person and community-centred approaches
- Start Well
- Live Well
- Age Well
- System reform

### **GM White Paper**

The GM White Paper on Unified Public Services describes a model of services that responds to the 'people focused' recommendations of the Independent Prosperity Review in GM and the GM Local Industrial Strategy, in particular those relating to inclusive growth, spatial framework and transport development. It will be a key vehicle for delivering a number of overarching priorities in the GMS and will sit alongside, and connect with the GM Health Prospectus (see below), the GM Industrial Strategy and recommendations from the GM Independent Prosperity Review (IPR). The White Paper will inform the 2019 spending review.

The model of service provision set out in the white paper is based on the following principles;

- Individual public service organisations in GM are responsible for leading the delivery of improved outcomes for people in their area.
- Implementation of the GM Model of Unified Public Services does not require transfer of statutory responsibilities from public bodies up to the GMCA.
- Individual public service organisations in GM should consider themselves accountable locally for the implementation of The GM Model of Unified Public Services.
- There is collective responsibility for the implementation of model across GM as a whole.
- The role of the GMCA family is to provide tools and horizontal support to facilitate implementation.

Significant engagement has already taken place through the development of the White Paper. Further consultation will take place across all localities, key stakeholders and appropriate scrutiny groups up to 21<sup>st</sup> June with a view to final sign off through the GMCA in July. The 2019/20 Portfolio Performance Reports will provide updates on progress with developing, adopting and implementing the White Paper.

### **GM Health and Social Care Partnership (GMHSCP) Prospectus: Taking Charge**

Following devolution of responsibility for health and social care decisions in 2016, the GM HSCP took charge of health and care spending and decisions. It has developed detailed plans, put new infrastructure in place and strengthened relationships needed to deliver these.

The Prospectus, launched on 1<sup>st</sup> April, considers the difference devolution has made, the challenges that the Partnership has overcome (and others it still faces) and explores new opportunities to build on successes and learning. It looks at where further improvement over the next five years might lead and fresh relationships that need to be developed. It is designed to be a starting point for discussions with partners and explores how the GM model can make rapid progress in improving population health, create a sustainable health and care system, and contribute to achieving the region's economic potential.

Further details on the GM Autism Strategy, Anti-smoking campaign and Drug & Alcohol Strategy are included below under the relevant priorities.

## 2. ADULT CARE AND HEALTH DELIVERY PLAN AND PERFORMANCE FRAMEWORK 2019/20



### **Priority 1: Promoting healthy communities and reducing health inequalities**

We will work with our neighbourhoods and communities to develop an integrated approach to improving health and wellbeing, focusing on those residents 'at risk' of developing health problems through behaviour change programmes.

#### **Strategically shaping population health**

Overall in Stockport our residents enjoy good health and on the majority of health indicators Stockport performs well in relation to other areas in GM. However, some significant inequalities in health outcomes in Stockport remain, with people in the most deprived areas living on average 10 years less than the least deprived areas, with inequalities in healthy life expectancy being even more significant. In addition, Stockport's population continues to grow and continues to age, trends that are projected to continue. Birth rates are higher in the most deprived populations, so that levels of need, including those for Special Educational Needs and Disabilities (SEND) and autism are rising. Prevalence of long-term conditions also continues to increase, and at a level more rapid than the population increase. Diabetes is still the fastest growing long-term condition in Stockport.

#### **Delivered by:**

#### **Active Communities Strategy**

We will implement the Active Communities strategy 6 objectives, delivering the active ageing programme, the Local Pilot programme, the SHAPES programme and the cycling and walking pilot.

#### **Healthy Ageing Action Plan**

We will develop a plan to implement the healthy ageing strategy focussing respect and social inclusion, outdoor spaces and buildings, transport, housing, civic participation and employment, community support and health services, social participation and active ageing. We will also continue to promote GM initiatives such as the Paperweight Armband to older people at risk of dehydration and malnutrition, along with the Culture Champions project to improve engagement of older people with cultural organisations and activities.

#### **Smoking cessation programmes**

We will implement the CURE smoking cessation programme with Stockport Foundation Trust, further progress work on the reduction in smoking in pregnancy, participating in GM smoking cessation campaigns. The GM 'ex-smoker' campaign to encourage people to quit was launched in March. This is part of the 'Making Smoking History' ambition to reduce smoking rates in GM by a third by the end of 2021 - faster than any other major global city and would mean 115,000 fewer smokers.

#### **Joint Strategic Needs Assessment (JSNA)**

We will undertake the three-yearly refresh of our strategic evidence base through 2019/20. A project group will lead this work, and outputs will be consulted on throughout the process. This will form the evidence base for the Health and Wellbeing Strategy.

#### **Health and Well-Being Board Strategic Plan.**

We will work with the Health and Well Being Board to develop a new Strategic Plan that will take a population approach to promoting health, reducing health inequalities and protecting the health of



residents. This will be a multi partnership plan focusing on core determinants of health, integrating health and social care services, supporting lifestyle and behaviour change and utilising community asset based approaches.

**GM Clean Air Plan**

We will work with other GM authorities to tackle the emissions that harm people’s health. The outline business case for the GM Clean Air Plan focuses on ways to reduce Nitrogen Dioxide emissions from traffic. Consultation on the Plan is underway prior to the development of a full business case to be submitted to Government in late 2019. In addition, a statutory consultation relating to the proposed introduction of a charging Clean Air Zone is scheduled for August to October 2019. More detail on these initiatives is set out in the **Sustainable Stockport** Portfolio Agreement.

**Performance Measures and Targets;**

*Figures in italics for 2018/19 are provisional*

**Measures in bold are included in the Corporate Report and Performance Dashboard**

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

**Targets used within the Agreement**

All measures have a performance target expressed numerically or as an aspirational target. Where baseline data exists, a specific level of performance is required or desired, for example, to bring Stockport performance in line with comparators, numerical targets have been used. In some cases, particularly where baseline data is not yet available or where performance is influenced by a range of partners, the aspiration is to **maximise** or **minimise** – depending on polarity (whether higher or lower is better). Most targets are aimed at achieving an improved performance level, however, some targets are set to **maintain** current adequate performance.

Performance against these targets during 2019/20 will be reported using a ‘Red / Amber / Green’ (RAG) rating. Where performance is not meeting a numerical target or an aspirational target to maximise, minimise or maintain, an ‘Amber’ tolerance range will be applied where performance is better than the 2018/19 out-turn figure but is not on target.

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Actual	2019/20 Target
PHOF 4.04i GMS	Premature mortality due to cardiovascular disease (per 100,000 population)	Annually	Low	62.3 (2014-16)	65.0 (2015-17)	68.3 (2016-19)	67.0 (2017-19)
PHOF 4.05i GMS	Premature mortality due to cancer (per 100,000 population)	Annually	Low	141.5 (2014-16)	136.7 (2015-17)	131.0 (2016-19)	130.0 (2017-19)
PHOF 4.07i GMS	Premature mortality due to respiratory disease (per 100,000 population)	Annually	Low	32.1 (2014-16)	30.9 (2015-17)	30.7 (2016-19)	30.0 (2017-19)
PHOF GMS	Healthy life expectancy (years) – males	Annually	High	65.0 (2013-15)	63.6 (2014-16)	61.7 (2015-17)	62.0 (2016-18)
PHOF GMS	Healthy life expectancy (years) – females	Annually	High	65.9 (2013-15)	66.0 (2014-16)	64.7 (2015-17)	65.0 (2016-18)

These measures, all three-year rolling averages, are reported annually. They will not be included routinely within the quarterly performance reports, but will be included with the report following their publication and/or in the Quarter 4 report. ‘Premature Mortality’ is defined as under 75 years old. Targets have been informed by current trajectories or GM / national averages where performance is declining.

## Portfolio Performance and Resources - Agreement 2019/20

ACH 1.1	Number of people undertaking the National Diabetes Prevention Programme.	Quarterly	Increase	N/A	880 (Aug 17 – Jul 18)	1,470 (Aug 18 – Jul 19)	840 (Aug 19 – Jul 20)
This measure shows the number of people starting the NDPP. The 2019/20 target reflects the contract cap from NHS England following the establishment of the 3-year programme.							
ACH 1.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	Quarterly	High	3,910	5,028	4,256	4,300
This measures the numbers of referrals (either via GP, digital channels [Healthy Stockport] or self-care) to the START team, the gateway to Stockport's specialist lifestyle services.							
ACH 1.3	Number of people completing a weight management intervention (ABL lifestyle service).	Quarterly	High	N/A	N/A	123	180
ACH 1.4	Number of people completing a smoking cessation (ABL lifestyle service).	Quarterly	High	101	112	148	180
A new service model for specialist lifestyle services was introduced in 2018/19. No long-term trend information is available as the service model changed in 2016/17 and was remodelled in 2018/19. It should be noted that GP practices also offer smoking cessation interventions.							
<b>ACH 1.5 GMS</b>	<b>Percentage of adults who are active or fairly active</b>	<b>Annually</b>	<b>High</b>	<b>N/A</b>	<b>N/A</b>	<b>80.8% (2015/16 – 17/18)</b>	<b>82.0%</b>
This measure is derived from the Sport England Active Lives Survey, and will be updated annually. Due to the small sample size, a three-year rolling average is used, and will be reported alongside relevant confidence intervals.							
PHOF 2.12 GMS	Percentage of adults classed as overweight or obese (BMI >25)	Annually	Low	62.5% (2015/16)	61.1% (2016/17)	60.6% (2017/18)	60.0% (2018/19)
<b>PHOF 2.14 GMS</b>	<b>Percentage of adults who smoke</b>	<b>Annually</b>	<b>Low</b>	<b>15.1% (2015)</b>	<b>12.2% (2016)</b>	<b>14.3% (2017)</b>	<b>14.0% (2018)</b>
This measure is derived from the Public Health England (PHE) Annual Population Survey. As with the Active Lives Survey, sample sizes at Stockport level are relatively small, so are reported at a 95% confidence level (ie within a range of + or - 5%)							
ACH 1.6 GMS	Percentage of residents reporting high levels of anxiety	Annually	Low	21.0% (2015/16)	18.3% (2016/17)	19.8% (2017/18)	19.0% (2018/19)
<b>ASCOF 1D GMS</b>	<b>Proportion of service users reporting that they had as much social contact as they would like</b>	<b>Annually</b>	<b>High</b>	<b>41.0%</b>	<b>40.9%</b>	<b>43.0%</b>	<b>Aim to maximise</b>
Data from the 2019 survey is currently being finalised – to be reported along with 2019/20 target at mid-year							

## **Priority 2: Early intervention, living and ageing well**

Our Early Intervention and Prevention programme will focus on identifying need and motivating people to change behaviour, access support and services, embedding prevention at every step. The Council will implement an Ageing Well strategy.

### **Protecting the health of the population**

We will continue to increase our programme of flu immunisation, plan effectively to deal with outbreaks of disease, and provide support and challenge to the vaccination and screening services commissioned by other parts of the public health system.

### **Delivered by:**

### **Public Health Programmes and Interventions**

There are a range of key projects, programmes and strategies which support this priority, including a number across Greater Manchester. These are set out in brief below, and updates will be provided by exception.

#### **National Diabetes Prevention Programme**

We will deliver this 9 month behaviour change programme offered to the 17,000 Stockport people who are “pre-diabetic”. It began in June 2017 and a new contract starts in August 2019. We will work to manage the transition over the first part of the year and aim to maintain our excellent referral rates. A new digital offer will also be available from August, and eligible patients who are unable to take up the face-to-face behaviour change programme will be offered remote support.

#### **NHS Health Checks pilot**

We will continue to work with 2 other GM local authorities to improve the targeting and outcomes of the NHS Health Checks. We implement a new call and recall system during the first part of the year, which will enable us to target those most at risk. We will roll this out on a neighbourhood-by-neighbourhood basis.

#### **Breast Screening Programme**

We will work collaboratively with NHS England Commissioners, service providers and the public to understand the reasons for declines in the levels of uptake of this vital service and will then plan and test actions to improve these rates.

#### **GM Cancer Plan**

We will deliver actions under the prevention theme of the GM Cancer Plan to maximise the early detection and management of cancers, including targeted work with GP Practices with lower uptake rates.

#### **Suicide Prevention Strategy**

We will develop a suicide plan in partnership with key agencies, focusing on mental health care, engaging key wider services, providing bereavement support for those affected, developing training and promoting mental wellbeing in the community.

#### **Annual Flu Immunisation Programme**

We will deliver the annual flu immunisation programme in partnership with a range of stakeholders with the aim of achieving all national and Greater Manchester targets.

### **Infection prevention**

We will continue to develop and deliver support to the Stockport Health Economy to improve the control of infection and to plan for and manage outbreaks.

### **Redesigning our Mental Health Services**

We will continue to review and redesign our mental health services around the needs of users. The Council has awarded the two Mental Health contracts to Stockport Progress and Recovery Centre (SPARC) and PURE Innovations in partnership with Beacon. The contracts commenced from May, and both organisations are working closely with Stockport and District MIND, who delivered parts of the previous contract, to ensure a smooth transition for people who use the service. Updates on progress in delivery of these contracts will be reported during the year.

To supplement Care Act training provided to ASC staff, further training is planned on asset-based approaches to assessment and this will be extended to Mental Health teams. The aim is also to increase in the numbers of referrals from those teams for Care Act Advocates, and embed this within the Care Programme Approach documentation.

### **Dementia Strategy**

We will continue to work with NHS Stockport CCG and partners to implement Stockport's Multi-Agency Dementia Strategy, which is now in its 3rd year. This is supported by Dementia United (DU) - a 5-year programme to improve the lived experience of people with dementia and their carers across GM. The Council will continue to work with stakeholder and voluntary groups to support Stockport's Dementia Drop-ins, which provide an important support network for people with dementia and their carers.

### **Prevention Alliance (TPA)**

We will continue to work with people with all levels of need, from those requiring information and signposting only, to those dealing with complex and challenging life situations through the Prevention Alliance. The provision of information and advice, whether in person at the Hub or by telephone, remains an important function with issues around economic wellbeing and housing being the main reasons for making contact. The Alliance's strengths-based model is based on helping people to achieve their goals. Community Connectors assist people to engage in community resources within Stockport and link people in with groups and activities.

### **Wellbeing and Independence Networks (WIN)**

We will continue to provide advice, support and practical assistance to people in need of short-term assistance to live independently at home and/or engage with their local community. They include the WIN at Home, WIN Living Well in the Community and WIN Community Transport.

Work is continuing with all three of the WIN services to develop key measures that have been co-produced and signed off by commissioners. In 2019/20, progress will be reported against those KPIs to assist in the recommissioning process. An independent review of all preventative services is planned in advance of recommissioning.

<b>Performance Measures and Targets</b>							
<b>PI Code</b>	<b>PI Name</b>	<b>Reported</b>	<b>Good Performance</b>	<b>2016/17 Actual</b>	<b>2017/18 Actual</b>	<b>2018/19 Actual</b>	<b>2019/20 Target</b>
<b>PHOF 4.15iii</b>	<b>Excess winter deaths index (3 years, all ages) (annual).</b>	<b>Annually</b>	<b>Low</b>	<b>13.9% (2013-16)</b>	<b>14.7% (2014-17)</b>	<b>14.4% (2015-18)</b>	<b>14.0% (2016-19)</b>
Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. This measure is reported annually, with the 2016-19 data due in February 2020.							
ACH 2.1	% of eligible women screened for breast cancer in last 3 years	Annually	High	73.4%	72.0%	72.9%	73.5%
ACH 2.2 GMS	Percentage of deaths occurring at usual place of residence	Annually	High	43.4% (2016)	47.3% (2017)	45.6% (2018)	46.0% (2019)
<b>PHOF 3.03xiv</b>	<b>Take up of flu vaccinations by over 65s.</b>	<b>Q3 &amp; 4</b>	<b>High</b>	<b>78.1%</b>	<b>80.8%</b>	<b>79.9%</b>	<b>81%</b>
PHOF 3.03xv	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	Q3 & 4	High	61.2%	62.2%	60.8%	62%
ACH 2.3	Uptake of flu vaccinations for pregnant women.	Q3 & 4	High	65.2%	71.2%	70.1%	72%
PHOF 3.03xviii	Uptake of flu vaccinations for 2-4 year olds.	Q3 & 4	High	52.4%	74.8%	62.9%	65%
ACH 2.4	Uptake of flu vaccinations for 5-9 year olds.	Q3 & 4	High	31.7%	68.5%	76.2%	78%
ACH 2.5	No. of MRSA infections in Stockport.	Quarterly	Low	4	4	1	0
ACH 2.6	No. of C difficile infections in Stockport.	Quarterly	Low	102	95	87	90
ACH 2.7	No. of influenza outbreaks in care homes.	Quarterly	Low	5	10	9	10
ACH 2.8	No. of diarrhoea & vomiting outbreaks in care homes.	Quarterly	Low	32	27	20	20
ACH 2.9	Number of people who have accessed The Prevention Alliance (TPA)	Quarterly	High	N/A	3,340	2,400	3,000
ACH 2.10	Proportion of people engaging with TPA who fully achieved their goals	Quarterly	High	N/A	N/A	52% (104) (Q3)	Aim to maximise
<b>ASCOF 1F</b>	<b>Proportion of adults in contact with secondary mental health services in paid employment</b>	<b>Quarterly</b>	<b>High</b>	<b>3.5%</b>	<b>6.1%</b>	<b>6.5%</b>	<b>7.0%</b>
<b>ASCOF 1H</b>	<b>Proportion of adults in contact with secondary mental health services living independently with or without support</b>	<b>Quarterly</b>	<b>High</b>	<b>82.1%</b>	<b>85.6%</b>	<b>85.9%</b>	<b>87.0%</b>

**Priority 3: Supporting a person and community-centred approach to well-being**

We will work closely with partners in the third and independent / private sectors to develop targeted preventative services where support to adults and children can be provided better in the community, including schools and GP surgeries (shared with Outcome 2).

**Delivered by:**

**Developing an asset-based approach to personalisation**

We will deliver a new model for Adult Social Care, focused on helping the people of Stockport live their best lives possible through promoting independence within our communities, working with our partners and empowering our staff to use an asset-based approach to provide high quality support for residents that is appropriate for their level of need.

**GP Health Champions programme**

We will extend the number of practices that participate in the GP health Champions programme and extend the wider health and well-being offer in the local community

**Person and Community Centred programme**

We will enable community capacity to support health and well-being in deprived communities, and develop community resilience to reduce social isolation and loneliness building on the Heaton's pilot. The Team Around the Place (TAP) approach will be established as Stockport's framework for social prescribing and health related asset based working, alongside developing and consolidating the commissioned and VCSE social prescribing offer. This work will be led by the Inclusive Neighbourhoods portfolio.

**Self-care resources**

We will use short-term resources from Stockport Together to develop our self-care resources for people with long-term conditions. These will be use by a range of services including, the Viaduct Care Health and Wellbeing Team, to empower patients to more actively manage their health problems.

**Migrant and Community Well-Being programme**

We will work to support migrant and vulnerable groups in our community will continue throughout 2019/20, this work programme includes helping migrants, asylum seekers, travellers and the homeless to access and navigate the local health and wellbeing system.

**Trusted Assessors**

We will continue to develop the Trusted Assessor (TA) project, offering up to 72 hours support to minimise the risk of readmission or placement breakdown. This went live in 2018, and initial analysis shows that there have been no readmissions to hospital. Providers are increasingly confident with the scheme, with positive feedback and over 30 currently signed up - and more requesting to be included. The Council is continuing to work with partners and develop this approach, hosting the inaugural meeting of the GM TA support network and developing a regional peer support network.

**Carers Charter / Carers Connect**

We will continue to meet regularly with the Stockport Carers Charter Implementation Group along with health partners to measure progress against the identified priorities in the Joint Action Plan. Work on the Social Care carers offer is being developed alongside work around the new ASC

operating model. Membership across GM of Employers for Carers will enable health and care organisations and local SMEs to take advantage of national resources for working carers.

The Carer's Connect project continues to build its social media presence, alongside a new peer support group. The number of carers registered with Signpost Stockport has increased by more than 1,000 since the project started in October 2016, and many carers have attended Living Well sessions, engaged in local support groups and peer-to-peer support. The balance of the Grant will be carried forward, pending a decision on National Lottery funding.

**Performance Measures and Targets;**

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Actual	2019/20 Target
ASCOF 1C(1A)	The proportion of people who use services who receive self-directed support. (actual number)	Quarterly	High	93.7%	96.7% (4,395)	94.9% (3,410)	96.7%
ACH 3.1 NEW	Increase in/number of people using self-care online resources	Quarterly	High	N/A	N/A	N/A	Aim to maximise

Baseline to be established 2019/20.

To be measured as:

- The number of people accessing the Long Term Condition page of the Healthy Stockport website
- Plus the number of Stockport patients registering with the GM Diabetes My Way App

ACH 3.2 NEW	Number of carers assessments carried out	Quarterly	High	TBC	TBC	TBC	Aim to maximise
ACH 3.3 NEW	Number of carers in receipt of direct payments	Quarterly	High	TBC	TBC	TBC	Aim to maximise

Data for the above measures is currently being finalised – to be reported along with 2019/20 targets at mid-year

ASCOF 1A	Overall social care related quality of life score (out of 24)	Annually	High	18.5	18.7	18.5%	Aim to maximise
ASCOF 1I(1)	Proportion of people who use services reporting that they had as much social contact as they would like	Annually	High	41%	41%	43%	44.5%

#### **Priority 4: Integrating our health and social care services**

We remain committed to the Stockport Together programme, building on our work with health partners to create a more sustainable health and care system driven by improved health outcomes, reduced health inequalities and less reliance on bed-based care. Our shared ambition includes development of a Single Commissioning Function, enabling prevention-focussed, whole population commissioning.

#### **Delivered by;**

##### **Developing the social care market and supporting carers**

We will continue to support and strengthen development of the social care market, using local data and intelligence to inform commissioning, and meet the challenges of the Government's Social Care proposals. We will work with our local communities to support carers, whilst promoting our ethical framework for external home care workers, delivering a people-centred approach to care.

##### **Enhanced Front Door**

We will continue to develop our expanded Front Door Team, which has added Social Care Officers, Social Workers and Occupational Therapists to the pre-existing team of Referral and Information Officers. This will help improve the consistency of IAG, signposting, triaging and decision making, whilst reducing inappropriate referrals and providing a response at the point of contact.

Additional training is being provided, with smoother links to Community and Voluntary Sector partners, and plans will continue to focus on functional advice, equipment and telecare enabling clients to be independent in their own homes, and re-building people's links to personal and community networks. New, asset-focussed initial assessment documentation has been developed which will go live in 2019/20 and planning has commenced to scale up the offer further in the new year, in line with the proposed new model of care.

##### **Commissioning and Infrastructure**

We will work with our health partners to deliver our shared ambition through a Single Commissioning Function, and will set out our position and preferred model to help realise this ambition. This will enable prevention-focussed, whole population commissioning that will reduce health inequalities, and improve healthy life expectancy and health outcomes for people in Stockport.

There will be a continued focus on support shaped around our local communities and networks through a place-based approach to commissioning. This is a key element of the Council's Medium Term Financial Plan, led by the Resources, Commissioning & Governance Portfolio, with delivery through this Portfolio along with the Inclusive Neighbourhoods Portfolio.

Further progress is also planned in relation to integration of IT and case management systems, along with care pathways. The new GM White Paper on Integrated Public Services will also be a key driver for this work.

##### **Ethical Framework**

We will continue to expand the Ethical Support at Home Framework. Accredited providers will receive a premium if they can evidence high quality support through a CQC rating of 'Good' or 'Outstanding' alongside a commitment to pay the Real Living Wage, improve working conditions and recruitment / retention processes. 63% of the support at home hours commissioned through



the Council are now through the Ethical Framework, with 28 out of 37 providers accredited. As new packages of support are offered to these providers ahead of the wider market, this proportion will grow over time.

**Neighbourhood and Boroughwide Services**

We will shape the delivery of our services around a new operating model for Adult Social Care. Future options for the eight Neighbourhood teams will be considered, to address weekend working, enhanced case management and the integrated model for Health and Social Care.

Following a review of the Integrated Transfer Team, changes will be implemented to support ‘stranded patients’ and reduce delayed transfers of care. The team will be reviewed to ensure the correct compliment of staff is able to deliver support at the right time, whilst safeguarding processes are also being reviewed with FT colleagues to ensure clear and effective pathways.

**CQC System Review**

We will continue to monitor delivery of recommendations from the CQC System Review of Stockport’s Health and Social Care. These are set out in an action plan, which was approved by the CQC and regular updates will be provided.

**Performance Measures and Targets;**

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Actual	2019/20 Target
ASCOF 2C(1)	Delayed transfers of care from hospital (all) – defined as average number of people whose discharge is delayed per day	Quarterly	Low	58	34	26.8	25.0
ASCOF 2C(2)	Delayed transfers of care from hospital that are attributable to adult social care	Quarterly	Low	32.7	26.6	16.4	15.0
ACH 4.1 NEW	Delayed transfers of care from Stepping Hill hospital that are attributable to adult social care	Quarterly	Low	TBC	TBC	TBC	Aim to minimise

Targets are provisional, pending confirmation of out-turns and BCF target figure for 2C(1). Data relating to Stepping Hill Hospital (ACH4.1) is being confirmed, and will be included in the mid-year report alongside a target figure.

Further measures will be reported in-year against this priority, to better reflect community-based support and step-up processes.

## **Priority 5: Strengthening and reviewing the way we protect vulnerable adults at risk**

We will 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.

### **Delivered by;**

#### **MAARS – Team around the adult**

We will deliver the 'Team Around the Adult' approach for more complex cases, with a particular focus on mental ill health through the MAARS panel. This will be examined further during 2019/20 alongside thresholds for mental health and adult social care services, alongside a review the terms of reference and the criteria for referral and awareness raising with practitioners.

#### **Care Act Compliance / DoLS**

We will continue to undertake Best Interest Assessments and the signing of the Deprivation of Liberty Safeguards (DoLS) in line with Care Act requirements. Additional Best Interest Assessor (BIA) capacity is now in place, and this should reduce the backlog of assessments.

Where a deprivation of liberty occurs other than in a care home or hospital such as in supported tenancies or extra care housing the Council must apply to the Court of Protection for the deprivation to be authorised.

The availability of Independent Mental Capacity Advocates (IMCAs) and Paid Relevant Persons Representatives (PRPRs) continues to be a national issue. Additional funding for the IMCA service and BIAs has recently been agreed to ensure mitigation against some of these risks. Wider risks and challenges associated with DoLS include; the risk that vulnerable adults have unchecked restrictions on their lives; the potential for increased litigation from illegal deprivations including damages and reputational risk; along with negative scrutiny from the Coroner and Court of Protection.

The Mental Capacity (Amendment) Act 2019 has now received Royal Assent, and will replace the DoLS within the Mental Capacity Act 2005 with a new scheme called the Liberty Protection Safeguards (LPS). These will establish a process for authorising arrangements enabling care or treatment which give rise to a deprivation of liberty within the European Convention on Human Rights, where the person lacks capacity to consent to the arrangements. It also provides for safeguards to be delivered to people subject to the scheme, which will come into place in 2020. Unlike DoLS, the LPS includes the CCG and FT as responsible bodies alongside the Council.

#### **GM Substance Misuse and Drug & Alcohol Strategies**

We will build on GM-wide initiatives to develop a substance misuse strategy for Stockport. The Drug and Alcohol Strategy aims to make GM a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and identifies a series of commitments. These will be delivered locally through services commissioned by the Council and Health Partners.

The GM Drug and Alcohol Strategy 2019-2021 was approved in March, following a wide public consultation. It provides a framework for localities and wider partners, underpinned by the principles of public service and place-based reform which call for person-centred approaches,

integrated partnership working between services and a focus on collaboration, prevention and intervening early to stop problems escalating.

**Performance Measures and Targets;**

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Actual	2019/20 Target
ACH 5.1	Total number of DoLS referrals awaiting assessment	Quarterly	Contextual	271	969	862	N/A
ACH 5.2	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Quarterly	Low	N/A	107	110	80
ACH 5.3	Safeguarding outcomes - Percentage of safeguarding cases where the risk has been reduced or removed (number of cases)	Quarterly	High	N/A	75.6% (101)	80.3% (106)	82%
ACH 5.4 NEW	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (from Making Safeguarding Personal)	Quarterly	High	N/A	N/A	N/A	Aim to maximise

Baseline to be established 2019/20

<b>PHOF 2.18 GMS</b>	<b>Alcohol related admissions to hospital per 100,000 (narrow).</b>	<b>Quarterly</b>	<b>Low</b>	<b>656.4</b>	<b>671.1</b>	<b>663.8 (Q3)</b>	<b>660</b>
<b>GMS</b>	<b>Alcohol related admissions to hospital per 100,000 (0-17 years)</b>	<b>Quarterly</b>	<b>Low</b>	<b>60.1</b>	<b>59.4</b>	<b>44.6 (Q3)</b>	<b>43.0</b>

These measures show the number of admissions to hospital that are as a result of alcohol use per 100,000 population (all ages) based on PHE narrow definitions, and for 0-17 year olds.

<b>PHOF 2.15i</b>	<b>Successful completion of treatment – non-opiate users.</b>	<b>Quarterly</b>	<b>High</b>	<b>23.4% (Sep15-Aug16)</b>	<b>30.8% (Sep16-Aug17)</b>	<b>26.8% (Sep17-Aug18)</b>	<b>29.0% (Sep18-Aug19)</b>
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This measure shows the proportion of patients who successfully complete their drug treatment programme (i.e. are free of drug dependence) who do not re-present within 6 months.

## **Priority 6: Providing support and care to help people remain independent for longer**

We will develop our new operating model to focus on prevention and customer engagement, ensuring holistic support plans are in place which provide early, up-stream provision of step-up support along with re-ablement and recovery to help people stay in their own homes.

### **Delivered by;**

#### **Support and Care Management**

We will continue to support and encourage improvements with providers both in a residential setting and for people who receive support in their own home. This will be through the Enhanced Quality Improvement Programme (EQUIP) team working alongside the Quality Team.

Stockport remains the fastest improving locality within GM for improved CQC ratings and is the 7th fastest improving local authority in England for care home ratings. There have been substantial improvements across the care sector in Stockport in 2018/19 with the Quality and EQUIP Teams focusing on further improvements for 2019/20 and beyond.

#### **Making Stockport Autism-friendly**

We will work to deliver our local strategy to make Stockport an autism-friendly place to live and work. The GM 'Autism Friendly Strategy 2019-22', launched by the GMHSCP in March, sets out key areas for the city-region which aim to make GM an autism friendly place to live. The strategy was co-produced with autistic people, their families and carers, along with practitioners, and aims to inform the refresh of the Autism Act, along with local approaches.

The Strategy will play a key part in the achievement of Stockport's 2017-2020 Autism strategy, with a local review due following the refresh of the Autism Act due in late 2019. This will be closely linked to the local autism and ADHD diagnostic pathway and post diagnostic support. The aim of the strategy is to work towards making GM – and Stockport – an autism friendly place to live, with timely diagnosis and support, where professionals have a good understanding of autism, and services, organisations and employers make reasonable adjustments when required. Autistic people will feel safe, have aspirations and fulfil their potential, and become a full member of the local community.

#### **Improving outcomes for people with learning disabilities (LD)**

We will continue to deliver our 3-year Action Plan as part of the GM LD Action Plan. This covers ten priority areas which are being taken forward by the Valuing People Partnership and Health and Wellbeing Board. Initial priorities are criminal justice, housing, employment and transition, which will be part of the GM Learning Disability Pathway. Investigations into higher mortality rates amongst people with LD have led to work with GP practices to ensure Annual Health checks and Health Action Plans are undertaken. Meanwhile, a management and service review of the LD Tenancy Service is aiming to ensure the structure and model are fit for purpose moving forward, whilst a service specification is being developed for specialist supported employment services across GM for people with a learning disability, mental health issues and /or autism.

Following the Ofsted inspection of Stockport's services for children and young people with Special Educational Needs and Disabilities (SEND), an improvement plan has been drawn up, overseen by the SEND Improvement Board. This includes transition services and support for young people up to the age of 25. Whilst this is led by the Children, Families and Education Portfolio, key areas of progress will be reported within Adult Care and Health.

### All-Age Living Prospectus – Healthy, Happy Homes

We will work with partners to deliver the All Age Living Prospectus for Healthy, Happy Homes. This was launched in February 2019 and outlines the opportunity to bring together housing, health, social care and workforce challenges into a single vision and programme to enable all residents to look forward to a positive older age. A comprehensive partnership approach will drive change over the next 15 years, through four inter-related strategic themes: Living Well at Home; Workforce & Education; Technology Enabled Living; and Neighbourhood Care. These work-streams will be developed into practical partnership working groups with a clear set of deliverables.

### Extra-Care Housing

We will re-tender the care and support provision provided across seven Extra Care Housing (ECH) services in Stockport. There are currently seven Extra Care Housing Schemes in the borough and this is likely to grow in the future. With two sites in Marple, Edgeley and Reddish and one in Heald Green, a total of 270 flats are available and approximately 2,500 hours of care and support are provided across all sites. The Council intends to offer the tender opportunity to all providers who are accredited to the Ethical Framework. New providers have been invited to apply to be added to the Ethical Framework to enable them to apply for this tender opportunity which was advertised in May.

### Performance Measures and Targets;

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Actual	2019/20 Target
ASCOF 2A(2) GMS	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population ( <i>actual number</i> )	Quarterly	Low	582.6	624.7 (357)	644.0 (451)	700 BCF
ASCOF 2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services ( <i>actual number</i> ) <i>Jan – Mar only</i>	Quarterly	High	86.5%	96.1%	92.4% (122)	95% BCF
ASCOF 2B(2) NEW	Proportion of older people (65 and over) who received re-ablement / rehabilitation services after discharge from hospital	Quarterly	High	2.5%	2.0%	TBC	<i>Aim to maximise</i>
Provisional targets set, pending final target for BCF from DoH. 2018/19 data from Stepping Hill Hospital to be confirmed for ASCOF 2B(2). To be included in mid-year report when a numerical target will be agreed.							
ASCOF 2D	The outcome of short-term services: sequel to service. Proportion of people accessing short-	Quarterly	High	78.7%	85.2% (1,862)	85.5%	86%

## Portfolio Performance and Resources - Agreement 2019/20

	<b>term services that no longer require long-term packages of care (actual number)</b>						
ASCOF 1E	<b>Proportion of adults with a learning disability in paid employment (actual number)</b>	Quarterly	High	10.5%	10.6%	9.4% (72)	10%
ACH 6.1 NEW	Proportion of adults with autism in paid employment (actual number)	Quarterly	High	TBC	TBC	TBC	Aim to maximise
Baseline data being established – to be included in mid-year report.							
ASCOF 1G	<b>Proportion of adults with a learning disability who live in their own home or with their family (actual number)</b>	Quarterly	High	93.8%	92.9%	92.4% (704)	95%
ACH 6.2 NEW	Proportion of adults with autism who live in their own home or with their family (actual number)	Quarterly	High	TBC	TBC	TBC	Aim to maximise
Baseline data being established – to be included in mid-year report.							
N1	The proportion of <b>Nursing</b> bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	Quarterly	High	40%	86% (842)	81.3% (878)	85%
N2	The proportion of <b>Residential</b> bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	Quarterly	High	32%	55% (728)	74.5% (903)	80%
N3	The proportion of <b>Home Care Agencies</b> in Stockport with an overall CQC rating of good or outstanding (number)	Quarterly	High	63%	75% (21)	91.2% (31)	95%
N4	Number of <b>Home Care hours</b> in Stockport with an overall CQC rating of good or outstanding (number per week)	Quarterly	High	N/A	N/A	98.2% (13,757 p/w)	98%
PHOF 2.24i GMS	Hospital admissions of over-65s due to falls (per 100,000 over 65s)	Annually	Low	2,546	2,674	2,809	2,800
Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000. Stockport has the third highest figure in GM (behind Salford and Wigan) for admissions due to falls, higher than both the GM and national average, and an increase since 2016/17. This measure reflects the overall urgent care system in Stockport, rather than a particular issue for falls locally. This isn't to minimise the impact of falls, we know that falls are a major issue, and are a significant cause of injury and loss of independence for older people, but we don't think Stockport is particularly different from other areas in this.							

# 3. ADULT CARE & HEALTH PORTFOLIO FINANCIAL RESOURCES AND MONITORING 2019/20



## 3.1 Total Resources

The resources available to the Portfolio for 2019/20 include Gross Revenue Budget, Approved Use of Reserves and Capital Schemes. These funding sources are described in further detail in Sections 3.2 – 3.4 of this report.

## 3.2 Revenue Budget

### 2019/20 Budget

**Cash Limits** are approved before the financial year commences and each Portfolio is responsible for ensuring that their net expenditure does not exceed their cash limit for that year.

The Portfolio's cash limit for 2019/20 is £89.436m. The cash-limit budgets, for the functions within the Portfolio for 2019/20, are as follows:

	Employee Expenditure	Non Employee Expenditure	Gross Expenditure	Gross Income	Net Cash limit Budget
	£000	£000	£000	£000	£000
Boroughwide Services	11,770	31,570	43,340	(8,521)	34,819
Commissioning & Infrastructure	6,379	990	7,369	(2,031)	5,338
Health & Wellbeing	291	174	465	(129)	336
Neighbourhood Services	7,062	57,343	64,405	(23,607)	40,798
Practise Quality & Workforce Strategy	1,558	20,292	21,850	(23,796)	(1,946)
Public Health	1,595	11,721	13,316	(3,225)	10,091
<b>Adult Care and Health Total</b>	<b>28,655</b>	<b>122,090</b>	<b>150,745</b>	<b>(61,309)</b>	<b>89,436</b>

### Budget movements since 2018/19 including the Savings Programme 2019/20

Adult Social Care & Health	£000
<b>2018/19 – Recurrent Q4 budget</b>	<b>85,816</b>
<b>Investment: Aligned to 18/19 recurrent pressures:</b>	
Underlying Pressure (Intermediate Tier)	1,500
Underlying Pressure (Hospital Social Work Team)	258
Funding to offset 18/19 in year contribution from iBCF	3,000

## Portfolio Performance and Resources - Agreement 2019/20

<b>Adult Social Care &amp; Health</b>	<b>£000</b>
	<b>4,758</b>
<b>Investment: Aligned to Demographics / Demand / Price / NLW:</b>	
Corporate contingency budget allocation inc. Demographics	4,215
	<b>4,215</b>
<b>Other Investments:</b>	
2019/20 Pay Award To reflect the National Joint Council (NJC) agreed pay award of 2%	695
One off resource – appropriation from reserves – Double running – ASC charging policy	139
Contribution to Support Funds saving (SLAS) from Council Tax Discount review	175
	<b>1,009</b>
<b>Grant Allocations:</b>	
2019/20 ASC Winter Pressures Grant (expenditure)	1,283
2019/20 ASC Winter Pressures Grant (income)	<b>(1,283)</b>
2019/20 Social Care Grant allocation – Res & Nurs price increases*	1,020
2019/20 Social Care Grant allocation – Staffing*	70
2019/20 Reduction in Public Health Grant	<b>(414)</b>
	<b>676</b>
<b>Savings:</b>	
Strategic Commissioning – Support & Governance	<b>(250)</b>
Strategic Commissioning – Support Funds	<b>(675)</b>
Improving Customer Experience – Balancing the cost of services	<b>(46)</b>
	<b>(971)</b>
<b>Double running adjustment :</b>	
ASC Charging policy phasing	<b>(368)</b>
	<b>(368)</b>
<b>Virements Between Portfolios post Budget Council</b>	
Childrens Public Health to Children, Family Services & Education Portfolio	<b>(5,238)</b>
Blue badge admin budget to Resources, Commissioning & Governance Portfolio	28
Homelessness contract transfer to Sustainable Stockport Portfolio	<b>(174)</b>
Funeral Services to Sustainable Stockport Portfolio	<b>(12)</b>
Health Promise Adjustment cross Portfolio	<b>(282)</b>
Adult Social Care Communications to Citizens Focus and Engagement Portfolio	<b>(21)</b>
	<b>(5,699)</b>
<b>2019/20 Cash Limit</b>	<b>89,436</b>

\* Social Care Grant income being held corporately as cross portfolio.

### **Pooled Budget**



The opening pooled budget for 19/20 is **£89.303m**. This encompasses services that can be statutorily pooled from within the Adults and Health portfolio.

Services which were in the Adult Social Care portfolio in 18/19 but which are now described within other portfolios; such as Domestic Abuse and Stockport Local Assistance Scheme, continue to be reflected within the revenue budget as part of the Adult Care and Health portfolio. Therefore they continue to remain part of the pooled budget.

### 3.3 Earmarked Reserves

The majority of earmarked reserves are held at a corporate level and services produce a business case to draw down funds, which is approved through Corporate Leadership Team and Members. This strategic approach is designed to provide financial resilience for the Council and to ensure that Council reserves are used on an invest-to-save basis and to support Council priorities. The exceptions to this are ring fenced reserves and the Directorate Flexibility Reserve.

The reserve commitments shown are subject to change as part of the Council's Reserves Policy update that will be reported to Corporate Resource Management and Governance Scrutiny Committee and Cabinet in August. Changes to the Reserve Commitments shown will be reported in the mid-year Portfolio Performance and Resources Report.

Reserve Category	Reserve Narration	To be used for	£000
<b>Directorate Reserves</b>			
Directorate Reserve	Directorate Flexibility Reserve - People	2 ESA Advisors	2
<b>Corporate Reserves</b>			
Budget Resilience Reserve	Adults Reserve	Learning Disability Sleep ins; increased hourly rates	24
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	3,874
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC Grant balance	325
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC Schemes) – Part phasing of reserve contribution	500
Reserve Linked to Budget	Transformation - Invest to Save Reserve	Implementation of the Liquid Logic System across Children's and Adults	662
Reserve Linked to Budget	Transformation – Double Running reserve	To fund delay in implementation of charging policy 19/20	367
Corporate Reserve	Revenue Grant	NESTA Co Production	23
Corporate Reserve	Revenue Grant	Hate Crime Funding	18
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	36
Corporate Reserve	Revenue Grant	European Funded Schemes	217
Corporate Reserves	Revenue Grant	Public Health: mitigate in year pressures and meet savings targets	826
Corporate Reserves	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	107
<b>Total</b>			<b>6,981</b>

### 3.4 Capital Programme

The Council's new Capital Strategy aims to deliver an annual Capital Programme that supports the Council's strategic priorities and offers best value for money.

Capital Funding comprises non-recurring resources from a range of sources. The Portfolio capital programme for 2019/20 and beyond is detailed below:

<b>Scheme</b>	<b>2019/20 Programme £000</b>	<b>2020/21 Programme £000</b>
Case Management System	526	0
Residential Care Sector Support	49	0
Grant allocations - remaining balance	576	0
<b>TOTAL</b>	<b>1,151</b>	<b>0</b>

#### Details of the programme:

<b>Scheme</b>	<b>Description</b>
Case Management System	During 2019/20 it is anticipated that the implementation of the new Adults and Children's Social Care System will be completed.
Residential Care Sector Support	Match funded capital grants to the independent and private residential care sector to enhance the physical character of homes. This will provide dignity in care and improve the overall environment of care homes for those individual residents and their families / friends.
Grant allocation - remaining balance	There is £0.576m available for allocation to. A number of significant calls on the remaining allocation are currently being considered. The remaining balance has been fully allocated to 2019/20 but as we move into 2019/20 the profiling of this allocation will be reviewed and updated on a regular basis.

#### Funding the Capital Programme

<b>Resources</b>	<b>2019/20 £000</b>	<b>2020/21 £000</b>
Capital Grants	781	0
Revenue Contributions (RCCO)	370	0
<b>TOTAL</b>	<b>1,151</b>	<b>0</b>

## GLOSSARY

Common acronyms used within the PPRA and likely to be referred to in the Portfolio Reports include the following;

ADHD – Attention Deficit Hyperactive Disorder  
ASC - Adult Social Care  
ASCOF – Adult Social Care Outcomes Framework  
BCF – Better Care Fund  
BIA – Best Interest Assessor  
BMA – British Medical Association  
BMI – Body Mass Index  
CCG – Clinical Commissioning Group  
CQC – Care Quality Commission  
CURE – Conversation, Understand, Replace, Expert and Evidence Based smoking cessation programme  
DoLS – Deprivation of Liberty Safeguards  
DU – Dementia United  
ECH – Extra-Care Housing  
EQUIP – Enhanced Quality Improvement Programme  
ESA – Employment Support Allowance  
EWD – Excess Winter Deaths  
FT – Foundation Trust  
GMCA – Greater Manchester Combined Authority  
GMHSCP – Greater Manchester Health & Social Care Partnership  
GMS – Greater Manchester Strategy  
HWB – Health and Wellbeing Board  
IAG – Information, Advice and Guidance  
IMCA – Independent Mental Capacity Advocate  
JSNA – Joint Strategic Needs Assessment  
LPS – Liberty Protection Safeguards  
MAARS – Multi Agency Adults at Risk System  
OBC – Outline Business Case  
PHOF – Public Health Outcomes Framework  
PRPR – Paid Relevant Persons Representatives  
RCCO - Revenue Contributions to Capital Outlay  
SCDIP – Social Care Digital Innovation Programme  
SEND – Special Educational Needs and Disabilities  
SHAPES – Supporting Health and Activity in Pre-School Environments  
SLAS – Stockport Local Assistance Scheme  
SME – Small and Medium Enterprises  
SNC – Stockport Neighbourhood Care  
SPARC – Stockport Progress And Recovery Centre  
START – Stockport Triage Assessment & Referral Team  
TPA – The Prevention Alliance  
VCSE – Voluntary, Community and Social Enterprise  
WIN – Wellbeing and Independence Network