



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Adult Social Care

Portfolio Performance and Resources Agreement 2018/19



www.stockport.gov.uk

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ADULT SOCIAL CARE

PORTFOLIO HOLDER'S INTRODUCTION

I'm pleased to present the Adult Social Care Portfolio Performance and Resource Agreement 2018/19.

This Portfolio 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 which will support delivery of the priority outcomes, the risks to delivery and the measures which will reflect progress over the year. The Agreement is firmly aligned to the vision and outcomes described in the Council Plan, and incorporates the ambitions set out in the Greater Manchester Strategy 'Our People, Our Place'.



Our key priorities and delivery plans for Adult Social Care in 2018/19 outlined within the Portfolio Agreement include:

- Two of the Stockport Neighbourhood Care programmes - Neighbourhoods and Boroughwide
- Developing a new community based model for Community Mental Health Services and dementia
- Ensuring adults with learning disabilities have access to a secure and stable home, employment and excellent health care
- Implementing the Adult Autism Strategy and developing a joined up diagnostic and assessment pathway
- Improving the way we protect vulnerable adults, working pro-actively with partners
- Using an evidence based approach to support and develop the social care market and promoting a person centred approach to care
- Working with third sector partners to build capacity and resilience in individuals and communities, and in particular to review our support to carers
- Ensuring we have the workforce, systems and processes in place to deliver the services our residents need and deserve
- Moving to the next phase of whole system integration by developing an All Age Strengthening Families and Communities Strategy

The Agreement includes both statutory and local indicators that help to monitor performance against priorities. The indicators are presented slightly differently this year. They include clearer definitions and additional information that explains some of the factors and issues that have an impact on performance and also the how Stockport performs compared to authorities in the comparator group.

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 are key priorities.

I look forward to reporting back to members during the coming year.

Cllr Wendy Wild, Deputy Leader and Cabinet Member for Adult Social Care

THE COUNCIL'S PRIORITIES FOR STOCKPORT

The Council Plan and Medium Term Financial Plan have set out some significant pressures and challenges, which are reflected within this Portfolio Agreement.

The 2018/19 Council Plan, adopted by the Council in February 2018, continues to be aligned with the longer-term vision and shared outcomes set out in the 2015-20 Borough Plan. It incorporates the key principles identified by Cabinet, underpinned by an inclusive vision for growth and reform. Our key achievements for 2017/18 and priorities for 2018/19 have been highlighted. These have then been aligned with the five shared outcomes from the Borough Plan;

- 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

The Council Plan sets out our commitment to transforming Stockport's local economy, protecting vital local services and ensuring that every resident has the opportunities they deserve. We will continue to listen and respond to local residents, elected members and other stakeholders when developing future plans. This will be with a clear focus on investing in a sustainable future for Stockport and its people.

Whilst the Plan sets out some significant pressures and challenges, we will continue to use our influence to make the most of the major opportunities presented by the devolution of powers and responsibilities to Greater Manchester, and the integration of health and social care services. This is why we have incorporated priorities set out within the Greater Manchester Strategy 'Our People, Our Place' into the Plan. We will continue to work closely with the GM Mayor to bring improvements to public transport and develop long-term plans to build the homes we need in Stockport.

The last 12 months have seen exciting developments taking place in and around our Town Centre. Ensuring that all residents can benefit from Stockport's economic growth, and providing job opportunities and better access to employment for local people is central to our vision and plans to tackle poverty and inequality. For these reasons, we are placing Inclusive Growth at the heart of the Council Plan and our shared plans with local businesses and partners.

We have continued to maintain, reform and improve services in the face of a decade of austerity, making our funding stretch as far as it can. We must be under no illusions, this represents the biggest challenge in the history of Stockport Council. This is why work is continuing to prepare the Council to be financially self-reliant, taking hard decisions now to create the conditions that sustain high quality public services and strong civic leadership in future years.

1. ADULT SOCIAL CARE PORTFOLIO OVERVIEW



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

The Adult Social Care Portfolio helps people to make informed choices and live as independently as possible within their communities by:

- Providing a range of Council and commissioned services including preventative support that delays the need for more intensive, long term social care support.
- Ensuring that customers get the information, support and service they need, in a timely manner, when they first contact Adult Social Care.
- Ensuring that people who are eligible for support have access to stability enhancing services that re-build skills and confidence and which supports a return to independence.
- Developing integrated health and social care teams which provide a broad range of services in neighbourhoods, and which build community capacity and networks
- Enabling the development of a stable and sustainable social care economy that delivers high quality services and recruits and retains a skilled workforce.

The Portfolio will also work closely with the Health, Reform & Governance, Children and Families and Communities and Housing Portfolios, along with the Leader in relation to the governance and funding of the Stockport Together partnership. The Portfolio will also contribute to shared outcomes in the Council Plan and in particular, it contributes to a number of outcomes that are priorities within the Health Portfolio including:

- Promoting healthy communities and reducing inequalities
- Protecting the health of the population
- Early intervention, living and ageing well
- Supporting the work of the voluntary sector

Amongst the services included in the portfolio are;

- Neighbourhoods Adult Social Care Services
- Boroughwide Adult Social Care Services
- Learning Disability Services
- Mental Health
- Commissioning
- Safeguarding

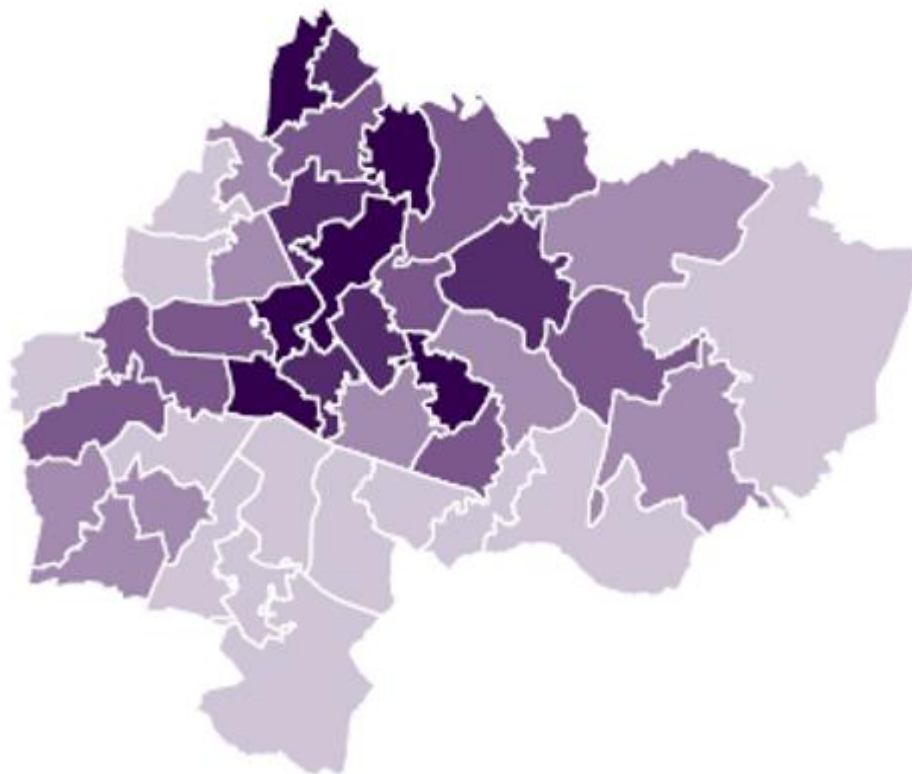
Further information on these services is included on page 13 and budget information on page 45.

Contextual data - demography and service utilisation

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 5% growth in the over 65 population and an 11% growth in the over 85 population predicted. 6% of our over 65 population 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%
TOTAL	290,050	294,400	1%
Total 65+	58,350	61,050	5%

Stockport is the 5th most polarised local authority in England in terms of deprivation. The map below shows areas of Stockport colour coded by levels of deprivation.

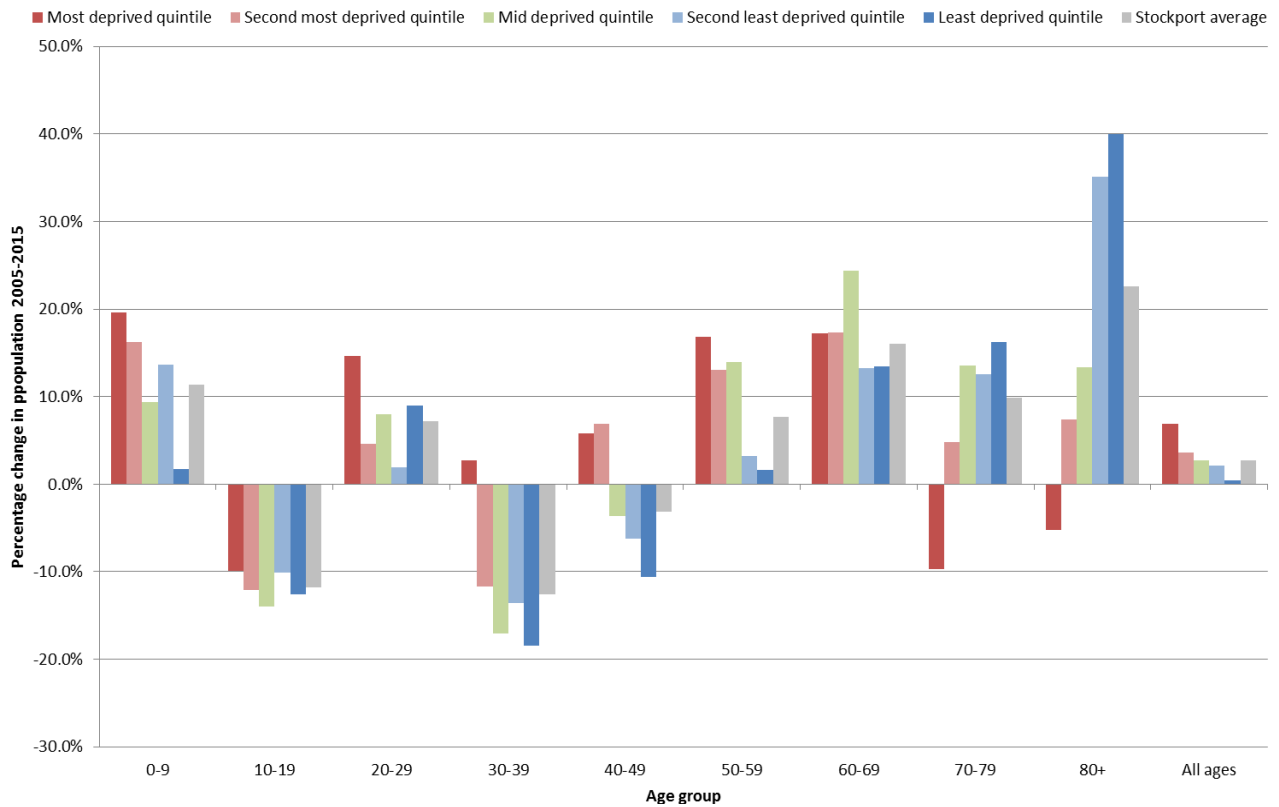


Index of multiple deprivation

- Top 20% most deprived
- 20-40% most deprived
- Middle 20%
- 20-40% least deprived
- Top 20% least deprived

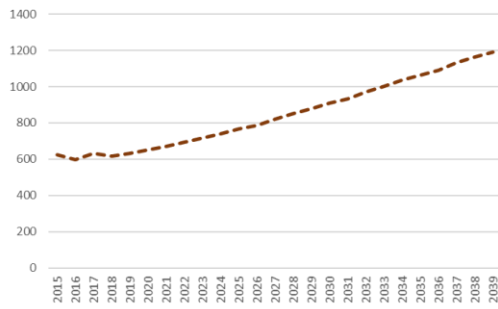
Since 2005, Stockport's population profile has changed considerably. In our more affluent areas (blue bars below) the population is substantially older now than in 2005, while the population of our more deprived areas are comparatively younger.

Changes in population structure within Stockport 2005-2015 (2015 Quintiles)

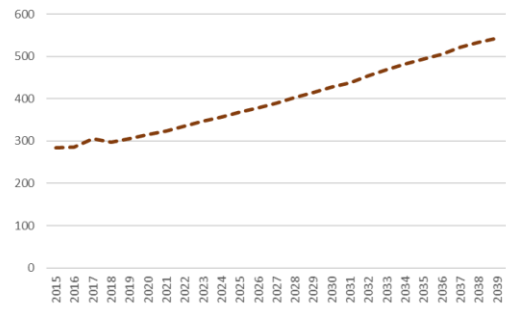


Assuming no change in profile of clients using council funded social care services, significant increases in service demand over the next 20 years can be anticipated. These changes are expected to be in the order of an extra 200 nursing care places, 600 residential care placements, 900 home care placements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

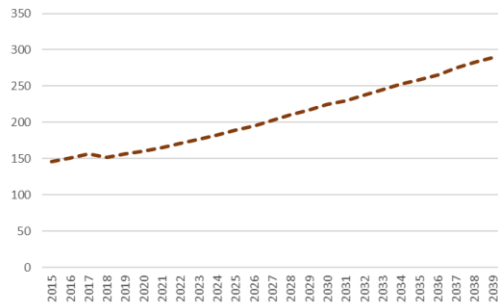
Residential Placements



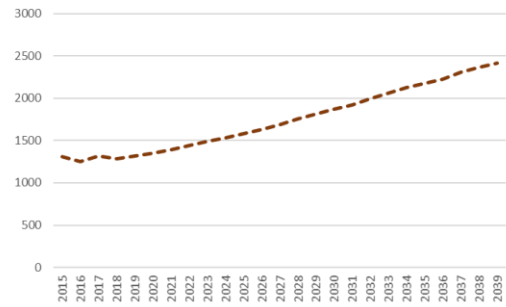
Nursing Placements



Extra Care Housing Placements



Home Care Placements



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.

National and Regional Policy Drivers

The government has confirmed that the newly established Department for Health and Social Care will take over responsibility for this summer's social care Green Paper from the Cabinet Office.

In March 2018, Secretary of State Jeremy Hunt set out 7 principles that would underpin the **Green Paper on adult social care** that is due to be published by the summer recess. The principles are:

- quality and safety embedded in service provision
- whole-person, integrated care with the NHS and social care systems operating as one
- the highest possible control given to those receiving support
- a valued workforce
- better practical support for families and carers
- a sustainable funding model supported by a diverse, vibrant and stable market
- greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be

The Green Paper aims to “ensure that the care and support system is sustainable in the long term” and will include a lifetime “absolute limit” (i.e. cap) on what people pay for social care, integration with health and other services, carers, workforce, and technological developments. The Green Paper focuses on older people and there will be a parallel process looking at social care for working age adults. However, it is not clear if there will also be a Green Paper covering younger adults.

The Department for Health and Social Care are running a consultation, which ends in June, to explore the extending the right to personal health budgets to a wider group of people. This wider group includes:

- People with ongoing social care needs who also make regular and ongoing use of relevant NHS services
- People eligible for Section 117 aftercare services, and people of all ages with ongoing mental health needs who make regular and ongoing use of community based NHS mental health services
- People with a learning disability, autism or both, who are eligible for ongoing NHS care

The aim is to **align personal health budgets and personal budgets** in social care into a single, integrated personal budget that address an individual's health and social care needs in a holistic way.

NHS Planning Guidance for 2018/19 changed the name of accountable care systems to **integrated care systems** which will be the new collective term for devolved health and social care systems including in Greater Manchester. It was also announced that Public Health England will carry out a consultation on the proposed Accountable Care Organisation (ACO) contract to clarify what ACOs are and are not. An ACO would take responsibility for the health and care of a defined population by managing a budget under a contract with commissioners awarded after competitive procurement. Two Judicial Reviews are underway that challenge the contract, one of which has a court date listed as 24th April. Legislation to allow the creation of ACOs may also be delayed.

The CQC launched a programme of 20 targeted **health and social care systems reviews**, twelve of which took place in 2017. The reviews aim to find out how services are working together to support and care for people aged 65 and older. They were developed and co-produced with a range of stakeholders and focus on the planning, commissioning and delivery of health and social care services across three key areas:

- Maintaining the wellbeing of a person in their usual place of residence.
- Care and support when people experience a crisis.
- Step down, return to usual place of residence and/or admission to new place of residence

The review lasts for 14 weeks and Stockport's system review started in March. There is no formal rating process and it does not affect a CQC rating. The CQC will report their findings to the local Health and Wellbeing Board and will produce a national report in 2018. Findings for Stockport will be included within the Portfolio Report.

The GM Health and Care Champions Awards 2018 are the first region wide awards to recognise members of the both the paid and unpaid workforce who really make a difference in their communities. The awards are organised by the GM Health and Social Care Partnership and winners will be announced in July.

Benchmarking data

Performance in Stockport is routinely monitored against a number of adult social care indicators and compared with other local authorities in both Greater Manchester and the North West. These indicators include a mix of both national and regional priorities and cover a wide range of service areas. Later in the year, further data becomes available from our comparator group of authorities which are demographically matched to Stockport. The data below gives some indication of those areas where Stockport performs strongly and where there are areas for improvement

- 10.6% of 18-64 year olds with learning disabilities in paid employment, ranking us 2nd in the North West.
- 92.9% of adults with learning disabilities live in their own home or with their family, ranking us 7th out of 23 local authorities across the North West.
- 96.1% of clients aged 65+ going through re-ablement are still at home 91 days after discharge, ranking us 2nd in the North West region.
- Our delayed transfer of care beds per 100,000 population (18+) is down from 18.7 in August 2017 to 14.8 in January 2018. Our provisional figure for March 2018 is 16.7 – this is currently being validated with our local NHS trust.
- 60.9% of people cared for by unpaid carers are aged over 75. This compares with 51.5% nationally and 49.8% in the group of similar authorities.
- 86% of nursing bed capacity in locations rated “Good” or “Outstanding” by CQC, up from 40% at the end of 16/17.
- 56% of residential bed capacity in locations rated “Good” or “Outstanding” by CQC, up from 32% at the end of 16/17.
- ‘Social Care Related Quality of Life’ score from the Adult Social Care Survey (ASCS) up from 18.5 in 16/17 to 18.7 in 17/18.
- ‘Control over daily lives’ score from the ASCS up from 71.5% in 16/17 to 74.0% in 17/18.
- 6.1% of adults in contact with secondary mental health services are in paid employment, up from 3.5% last year.
- 86.5% of adults in contact with secondary mental health services are in settled accommodation, up from 82.1% last year
- 43.3% of long-term service users in Stockport had a review last year, compared to 44.3% in the North West overall
- 10.5% of carers in Stockport receive a carer specific service, compared to 51.2% across the North West, however data recording issues locally will impact this figure. These issues are being investigated.

- Stockport provides more than twice as many intermediate care interventions for over 65s (with respect to population) than the North West average.
- Stockport provides 89% of the North West average in terms of commissioned home care hours per head of adult population

Greater Manchester Strategic Priorities

The Adult Social Care Portfolio aligns to priorities 9 and 10 of the Greater Manchester Strategy:

- **Priority 9:** Healthy lives, with quality care available for those that need it
- **Priority 10:** An age-friendly Greater Manchester

There are also close links on a range of outcomes to the following priorities;

- **Priority 3:** Good jobs, with opportunities for people to progress and develop
- **Priority 6:** Safe, decent and affordable housing
- **Priority 8:** Safer and stronger communities

The **GM Health and Social Care Partnership** is entering Year 3 of delivery of the five-year strategic plan, *Taking Charge*. The Partnership has recently undertaken a major review of the entire health and social care transformation programme, in order to prioritise delivery activity from April 2018 onwards. Delivery of major transformation programmes will continue, including on Population Health, Mental Health, Cancer, Urgent and Emergency Care, Tobacco Control, Adult Social Care, Primary Care and Dementia – which will all impact on improving the performance of individual areas highlighted within the GM Strategy.

The major structural changes in respect of the advent of ten **Local Care Organisations** (LCOs) and Single Commissioning Functions will accelerate the pace of this change – and are being backed by investment from the Transformation Fund. A key part of these plans is to ensure financial sustainability across the GM health and social care system. Performance on this has been strong since the devolution settlement, but it will remain a significant challenge for the duration of *Taking Charge*.

Current performance across the range of **age-friendly GM Strategy indicators** demonstrates significant challenges in a number of areas. Perceptions of the extent to which GM neighbourhoods are age-friendly lag target expectations, and despite recent improvement, employment rates for 50-64 year olds are significantly below the national average. Health and social care outcomes are also relatively poor compared to the national position, with a higher proportion of older people being admitted to hospital due to falls, and a higher rate of admissions to residential and nursing care. Activities such as Working Well (Early Help) and health and social care transformation will go some way to addressing these trends.

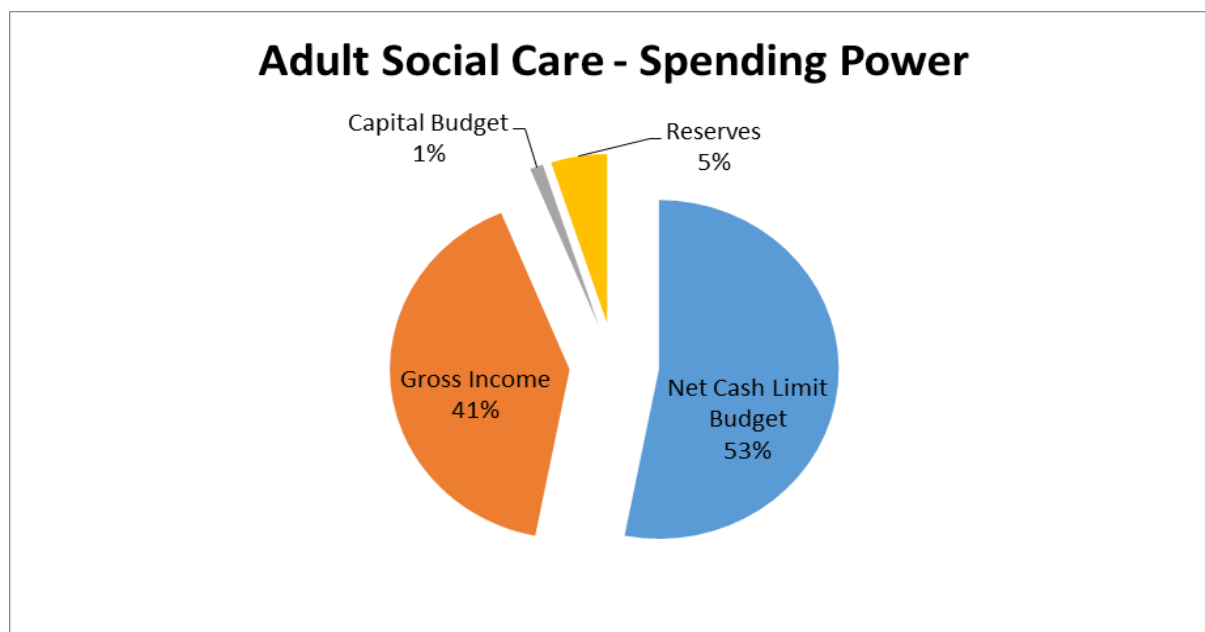
GM is seeking to address the challenges of an ageing population with a positive vision of ageing, embracing longer life and the opportunities it brings both socially and individually. A **GM Age Friendly Strategy** has been developed, which will deliver the strategic vision of GM becoming the first age-friendly city region in the UK. GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues, and increasing economic participation amongst the over-50s. A set of outcome measures will be developed in order to assess progress against Age Friendly Strategy ambitions, and the above indicators will then be reviewed to ensure alignment.

Financial Resources

Portfolio resources are split between Revenue (cash limits), Earmarked Reserves and Capital Funding.

In total, the resources available to the Portfolio for 2018/19 are £126.747m

This section sets out the budgets and spending plans for the Portfolio across these three areas.



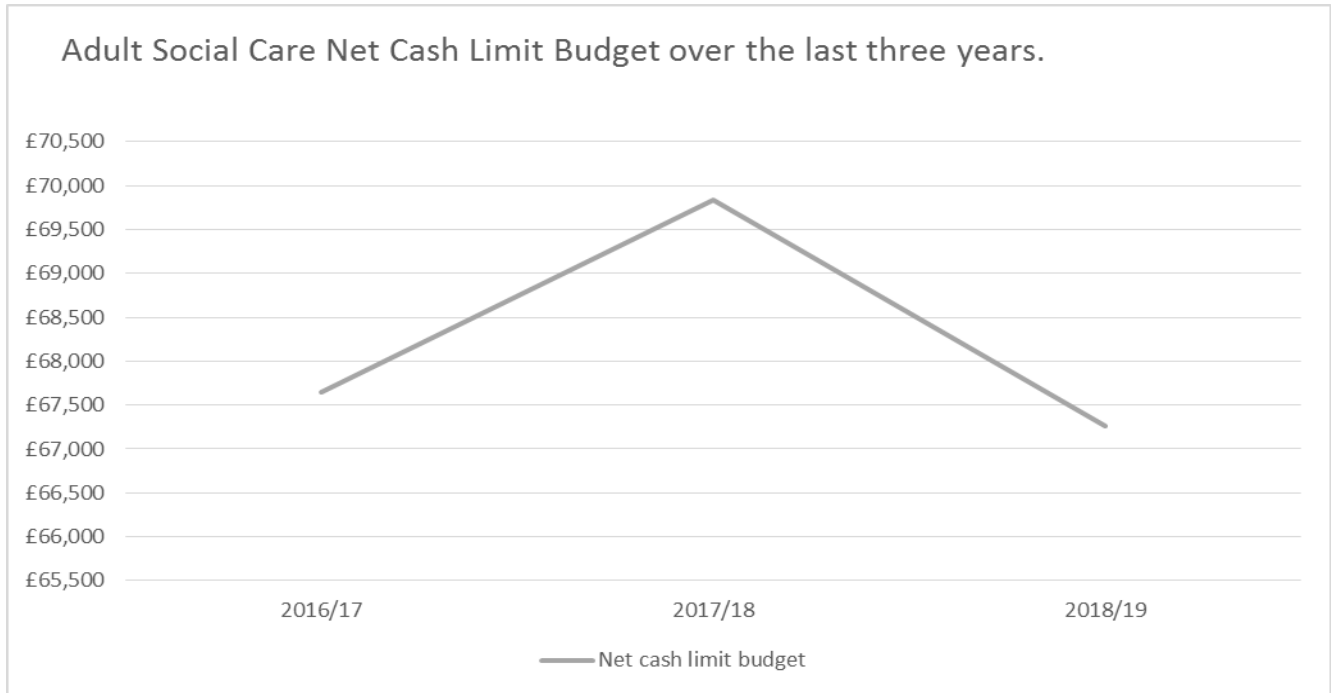
The following table provides a summary of the total resources. Section three of this report provides further breakdown of each category of spend which make up the total resources available.

	Cash Limits:					
	Net Revenue Budget	Gross External Income	Gross Expenditure	Capital Budget	Approved Use of Reserves*	Total Resources
	£000	£000	£000	£000	£000	£000
2018/19 Resources	67,261	51,599	118,860	1,491	6,396	126,747

*£3.281m of reserves not included as aligned to investment into Stockport Together.

It is worth noting that “gross income” is based on estimated income for sources external to the portfolio and may vary during the year. It is income above the cash limit budget from sources such as grants, fees & charges, sales, rents, recharges to the capital programme, and contributions from other organisations.

The following graph provides an illustration of how the net cash limit budget has changed for Adult Social Care over a period of three years. The 2016/17 and 2017/18 position illustrates the recurrent net cash limit budget at outturn. The 2018/19 budget is the opening cash limit resource. Further significant recurrent investment is aligned to Adult Social Care during 18/19, however this will be drawn down when the planned commitments materialise which is likely to be during the first two quarters of this financial year.



The key council services and functions in the Adult Social Care Portfolio are...

Service	Function
Neighbourhoods	The Neighbourhoods work programme delivers a range of social care services to adults via eight integrated neighbourhood teams based around GP practices. Key projects are: <ul style="list-style-type: none"> • Integrated neighbourhood teams • New models of care including extended operating hours and response to deterioration • Enhanced case management
Boroughwide	Boroughwide services are delivered through a number of teams that operate across the borough, rather than through the neighbourhood teams. Key projects are: <ul style="list-style-type: none"> • Steady in Stockport • Crisis Response • Active Recovery • Integrated Transfer Team • Transfer to assess • Trusted Assessor Development
Learning Disability	Community Learning Disability Services Learning Disability Provider Services
Autism	Implementation of Adult Autism Strategy Complete DHSC self-assessment exercise (SAF) Diagnostic and post diagnostic pathway
Mental Health	Redesigning mental health services Safeguarding Mental Health Alliance contracts Care Act Compliance Charging Employment Dementia
Commissioning	Strategic, tactical and micro commissioning Enhanced Care Home Team (EQUIP) Home Care Asset based approaches
Safeguarding	Safeguarding Adults including Mental Capacity Act Domestic Abuse Services Multi Agency Adults at Risk System (MAARS)

Reporting Progress

The information in this Portfolio Agreement will be updated throughout the year and reported to the **Adult Social Care and Health Scrutiny Committee** as follows;

Report	Adult Social Care and Health Scrutiny Committee Meeting
First Update	Tuesday 24 th July 2018
Mid-Year	Tuesday 23 rd October 2018 - <i>tbc</i>
Final Update	Tuesday 15 th January 2019
Annual Report	Tuesday 21 st May 2019 - <i>tbc</i>

2. ADULT SOCIAL CARE PORTFOLIO DELIVERING OUR PRIORITIES IN 2018/19



2.1 Priorities and Delivery Plans

Portfolio priorities are set out in the Council Plan, and those relating to the Adult Social Care Portfolio are included below along with a short description of each delivery project / programme. These include key objectives and milestones for 2018/19, and are cross-referenced with GMS Priorities and delivery plans.

2.2 Measuring Performance and Reporting Progress

The performance indicators that support delivery of these priorities include statutory and locally defined measures and help monitor performance against the Portfolio's key priorities. The measures have been chosen to reflect the impact or outcome of activity that is relevant to achieving the Council's objectives. Targets reflect inputs, outputs or processes which deliver results that contribute to the wider outcome. In some cases, a 'Direction of Travel' target has been included pending further discussion and availability of data to enable a more precise target to be set. Where the measure supports a GMS target, this is highlighted, with the GM-wide target referenced.

These measures and targets will be reviewed in light of the new delivery models being developed to ensure that they continue to reflect progress in achieving better outcomes for Stockport. The Stockport Together partners are working to develop and implement a shared outcomes framework in 2018/19.

The measures included below are those considered most appropriate to include in this document and be reported on a quarterly, six-monthly or annual basis. As has been the case in previous years, should scrutiny members wish to examine a particular service / function's performance in more detail then specific reports would be produced which include a wide range of measures and other means of assessing performance. A selection of high-level measures are also reported in the Corporate Reports, and these are highlighted in bold. Actual numbers involved are also provided to add context.

Compliments and complaints also provide valuable qualitative information about how well services are performing and customer satisfaction. They will be monitored quarterly and reported on, along with lessons learned from complaints and recommendations made by the Local Government and Social Care Ombudsman.

2.3 Portfolio Risks

Risks to delivering each Portfolio Priority are set out below, including those relating to specific delivery projects and programmes. Operational risks to service delivery are identified, monitored and managed at a service level.

A full update on all risks will be included in the Mid-Year and Annual reports, with the First and Final Update reports containing updates by exception. New and emerging risks identified in-year will be added to the register with the approval of the Portfolio Holder and Director.

Priority 1: Integrating health and social care

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.

Delivered by:

The two Stockport Neighbourhood Care (SNC) programmes that are delivered within this Portfolio are Neighbourhoods and Boroughwide services. The Healthy Communities programme is delivered through, and described in, the Health Portfolio.

The **Neighbourhoods** programme is responsible for delivering of a number of projects and key amongst these are:

The **integrated neighbourhood teams** programme aims to deliver eight fully integrated neighbourhood teams that are enabled to deliver the new models of care, through Information, Management and Technology(IM&T), workforce capacity, skills, roles, leadership, and co-location.

A priority for 2018/19 is to complete the co-location of the eight integrated neighbourhood teams. Three integrated teams, Stepping Hill, Victoria and Marple, are currently co-located. Three further teams will be co-located by quarter 2. These are the Werneth team at Woodley Health Centre and the Heaton and Tame Valley teams at Baker Street. Dates for the Cheadle and Bramhall teams to co-locate at Ashlea have still to be finalised

Neighbourhood based services are multi-disciplinary and are delivered by social workers, district nurses, the Targeted Prevention Alliance, the All Age Psychological Medicines service, Mental Wellbeing and Self Care Navigators and Business Support. New job roles and key skills will be embedded over quarters 2 to 3. An increase in workforce capacity between quarters 2 and 3 is anticipated, which will assist us to step up delivery of new models of care. New work in 2018/19 includes the alignment of Business Support and a significant increase in support work capacity within the neighbourhoods. This activity will align with work being delivered through the Collaborative General Practice workstream which aims to improve access to primary care and free up GP time to support the people with the most complex health needs in the community.

The neighbourhoods are overseen by an integrated leadership triumvirate of GP, Social Care and Nursing leaders, which will be strengthened over the coming year. In quarter 1, an introductory session for the new GP leaders to meet the wider neighbourhood leads has been scheduled to re-invigorate this work.

Neighbourhoods are also responsible for delivering of a number of **new models of care**. The period of wide-scale formal workforce consultation has concluded, and Unions and leaders are working closely together to move forward with proposals to implement the **extended operating hours model**. Neighbourhoods will extend their services to deliver over seven days, and from 8 am – 8pm. Over the coming year this element of service delivery is anticipated to go live across nursing, social care, and General Practice to complement and bolster existing health and care provision already being delivered over extended hours.

A new **response to deterioration** approach will involve integrating the management of neighbourhood nursing, social care and third sector work flows into teams. The aim is to provide a joined up response to prevent inappropriate admissions to care and hospital, and

to prevent health deterioration or social care change in circumstance escalating into a crisis. This integrated offer will be live in one neighbourhood in quarter 1, a further three neighbourhoods in quarter 2, and fully across the borough by the end of the year.

Enhanced Case Management involves actively identifying and assessing people with long term health conditions, and planning and co-ordinating the support they need. Nurses and social workers act as case co-ordinators, responding to the persons care and health needs, helping them to move between professionals and ensuring they need to tell their story once. Evidence shows that this approach can improve people's experiences, support better care outcomes, reduce the need for people to visit hospital, and enable a more cost effective care approach. The approach will be further developed and evaluated in the coming year.

Boroughwide services are delivered through a number of teams that operate across the borough, rather than through the neighbourhood teams. These include:

Steady in Stockport was launched earlier this year and is a falls prevention and bone health service. The service works proactively with people to reduce their risk of falling and fractures and works closely with other services to ensure that people at risk are identified in a timely way and are referred to local falls prevention classes where appropriate. The focus in quarter 1 and 2 will be to embed the fracture liaison element of the service, and to test out a falls prevention toolkit in care homes. Quarter 1 and 2 will also focus on improved opportunistic screening for vertebra fractures.

Crisis Response is a multi-specialist health and social care team that provides support to patients whose circumstances deteriorate and who are at risk of hospital admission within the next 24 hours. The team receives referrals within 2 hours and provides the support needed to keep the person at home. The service can also provide short term placements with additional support if required, until the medical (both physical and mental), social or carer crisis is resolved. The main service operates 7 days a week between 8 am and 11 pm at present, working towards 24/7 working hours during 2018. In quarter 1, the mental health element of the service will come on line, operating 9 -5 Monday to Friday; in quarter 2 this should be extended to provide the service from 8-8, 7 days a week.

Active Recovery is a short term rehabilitation service that offers holistic care built around the individual to support early and sustainable discharge from hospital, and support people to regain their independence. The service also provides support to the Crisis Response Team to enable patients to continue to recover within their own home. Patient feedback has been very positive and supportive of how teams of nurses, physiotherapists, occupational therapists, social workers and support workers work with other health professionals including GP practices to ensure a better all-round patient experience. During the next 12 months the service will be reviewing their model and ways of working to optimise their efficiency.

The Integrated Transfer Team (ITT) are responsible for managing complex discharges and supporting the transfer to assess (T2A) pathways. When a person no longer has a medical need to remain in hospital, the team enables them to move to a more appropriate setting so that further assessments of their needs can take place. ITT team members work closely with health, social care and voluntary sector colleagues to co-design transfer to assess pathways.

Transfer to Assess is based on nationally recognised best practice for supporting patients who no longer have care needs that can only be met in an acute hospital. There are 4 main pathways. The pathways have been developed to support people to transfer home for further assessment, while others enable people to transfer to short term residential settings.

Trusted Assessor is an enabling role, and is a response to the premise that services currently over assess people. The aim is to do one holistic assessment rather than each professional doing their own. The 'trust' is in professionals trusting each other's assessments. Currently Trusted Assessor training has been rolled out within the hospital and during Q1 we will be refreshing this. During Q3, Trusted Assessor will be fully rolled out to Crisis Response and Active Recovery. Trusted Assessor within the care home setting will start in Q2 and is expected to be completed by Q4.

A number of other services described in the priorities below also make a significant contribution to the effective integration and delivery of health and social care services. 2018/19 is the final year in which SNC will receive funding from the Greater Manchester Transformation Fund. All the projects and programmes that are delivered by SNC are currently under review, priorities are being re-assessed and potential benefits identified.

GMS Ambitions

Healthy lives, with quality care available for those that need it

- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to enable better care for our residents

In 2018/19, a broader approach to developing performance measures that are able to inform and influence service development will be adopted. The approach will include benchmarking performance against our neighbours in Greater Manchester and the North West. Whilst useful, these authorities are not our closest match in terms of demography and our CIPFA (Chartered Institute of Public Finance and Accountancy) comparator group are more closely matched to Stockport. The CIPFA information is not available until later in the year. For a number of measures within this Portfolio Agreement, 'Direction of Travel' targets have been used, with more precise targets due to be set and agreed during the first quarter of the year, when year-end statutory return data has been verified and published. Adjustments may be made later in the year when the CIPFA data also becomes available.

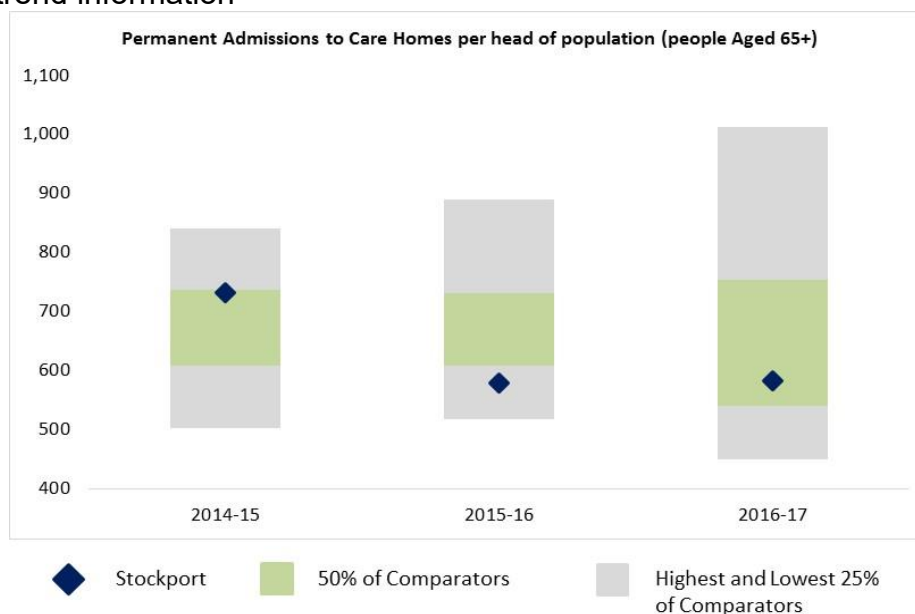
Priority 1: Integrating health and social care						
PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
ASCOF 2D	Proportion of people accessing short-term services that no longer require long-term packages of care (<i>actual number</i>)	Quarterly	High	78.7%	85.2% (1,862)	Aim to maintain
Measurement of effectiveness of short-term services that re-able people and promote their independence. This measure provides evidence of a good outcome in delaying dependency and/or supporting recovery resulting in no further need for services. In 2017/18, Stockport exceeded the local target for this indicator, and performs above the national average. The 85.2% out-turn represents 1,862 people no longer requiring long-term care packages out of 2,186 short-term spells. A more precise target will be set for this indicator in quarter 1.						

Priority 1: Integrating health and social care																					
PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target															
<div>2D: The outcome of short-term services: sequel to service</div> <table><caption>2D: The outcome of short-term services: sequel to service</caption><thead><tr><th>Year</th><th>Stockport</th><th>Comparators</th></tr></thead><tbody><tr><td>2014-15</td><td>72%</td><td>71%</td></tr><tr><td>2015-16</td><td>80%</td><td>72%</td></tr><tr><td>2016-17</td><td>79%</td><td>74%</td></tr><tr><td>2017-18</td><td>85%</td><td></td></tr></tbody></table>							Year	Stockport	Comparators	2014-15	72%	71%	2015-16	80%	72%	2016-17	79%	74%	2017-18	85%	
Year	Stockport	Comparators																			
2014-15	72%	71%																			
2015-16	80%	72%																			
2016-17	79%	74%																			
2017-18	85%																				
ASCOF 2C(2)	Average number of people per day whose delayed discharge from hospital is attributed to adult social care (Delayed Transfers of Care – DtoC measure)	Quarterly	Low	32.7	26.6	18.3															
The way in which this indicator is calculated changed in 2017 and it now measures the average number of people delayed per day in all the hospitals that Stockport residents are admitted to, not just Stepping Hill, where the delay is attributed to adult social care. Following further analysis, the actual figure for 2016/17 for this indicator has been adjusted from 26.9 to 32.7. The target of 18.3 for 2018/19 represents 68% of the BCF target below, the proportion of cases attributed to adult social care in 2017/18.																					
ASCOF 2C(1)	Average number of people whose discharge from hospital is delayed per day (DToC measure)	Quarterly	Low	58	34	27 BCF target															
This indicator measures the average number of people delayed per day in all the hospitals that Stockport residents are admitted to, not just Stepping Hill.																					
ASCOF 1C.1a	The proportion of adults supported in the community who benefit from personalised care and support (actual number)	Quarterly	High	93.7%	96.7% (4,395)	Aim to maximise															
Measurement of effectiveness of Adult Social Care services in helping people to choose how their support is provided, giving them as much control as they want of their individual budget. Performance has improved slightly and has exceeded the target for the year. Performance improved in 2017/18 and sits above the national average. The out-turn of 96.7% represents 4,395 out of 4,546 client who benefited from personalised care and support. A more precise target will be set for this indicator in quarter 1.																					

Priority 1: Integrating health and social care

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
<p>1C(1A): The proportion of people who use services who receive self-directed support</p> <p>0.98 0.96 0.94 0.92 0.9 0.88 0.86 0.84 0.82 0.8</p> <p>2010-11 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18</p> <p>COMPARATORS Stockport</p>						
ASCOF 2A.2	Permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000 population (actual number)	Quarterly	Low	582.6	624.7	557 BCF target
GMS Target					(357)	

Better Care Fund measure of effectiveness of Adult Social Care services at reducing admission to care homes or care homes with nursing. The number of permanent admissions to care homes rose significantly in the final quarter from 458.6 in quarter 3 to 624.7 – 357 admissions. The table below shows an improved performance within the comparator group, despite the BCF target being missed. See table below for additional trend information



- Predicted growth in the 65+ population will make this target difficult to achieve.
- As expected, some short term placements have become permanent contributing to an increase

Target

- Target of **571.1** set for 17/18 for BCF
- The new BCF target for 2018/19 is **557**

Priority 1: Integrating health and social care						
PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
ASCOF 2B.1	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital (BCF)	Quarterly	High	86.5%	96.1%	Aim to maintain
<p>Performance on this Better Care Fund measure improved throughout 2017/18 and the target was exceeded by just over 7%. See below for further trend information which compares Stockport's performance with that of our comparator group of 16 authorities. This is a strong performance given the increasing complexity and volume of cases. Whilst the BCF target for this indicator remains at 88.7%, we would expect to exceed this and aim to maintain the high levels of performance recorded in 2017/18. A more precise target will be set for this indicator in quarter 1.</p>						
<p>% of People Still at Home 91 Days after Admission from Hospital to Reablement or Rehabilitation Services</p> <p>Legend: ◆ Stockport 50% of Comparators Highest and Lowest 25% of Comparators</p>				<ul style="list-style-type: none"> Assume the number of people supported will increase by even more in 2018/19 Likely increase in complexity poses challenges to maintaining our good performance. <p>Target</p> <ul style="list-style-type: none"> Target of 88.7% for 17/18 set for BCF The BCF target for 2018/19 is 88.7%, the same as last year 		

The risks described below are drawn from the **Stockport Together Programme Board Assurance Framework**. Risks are listed where a level of responsibility for the controls rests with the Council. In most cases, Responsible Officers are working with colleagues from the partner organisations.

Risk Description (and potential impact) Portfolio Priority	Existing Controls	Responsible officer (HoS)
The available leadership and change capacity is insufficient to address business as usual performance challenges and system transformation	<ul style="list-style-type: none"> Approved costed programme resource and capability plan in place for TF Stockport Neighbourhood Care (SNC) structure implemented Commissioner OD and transition plan aligning capacity 	Sue Williams

Risk Description (and potential impact) Portfolio Priority	Existing Controls	Responsible officer (HoS)
Implementation and benefits realisation slower than anticipated	<ul style="list-style-type: none"> • Resourced implementation plan in place across full programme • Resourced Benefits Realisation Plan in place with named owners and accountabilities in place • Outcomes Framework in place and reflected in BRP • Risk Gain share in place across economy 	Michael Cullen
Estates plans not reflective of move to out-of-hospital, mobile integrated working at neighbourhood level	<ul style="list-style-type: none"> • Estates Strategy in place • Strategic Estates Group with senior partnership representation • Estates Plan in place • Sufficient operational capacity in place 	C Simpson & L Donnan
Failure to involve staff effectively	<ul style="list-style-type: none"> • Programme of staff side meetings in place, with dedicated communications support • Staff communication strategy in place encompassing SNC and wider staff • Staff consultation process underway • All workstreams have active professional stakeholder plans 	Sue Williams
Workforce plans not sufficiently detailed and recruitment not moving at pace required	<ul style="list-style-type: none"> • Comprehensive health & social care workforce plan in place and aligned to integrated service solution model and plans • Shared provider recruitment plan and monitoring in place • Accountable workforce lead in place and representation on Implementation Board 	S Williams & L Donnan
Greater Manchester Health & Social Care Partnership developments cut across or reverse local developments	<ul style="list-style-type: none"> • Senior level engagement across Greater Manchester partnership • Locality plan and investment agreement deemed aligned to GM plan • Robust GM orientated communications plan 	GM Chief Executives
Re-direction of resource capacity and changes disrupt business continuity	<ul style="list-style-type: none"> • Approved costed programme resource and capability plan in place • Routine organisational monitoring processes in place 	Sue Williams

Priority 2: Redesigning our mental health services

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.

Delivered by:

Redesigning our mental health services - the new model for Community Mental Health Services will come into operation in May 2018, with integrated recovery hubs and more support in the community for people with dementia. The East Community Mental Health Team (CMHT), Recovery Hub and the Supported Living Team will be based at Baker Street, and the West CMHT, Recovery Hub and Early Intervention Team will be based at Councillor Lane. The Access Team and the Home Treatment Team will remain at the Oasis Building on the Stepping Hill site. Pennine Care Foundation Trust have restructured their senior management team and from April 2018, a locality based Associate Director will be the lead for provision in Stockport.

Safeguarding - the process for chairing, auditing and quality assuring the safeguarding process within Secondary Mental Health Services will be remodelled to include an independent chairing role. Posts are expected to be advertised within the next 6 months.

Alliance Contracts – both the Mental Health Alliance (Enablement and Recovery Service and the Prevention and Personalisation Service contracts) and the Mental Health Carers contract have been extended for a further 12 months from 1st April 2018. A consultation with stakeholders is planned for June/July 2018 to inform the procurement process which is expected to commence in November/December 2018, with the new contract in place for 1st April 2018.

Care Act Compliance - work is underway to amend the existing documentation used within Secondary Mental Health Services (CPA – Care Programme Approach) to ensure that a Care Act compliant assessment can be recorded within the existing system with minimal duplication. The aim is to operationalise the system by December 2018.

Charging - work has commenced on developing a fairer charging policy relating to non-residential care for adults of working age who have services commissioned by Secondary Mental Health Teams or who are in receipt of self-directed support (SDS). An Equality Impact Assessment is being developed before proposals go forward for approval.

Employment - a bid for funding via the Life Chances Fund is being drafted which would enable additional employment officers to be recruited by PURE to work directly with CMHTs to support individuals into employment.

Dementia Strategy - the Council will continue to work with partners to implement Stockport's Dementia Strategy, with the aim of assisting communities to become dementia friendly through a network of dementia drop-ins, and supporting the work on prevention. The Council will also support the work of the Dementia United Team to improve the lived experience of people with dementia and their carers across Greater Manchester.

GMS Ambitions

Healthy lives, with quality care available for those that need it

- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to enable better care for our residents

An age-friendly Greater Manchester

- Greater Manchester will be recognised as a global centre of excellence for ageing

Safe, decent affordable housing

- All parts of Greater Manchester will be neighbourhoods of choice, with good quality affordable homes in safe and attractive communities, well served by public transport, so that the people that live in them are connected to jobs and opportunity and have access to excellent local amenities, green spaces and a high quality cultural and leisure offer.

Priority 2: Redesigning our Mental Health Services

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	Quarterly	High	3.5%	6.1% (TBC)	Aim to maximise
Adults in contact with Secondary Mental Health Services have traditionally found access to work and retaining a job, difficult. Stockport commissions' specific support for this group from PURE Innovations. Data indicates that Stockport is performing above the regional average. Should additional resource be secured through the Life Chances Fund bid, the target for 2019/20 will increase.						
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently with or without support	Quarterly	High	82.1%	86.5% (TBC)	Aim to maximise
The data for these two indicators is provided by Pennine Care Foundation Trust and is different from the data published by NHS Digital. Clarification from both organisations is being sought before targets are finalised and published in quarter 1.						

Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
There may be an adverse impact when embedding a charging policy where there is a lack of accurate data relating to the financial status of the individuals who may be affected	A process for gathering financial data would be required prior to progressing a charging policy. This would inform the Equality Impact Assessment.	Mark Fitton
Consultation exercises relating to the Charging Policy and the services commissioned by the Council will	Work is underway to negotiate resources from within existing provision which would reduce the	Mark Fitton

Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
require additional resource. Without additional resource, the timescales may not be achievable for completing this work.	cost implications and enable the work to remain on target.	
Work to amend existing CPA to ensure it is Care Act compliant relies on existing resources within the PARIS IT team. The risk is that there may not be enough capacity to complete the work in line with our requirements. Additionally, the technical flexibility of the existing software may not be fully adaptable.	Close work with the PARIS team will ensure that realistic goals are set. The Councils legal department will have sight of the proposed new document to ensure it meets our requirements under the Care Act legislation	Mark Fitton

Priority 3: Remodelling Learning Disability services

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

Delivered by:

The **learning disability tenancy outsourcing project** was completed in 2017/18. The programme took three years and 43 properties were outsourced in 10 phases, affecting around 150 people. The new contracts with external providers are now starting to come up for review and the most effective way to recommission these services will be sought.

Following the outsourcing project, there will be a **review of the management structure** and arrangements within learning disability provider services early in 2018/19. This will result in more Assistant Team manager posts being created and their role will be to support and manage Support Workers and ensure the smooth running of services. Consultation will formally commence with the workforce in May 2018 and it will take approximately 3 months to complete the recruitment process. The trade unions have been approached and are happy with the proposals.

New evidence released recently indicate that average UK life expectancy for women is 83 years, or 56 years if you have learning disabilities. For men it's 78 years, 59 years for people with learning disabilities. The gap has increased and people with learning disabilities die younger - 27 years younger for women and 19 years for men. A project to **improve the health outcomes of people with learning disabilities** will employ a specialist nurse to work with GPs to increase the number of annual health checks to 75% by 2020 for people aged over 14. The figure for health checks was 42% in 2016/17 and updated figures are expected to be available in June

GMS Ambitions

Healthy lives, with quality care available for those that need it

- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to enable better care for our residents
- We will work in partnership to achieve financial balance and secure the sustainability of our services for now and the future

Good jobs, with opportunities for people to progress and develop

- All residents (in and out of work) will have the opportunity to progress into all levels of technical & academic skills provision, ensuring our people are life-ready, and employers will offer high quality employment with clear progression routes

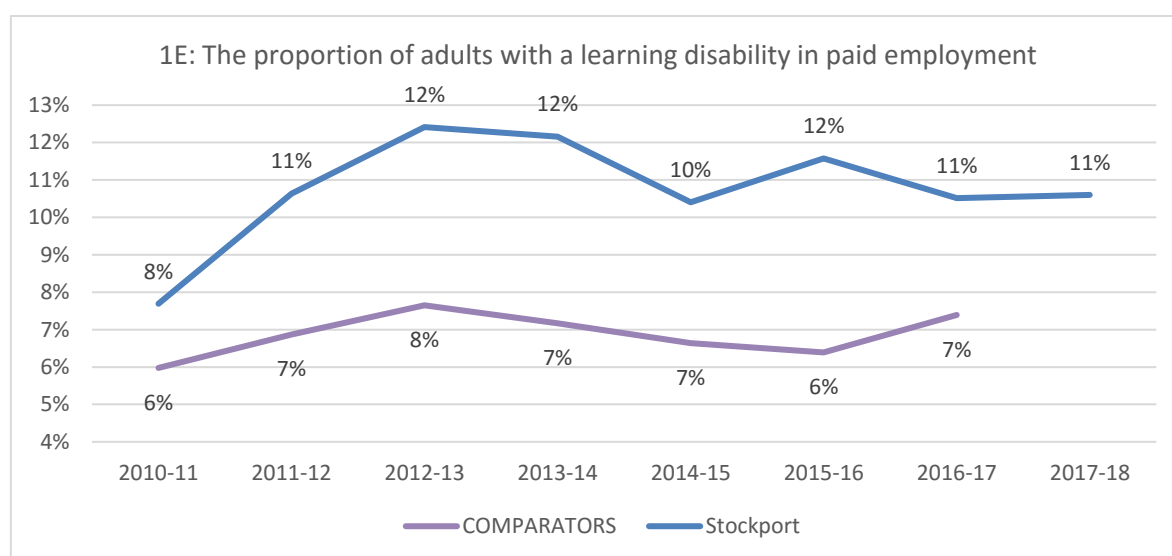
Safe, decent affordable housing

- All parts of Greater Manchester will be neighbourhoods of choice, with good quality affordable homes in safe and attractive communities, well served by public transport, so that the people that live in them are connected to jobs and opportunity and have access to excellent local amenities, green spaces and a high quality cultural and leisure offer.

Priority 3: Remodelling Learning Disability services

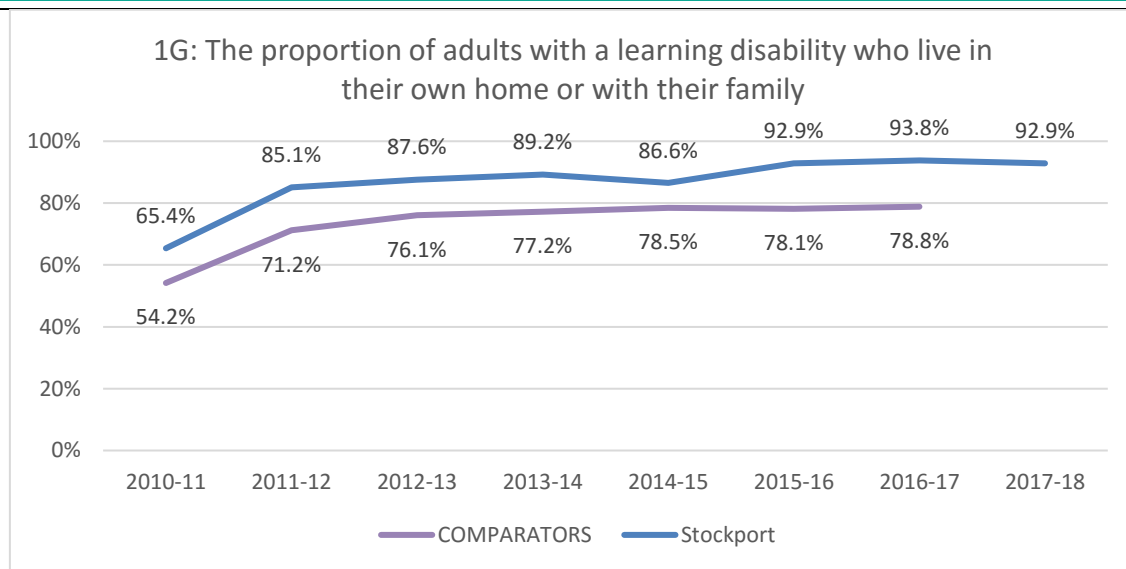
PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
ASCOF 1E	Proportion of adults with a learning disability in paid employment (<i>actual number</i>)	Quarterly	High	10.5%	10.6% (80)	Aim to maximise

Adults in contact with Learning Disability Services have traditionally found obtaining and retaining work very difficult. Stockport commissions' specific support for this group from PURE Innovations, and is participating in a DWP Local Supported Employment pilot project. Stockport consistently performs above the regional average. Both this and the measure below on independent living involve relatively small numbers, with 80 out of 756 clients being in paid employment during 2017/18.



ASCOF1G	Proportion of adults with a learning disability who live in their own home or with their family (<i>actual number</i>)	Quarterly	High	93.8%	92.9% (702)	Aim to maximise
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This is a measurement of the effectiveness of the Community Learning Disability Team in helping adults with learning disabilities to live at home or with their families. 702 out of 756 clients were living independently. A more precise target will be set in Q1.



Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
Some GP's may decline to offer annual health checks to adults with learning disabilities. There is no mandatory requirement for them to do so.	Specialist nurse to facilitate and negotiate with GP practices to maximise the number of health checks achieved.	Barbara Mitchell

Priority 4: Developing an adult autism pathway

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

Delivered by:

The **Adult Autism Strategy 2017-2020** is published and will be implemented throughout 2018/19. Lead officers representing Adult Social Care, Mental health, Children's Services, the CCG, the Foundation Trust, Pennine and Stockport Homes have met to review and update the action plans to ensure they will be completed by 2020.

The Greater Manchester Autism Consortium (GMAC) has just completed a preliminary exercise ahead of the anticipated **Self-Assessment Exercise (SAF)**. It is expected that the Department of Health and Social Care will issue the SAF to all local authorities in June, for completion by September. The SAF will provide baseline information for the national update of the Autism Strategy in 2019 which will have five domains:

- Domain 1- Measuring, Understanding and reporting the needs of people with autism
- Domain 2- Workforce Development
- Domain 3- Health and Wellbeing
- Domain 4- Specific Outcomes
- Domain 5- Participation in Local Community

In February the CCG announced that the business case for a local **autism and ADHD diagnostic pathway and post diagnostic support** had been approved. As soon as timescales are agreed and services are commissioned, effective pathways will be developed that ensure Adult Social Care services are both Care Act and Autism Act compliant.

Staff from Stockport are actively involved in the **Greater Manchester Strategy Health Working Group** which is reviewing and developing diagnostic and post diagnostic support particularly around complex and challenging behaviour across the region. The GMAC, which is chaired by the Director of Adult Social Care from Oldham, has prioritised work on improving access to housing and working with the criminal justice system.

GMS Ambitions

Healthy lives, with quality care available for those that need it

- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to enable better care for our residents
- We will work in partnership to achieve financial balance and secure the sustainability of our services for now and the future

Good jobs, with opportunities for people to progress and develop

- All residents (in and out of work) will have the opportunity to progress into all levels of technical & academic skills provision, ensuring our people are life-ready, and employers will offer high quality employment with clear progression routes

Safe, decent affordable housing

- All parts of Greater Manchester will be neighbourhoods of choice, with good quality affordable homes in safe and attractive communities, well served by public transport, so that the people that live in them are connected to jobs and opportunity and have access to excellent local amenities, green spaces and a high quality cultural and leisure offer.

Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
Two posts are funded to implement the Autism Strategy and progress the work areas above. If the funding is not renewed, there will be no dedicated support to progress the Autism Strategy.	Funding for the posts is due to be renewed in April and July 2018. Current arrangements are being reviewed.	Vince Fraga

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:

The Multi-Agency Adults at Risk System (MAARS) will be reviewed to ensure that it enables partner organisations to share responsibility effectively for those individuals with complex safeguarding needs who are referred into the MAARS panel. The review will also support the development of appropriate pathways for adults with complex needs whether or not they are eligible for Adult Social Care services. A new measure that aims to describe how successful MAARS is at identifying and supporting young vulnerable adults at risk will be developed once the impact of the changes is understood.

Domestic abuse services will also be reviewed and measures put in place to create a co-ordinated community response to domestic abuse across the continuum of risk. This will include:

- Improving the effectiveness of Independent Domestic Violence Advisors (IDVAs) including increasing their capacity to address medium term risks
- Re-launching Operation Strive to support standard risk victims and perpetrators through a network of volunteers

Care Act Compliance will continue to be a priority. In 2018/19, 'Making Safeguarding Personal' will be further embedded in the local approach to safeguarding and there will be assurance that safeguarding enquiries are Care Act compliant.

The capacity of the **DOLS service** will be increased, and its effectiveness reviewed in order to reduce the backlog of cases.

GMS Ambitions

Safer and stronger communities

- Greater Manchester will have strong, inclusive communities where people feel safe
- Greater Manchester will be the most resilient city-region in the UK
- Reducing risk and harm to the residents of Greater Manchester
- Protecting and supporting children and young people and those that are vulnerable

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

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
Domestic Abuse	Domestic abuse: re-victimisation rates (numbers)	Quarterly	Low	210	185	Aim to minimise

Measurement of services' success at reducing repeat victimisation incidents of domestic abuse. In quarter 3 2017/18, the performance toolkit used to measure domestic violence abuse and re-victimisation rates changed. Where previously re-victimisation rates measured those people who were victims more than once, it now measures people who

Priority 5: Strengthening and reviewing the way we protect vulnerable adults at risk						
PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
were victims on 5 or more occasions. At the same time, where no further action would have been taken for 'low level' domestic abuse incidents, these are now recorded as a crime. Whilst overall victimisation rates continue to increase, repeat cases are reducing, and a new baseline figure will be included in Q1 to reflect the change in methodology.						
NEW	Reduction in size of the DoLS waiting list	Quarterly	Low	TBC	TBC	Aim to minimise
A new performance indicator that measures the DoLS waiting list will be designed with operational staff and published in the PPRR.						
NEW	Safeguarding outcomes	Quarterly	TBC	TBC	TBC	TBC
A new performance indicator that measures safeguarding outcomes will be designed with operational staff. This will replace the measure used for 2017/18 based on s42 investigations.						

Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
Financial and reputational risk to the Council if vulnerable adults are not identified and supported, regardless of Care Act eligibility	Review of effectiveness of MAARS to be undertaken	Nuala O' Rourke
Reputational risk to the Council if safeguarding services are not Care Act compliant	Work to assure Care Act compliance prioritised in 2018/19	Nuala O' Rourke
Reputational risk to the Council around DOLS and how the Council works with the Coroners Office	Review of DOLS processes including increased capacity	Nuala O' Rourke
Financial risk to the Council if legal action is taken by families waiting for DOLS assessments to be authorised by local authority/supervisory body.	Review of DOLS processes including increased capacity	Nuala O' Rourke

Priority 6: Developing the social care market

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.

Delivered by:

The Council continues to work through the Joint Commissioning Steering Group in relation to a number of themes for market capacity and development:

The Financial sustainability group will continue to review payments to providers of adult social care to ensure that the quality and supply of support for people in their own homes as well as in care homes is maximised.

Recruitment and retention of workers across adult social care remains a challenge locally for the **External workforce development group**. The Council will be working alongside local providers with Health Education England and Skills for Care to address these challenges through investment in training, leadership and support.

Quality and Commissioning - in 2018/19 the Council will invest in Support at Home to enable people to remain in their own home for as long as possible through the commissioning of an Ethical Framework. The framework will provide a higher level of funding for providers who meet standards set through the framework around the quality of support for Stockport residents and the remuneration of workers providing the support directly.

The **Enhanced Care Home Team** or EQUIP team are delivering the Enhanced Quality Improvement Programme and are working closely with the social care Quality Team, the CCG and partner agencies. This new approach will continue to be developed in 2018/19 and has contributed significantly to the improved CQC ratings for Nursing, Residential and Home Support providers.

Commissioning, market development & new investment - the development of the Trusted Assessor role will improve the experience of people who are leaving hospital, enabling them to move into the most suitable place swiftly, with additional support before during and after their move.

The **Home Care project** and Better at Home are working intensively with home support providers to optimise the number of hours available. The current framework for home support is due to go out for tender in quarter 1 and will incorporate the ethical framework and an emphasis on promoting locality working through 'zoning'.

The **retendering of Extra Care Housing** provision in the borough will begin in quarter 1 as the current contract is due to expire at the end of August 2018. Stockport currently has seven Extra Care schemes offering accommodation, care and support and a range of social activities to people aged 55 years and over. Four housing providers are responsible for the housing management of the schemes; Stockport Homes, Johnnie Johnson Housing Trust, Your Housing Group and Equity Housing Group. The tender will focus on appointing a regulated provider to offer on-site care and support to Extra Care residents who have identified care needs. The tender will also focus on an effective programme of activities; ensuring close links with local communities to enhance this offer. Consultation with residents and Healthwatch Members has begun and service users will be invited to be involved in the tender process.

The potential for additional Extra Care housing provision is currently being explored as part of the mapping of accommodation with support for older people living in Stockport.

This is being linked into the Greater Manchester Transformation Team's work on the development of a Greater Manchester Supported Housing Strategy.

Technology and Infrastructure Development - the service is seeking to improve the systems used to work with adult social care providers, in consultation with those providers, to maximise the use of new and evolving technologies. This work aims to reduce the time taken to secure support for individuals, enable good providers to develop and improve how responsive they can be to need across the health and social care system as well as expand the depth of management information available to the Council which can be used to drive efficiency and quality improvements across the service.

The Disabled Facilities Grant (DFG) is hosted within the Communities & Housing Portfolio. The grant is intended to enable people with disabilities to make alterations to their homes so they can continue to live independently in the community. For example, DFGs can be used to widen doors and install ramps, to improve access to rooms by installing a stairlift or downstairs bathroom, or to adapt a bathroom or kitchen to make them easier to use. Eligibility criteria apply and applicants may have to contribute towards the cost of adaptations.

Demand for DFGs has been rising particularly from people over 75. DFG funding is an element within the Better Care Fund (BCF) which ensures that as well as meeting mandatory requirements, there is flexibility to fund other preventative work in line with BCF principles. This flexibility has been used to provide a top up when adaptations cost more than the mandatory DFG limit for families and adults, to meet people's means tested contributions when they are eligible via the Councils fairer charging rules and to support schemes that assist carers or prevent the need for a formal package of care. In 2018/19, the focus will be on working creatively with colleagues in Communities and Housing to explore how the DFG can contribute more flexibly within the BCF regulations to the wider prevention and early intervention agenda.

GMS Ambitions

A thriving and productive economy in all parts of Greater Manchester

- Greater Manchester will drive our economic growth through nurturing and developing all of our industries, attracting new businesses and ensuring strong and productive sectors across the city-region

Healthy lives, with quality care available for those that need it

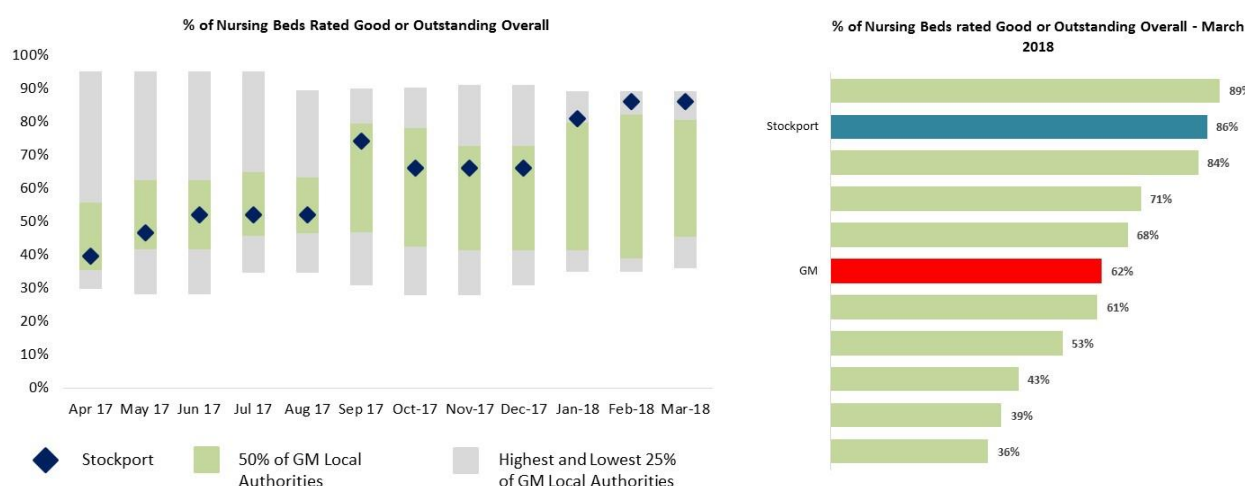
- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to enable better care for our residents

Priority 5: Developing the social care market

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
N1	The proportion of nursing bed capacity in Stockport with an overall CQC rating of good or outstanding <i>(actual numbers)</i>	Quarterly	High	40%	86% (842)	95% (100% by 2020)

This new indicator was introduced last year and measures the progress made towards meeting the ambition of 100% of nursing beds in Stockport having an overall CQC rating of good or outstanding by 2020. Performance improved significantly in 2017/18 and moved Stockport up from 4th place across GM to 2nd. This represents 842 out of 982 nursing beds. See table below.

% of Nursing Beds Rated Good or Outstanding Overall

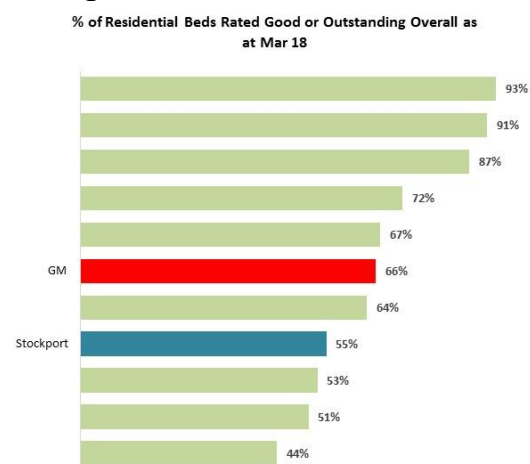
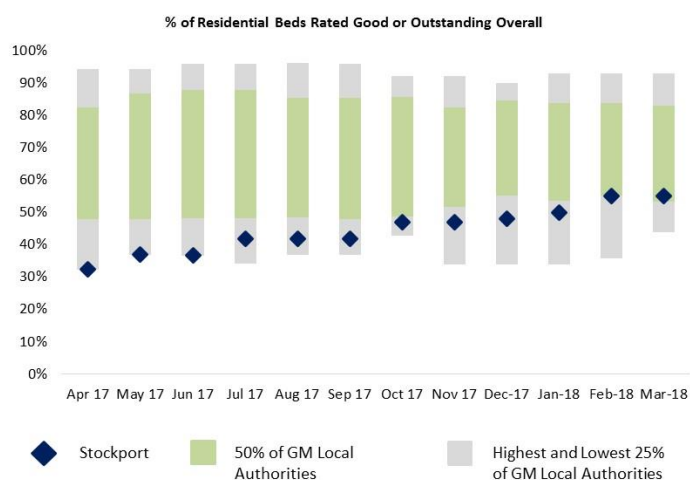


LA	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Stockport	40%	47%	52%	52%	52%	74%	66%	66%	66%	81%	86%	86%

N2	The proportion of residential bed capacity in Stockport with an overall CQC rating of good or outstanding <i>(actual numbers)</i>	Quarterly	High	32%	55% (728)	70% (100% by 2020)
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This new indicator was introduced last year and measures the progress made towards meeting the ambition of 100% of residential beds in Stockport having an overall CQC rating of good or outstanding by 2020. A significant improvement in performance was achieved in 2017/18, although the progression target was not met. Stockport moved up from 9th place across GM to 7th. This represents 728 out of 1,314 residential beds. See table below

% of Residential Beds Rated Good or Outstanding Overall

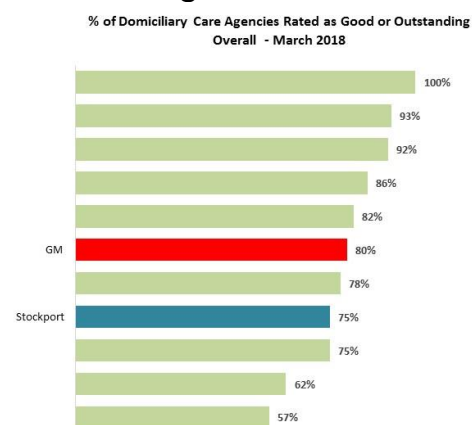
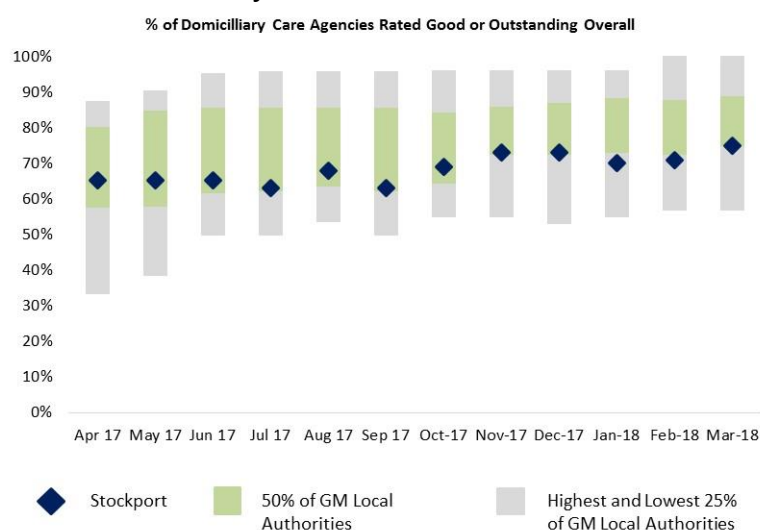


LA	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Stockport	32%	37%	37%	42%	42%	42%	47%	47%	48%	50%	55%	55%

N3	The proportion of home care agencies in Stockport with an overall CQC rating of good or outstanding (<i>actual numbers</i>)	Quarterly	High	63%	75% (21)	85% (100% by 2020)
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This new indicator was introduced last year and measures the progress made towards meeting the ambition of 100% of home care agencies in Stockport having an overall CQC rating of good or outstanding by 2020. Performance has improved from 73% at the end of quarter 3 to 75% at year end, 5% short of the progression target. Stockport remains in 7th place across GM. This represents 21 out of 28 locations. See table below.

% of Domiciliary Care Locations Rated Good or Outstanding Overall



LA	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Stockport	65%	65%	65%	63%	68%	63%	69%	73%	73%	70%	71%	75%

Priority 5: Developing the social care market						
PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
N4	Number of home care hours in Stockport with an overall CQC rating of good or outstanding	Quarterly	High	n/a	n/a	85% (100% by 2020)
<p>This is a new measure for 2018/19 which provides more detail about the progress being made towards 100% of home care hours having an overall CQC rating of good or outstanding by 2020. The size of home care agencies and the number of hours they deliver can vary significantly. This indicator provides a better overall assessment of the quality of home care hours available to service users.</p>						

Risk description and potential impact	Existing Controls	Responsible officer (HoS)
Lack of affordability of care provision in the external market, including cost of care and demographic pressures.	Work with strategic commissioners and providers to shape the overall pooled budget and collectively agree a fair cost of care model, which is financially sustainable.	Vince Fraga
Lack of appetite within the market to change current business models and implement new models of care	Development of a clear market position statement as well as good market testing and co-production of new models of care	Vince Fraga
Slow or no improvement in quality standards of care in both local and regulatory assessments. Strengthening the Social Care Market	Further enhance quality assurance mechanisms and support to the independent sector to drive improvements. Potential for incentives and quality premiums for achieving high standards.	Vince Fraga
Individual business failure within the care market resulting in threats to continuity of care for individuals.	Further improvements to the Council's business continuity approach and development of a systematic approach to identifying early warning signs.	Vince Fraga
The introduction of the Ethical Framework does not fully address the recruitment and retention issues within the service	Monitor and further develop Ethical Framework in collaboration with providers	Vince Fraga

Priority 7: Working with communities and supporting carers

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.

Delivered by:

In 2015-16, Adult Social Care procured a number of preventative services through a process of alliance commissioning. These were the Prevention Alliance (TPA), the three Wellbeing and Independence Networks (WIN) services, Advocacy Services and the Alliance for Positive Relationships (APR). The APR is reported under Priority 4, Strengthening and reviewing the way we protect vulnerable adults at risk.

The Prevention Alliance (TPA) works with people who are vulnerable in terms of their health, wellbeing or situation to enable them to make changes in their lives and to become both independent and resilient. Following a review it was confirmed that the funding for the TPA will continue until 2020, with a contract variation that includes a performance framework and targets. This will be developed and agreed in quarter 1 and will ensure that the TPA has challenging targets and that performance issues can be identified and addressed.

The three **Wellbeing and Independence Networks (WIN)** continue to work across a range of needs to deliver non-statutory services to prevent or delay crisis, deterioration and the need for formal health and social care services. The first three years of the WIN contracts end in October and there is an option to extend the contracts for a further two years. Consideration of an extension will follow a review of the current contract delivery and options to reduce the contract value in line with agreed budget savings. The three services are:

- **Wellbeing and Independence at Home** – short term support in a crisis, although referrals are becoming more complex and require work over a longer period of time for example with people who hoard.
- **Wellbeing and Independence – Living Well in the Community** – supports people to engage in social activities, volunteering and return to employment, for those with a range of presenting barriers including long-term physical conditions, autism, mental health conditions, learning disability, dementia and those with a caring responsibility. **The Carers service** is now fully embedded and continues to provide space for carers to have time for themselves, along with the support of a newly added counselling service. **The Peer Support team** helps people to help themselves and is integral to the wider wellbeing engagement work that the service provides.
- **Wellbeing and Independence through Community Transport** – enables people who are unable to use public transport to engage in community activities, including shopping, visiting partners in care homes by providing volunteer drivers

Advocacy Services include Care Act Advocacy, Independent Mental Health Advocacy and NHS Complaints. These services are delivered by Stockport Advocacy and were reviewed after three years and the contract extended for a further two years from April 2018.

At present only **quantitative data** about numbers of people accessing services can be provided for the preventative services and there are no specific performance indicators related to the wider outcomes for this group of people. Work is ongoing with all services around the measuring and reporting outcomes, and a number of established approaches to measuring social value return are being explored. It is intended to develop outcome

based performance indicators over the course of 2018/19 which will be included in the PPRA for 2019-20.

Support for Carers is a priority for 2018/19. Partners who signed up to Stockport Carers Charter will be developing and implementing Action Plans to deliver against at least three of the four work priorities over the coming year. This will be monitored at the quarterly meeting of the Charter Implementation Group. Adult Social Care deliverables include the reintroduction of the Carers Champion role within integrated teams and work around the Council offer to employees who have a caring role. Stockport is also well represented on all workstreams of the work around the implementation of the **GM Carers Charter** action plan. **The Connecting Carers** project is part of the wider work around the identification and recognition of carers, whether or not they receive services from social care. The Connecting Carers card will blend low level support around carer contingency planning with raising the profile of carers and caring, and discounts from local businesses.

GMS Ambitions

Healthy lives, with quality care available for those that need it

- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to enable better care for our residents
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to achieve financial balance and secure the sustainability of our services for now and the future

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
ASCOF 1C.1b	The proportion of carers who receive a direct payment in their capacity as a carer (%)	Quarterly	High	48.3%	84.6%	Aim to maximise
Data for 2016/17 excluded carer direct payments where the payment had been coded as 'Client' rather than 'Carer' on CareFirst. We have corrected this for 2017/18, resulting in a more accurate picture. 2017/18 figures are provisional pending an audit by Business Intelligence ahead of our SALT submission in May 2018. A target will be set for this indicator in quarter 1. In 2018/19, the intention is to develop a further measure that tracks the number of carers who have been <u>offered</u> an assessment, regardless of whether or not they receive a service. Introduction of the new LiquidLogic case management system from 2019 will make this easier and more accurate.						
ASCOF 1A	Overall Social Care Related Quality of life score. Reported annually (scored out of 24)	Annually	High	18.5	18.7	Aim to maximise
This measure is reported annually and assesses the extent to which local Adult Social Care users feel that they have a good quality of life as a result of the services they receive. It is calculated from the responses to 8 quality of life questions. Comparative data for the north west is not available until the autumn for this measure. Performance shows a slight increase despite the pressure on resources. Benchmarking information for this measure will be available from NHS Digital in quarter 3.						

Portfolio Performance and Resources - Agreement 2018/19

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Target
NEW	Number of people who have accessed Targeted Prevention Alliance (TPA) services.	Quarterly	High	N/A	TBC	2000 (500 per quarter)
This is a new measure that counts the number of new contacts from people who have accessed the TPA during the quarter and who have engaged with a TPA worker to achieve medium / longer term goals. This measure excludes information and advice, signposting and other very short term interventions.						

Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
Risk that following review and possible reductions in contract value, preventive services not able to meet expectations	Review governance and structures of preventive services to ensure effective service delivery	Vince Fraga

Priority 8: Reforming and integrating our services

We will ensure our workforce, systems and processes are equipped to meet the challenges of new ways of working across service, organisational and geographical boundaries to deliver the services our residents need and deserve.

The projects below will be monitoring and reporting against identified milestones rather than performance indicators.

Delivered by:

The Stockport Together **Information, Management & Technology (IM&T) Delivery Plan** will provide technology based solutions to support Stockport Neighbourhood Care's new models of care. The plan is built around four themes: connected infrastructure and support services; integrated systems; empowering people through the use of digital technology; intelligence led services. These themes and solutions are aligned with the Greater Manchester Health and Social Care Partnership IM&T Strategy. During 2018/19 IM&T will progress and deliver a range of projects under these themes, including:

- Further enhancements to the Integrated Stockport Health and Care Record, including the addition of information from Community Services (Q2), Mental Health (Q3), and the new systems in Adult Social Care (Q3), Children's Social Care (Q4) and the Foundation Trust (Q4).
- Mobile working solutions for Neighbourhoods and Intermediate Tier, which includes the rollout of mobile devices and mobile optimised applications. **(Ongoing)**
- Tools and support for identifying Enhanced Case Managed patients, and for assessing impact. **(Quarter 2)**
- Facilitate the creation and viewing of electronic Care Plans across Multi-agency Neighbourhood Teams. **(Quarter 3)**
- Support the development of Privacy Impact Assessments and Information Sharing Agreements to enable data sharing across partners and roles. **(Ongoing)**

A comprehensive programme team has been established to oversee the **introduction of Liquid Logic** across Stockport Family and Adult Social Care. The new system will replace CareFirst and EIS and will improve the efficiency of systems and processes, and provide performance management information. It will also support a number of statutory processes including safeguarding vulnerable adults, will further maximise the benefits of integrated working and will support the effective transition between children's and adult social care. Originally planned for implementation in the 4th quarter of 2018/19, the current aim is to implement the system in Adult Social Care in the quarter 3, and Stockport Family in quarter 4. This is an ambitious timescale given the complexity and volume of work required but is driven by existing contract arrangements in place for current systems. As the programme progresses there will be increasing involvement from operational services to develop the system and support implementation.

A key priority for 2018/19 is to manage demand in the early stages of the customer journey by changing the focus of the **Contact Centre and introducing the Early Intervention Team**. The Contact Centre will have a dedicated, professional triage function. A manager, two social workers and an assistant team manager will manage demand through effective triage and signposting including carrying out some initial safeguarding screening. The Early Intervention Team will run in parallel. Occupational Therapists and support staff will do an early Care Act and functional assessment and provide a prompt response particularly through the provision of equipment and support. The aim is to provide a short term response, to triage effectively and to minimise the

demand for longer term support. Some posts have been filled and the new approach should be operational by quarter 2.

The Stockport Health and Social Care Strategy to 2010 sets out the high level ambition for the whole system. Only those aspects relating to the Local Authority Social Care and NHS Community Care have a more detailed **Workforce Action Plan**. This reflects the emerging business strategy and operational planning across the system. The Stockport Neighbourhood Care (SNC) Workforce Plan 20178-18 contained an action to develop similarly detailed plans for Primary care, Outpatients, and the Private, Voluntary and Independent Care Sector during 2018/19.

The levels of maturity of workforce planning across four key aspects are summarised below:

	Determine business strategy	Analyse and discuss available data	Agree objectives of workforce plan	Determine actions & implement plan
Acute Services		✓		
Intermediate Tier	✓	✓	✓	In progress
Neighbourhoods	✓	✓	✓	In progress
Outpatients	In progress	In progress		
General Practice				
PVI Social Care				
Commissioning	In progress	✓		

The business strategy for parts of the health and social care economy are in various stages of maturity. However, there is not sufficient detail to undertake joined up workforce planning across the whole sector.

Three phases of activity are planned for 2018/19:

- *Phase 1 (Jun- Oct 18)* *Continued development of sector specific business*
- *Phase 2 (Sep 18)* *Mid-Term review of 5-Year Strategy*
- *Phase 3 (Mar 19)* *Integrated workforce planning with all partners*

To ensure that the identified Senior Responsible Owners and Operational Leads receive consistent and aligned technical support from colleagues in Human Resources and Organisational Development, a system wide Locality Workforce Group has been established. This mirrors the approach taken in other GM localities and is aligned to sub-regional governance arrangements. This group reports to the Enabler Board with escalation to the Alliance Provider Board, with individual members of the group also maintaining contact with their local HR and OD governance arrangements.

For information: Deferred Payment Agreements (DPA) were put in place so that people should not have to sell their home in their lifetime to pay for their care. The Council has operated a DPA Scheme for many years. In April 2015, the Care Act ensured DPAs are available from all councils across England through a Universal DPA Scheme. A DPA is an arrangement with the council that enables people to use the value of their homes to help pay care home costs. Eligibility criteria apply, for example there must be sufficient equity in the property to cover the care costs and the Council being able to place a 1st charge on the property to secure its debt risk. If eligible, the council will help to pay care home bills on the residents' behalf. The resident can delay repaying the

council until they choose to sell their home, or until after their death. Councils charge interest on the amount owed to them, and there is a fee for setting the arrangement up and maintaining it each year.

In 2017/18 the Council received 9 DPA applications all of which were accepted. In total, in May 2018, there are 11 residents who have a Deferred Payment Agreement in place.

GMS Ambitions

Healthy lives, with quality care available for those that need it

- We will work in partnership to improve the health of all Greater Manchester residents
- We will work in partnership to transform the care and support that our residents can access
- We will work in partnership to enable better care for our residents
- We will work in partnership to ensure research, innovation and growth informs the development of our services
- We will work in partnership to achieve financial balance and secure the sustainability of our services for now and the future

Some of the risks described below are drawn from the **Stockport Together Programme Board Assurance Framework**. Risks are listed where a level of responsibility for the controls rests with the Council. In most cases, Responsible Officers are working with colleagues from the partner organisations.

Risk Description (and potential impact on outcome)	Existing Controls	Responsible officer (HoS)
Pressure on timescales for the introduction of Liquid Logic	Project plan in place and being closely monitored	Mark Fitton
The benefits of digital and information systems are unrealised	<ul style="list-style-type: none"> • IM&T Strategy/Road Map including primary care • Alliance Organisational Development plan • Benefits Realisation Plan includes digital realisation 	P James & S Williams
Workforce plans not sufficiently detailed and recruitment not moving at pace required	<ul style="list-style-type: none"> • Comprehensive health & social care workforce plan in place and aligned to integrated service solution model and plans • Shared provider recruitment plan and monitoring in place • Accountable workforce lead in place and representation on Implementation Board 	S Williams & L Donnan

Cross Cutting Delivery Programmes

All Age Strategy

At its meeting in October 2017, Cabinet approved the proposal to develop an All Age Strengthening Families and Communities Strategy as the next phase of whole system integration.

The Strategy will provide a model that will enable the Council to respond to the significant challenges involved in meeting high cost, complex need across the borough; and will contribute to the Medium Term Financial Plan savings targets for the Council over the next four years.

Cabinet agreed the following overarching aim and objectives for the Strategy:

Aim: To develop resilience and independence, promote inclusion and reduce inequalities for vulnerable and disadvantaged individuals, families and communities within a reduced financial envelope through the next phase of whole system integration.'

Objectives: To develop our approach to multi-agency co-working with a clear understanding of roles and responsibilities so that the right people are involved when intervention is required and each contact makes a difference;

To focus on inclusion and building individual, family and community resilience to improve outcomes in employment and skills, education, mental and physical health and wellbeing (including housing) for vulnerable and disadvantaged people, within a framework of effective universal and targeted services;

To reduce inequalities, starting in the early years with the eight stage model and working through the whole life course, closing the achievement gap, and preparing and supporting young people and adults for work and maintaining independence;

To detect the early warning signs of vulnerability, risk and harm, intervene early and reduce demand on statutory services;

To ensure successful transition at every stage of the life journey, in particular school readiness and preparation for adulthood through education, skills and training into employment.

This work will involve substantial service redesign and will build on current operational work-streams including Place Based Integration in Brinnington and the development of an 'all age' approach to safeguarding.

A detailed strategy and new service model will be ready by December 2018; and a position statement, including details of engagement and consultation, is currently being developed.

Digital by Design

Work continues to explore how digital services can further support the implementation of the new case management system, for both Adult Social Care and Children's Services.

3. ADULT SOCIAL CARE PORTFOLIO FINANCIAL RESOURCES AND MONITORING 2018/19



3.1 Total Resources

In total the resources available to the Portfolio for 2018/19 are £126.747m. This is made up of the 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

2018/19 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 2018/19 is £67.261m, representing a 3.69% reduction on the final recurrent cash limits of the portfolios constituent services in 2017/18.

Calculation of 2018/19 Cash Limits

Adult Social Care Portfolio	2018/19 £000
2017/18 Outturn Budget Position	69,878
Non recurrent funding in 17/18 for redundancies	(39)
Savings:	
Agreed Savings	(2,695)
Savings Total	(2,695)
Additional saving requirement – funded from iBCF non recurrently in 18/19	(3,000)
Additional Savings Total	(3,000)
Investment:	
ASC demographic pressures	1,000
Contingency Allocation 1819 - Inflation	986
Contingency Allocation 1819 - NLW	863
Contingency Allocation 1819 - Demand	28
Investment Total	2,877
SC Precept pass-ported to ASC	11
Other Recurrent investment Total	11
ASC Charging Policy	229
Non Recurrent investment Total	229
2018/19 Cash Limit	67,261

The cash-limit budgets, for the functions within the Portfolio for 2018/19, are as follows:

Adult Social Care	Employee Expenditure	Non Employee Expenditure	Gross Expenditure	Gross Income	Net Cash limit Budget
	£000	£000	£000	£000	£000
Integrated Neighbourhoods	5,074	52,922	57,996	(30,165)	27,831
Boroughwide Services	9,747	4,870	14,617	(7,837)	6,780
Learning Disability	8,412	24,979	33,391	(4,525)	28,866
Mental Health	2,411	4,506	6,917	(965)	5,952
Strategy and Performance	2,364	(617)	1,747	(7,421)	(5,674)
Prevention	0	2,454	2,454	(386)	2,068
Safeguarding	638	167	805	70	875
Stockport Local Assistance Scheme	185	301	486	0	486
Other - Support to Vulnerable Adults	121	326	447	(370)	77
TOTAL	28,952	89,908	118,860	(51,599)	67,261

Also to highlight is an additional £0.802m of non recurrent Adult Social Care support grant received in 18/19, which was announced as part of the Local Government Finance settlement on the 6th February. Plans are currently being developed to utilise this funding source.

Savings Proposals

The savings proposals were prepared to take into consideration inbuilt financial pressures from the 17/18 outturn position and the 18/19 saving requirement across the pooled budget. The savings requirement for 18/19 was also aligned to the entirety of the pooled budget rather than a separate allocation to the Adult and Health portfolios. The table below illustrates the split of the savings required between the inbuilt financial pressures and the 18/19 saving requirement totalling £5.223m.

Description	Saving Requirement (£000)
<u>Savings in scope for 18/19:</u>	
Adult Social Care & Health in built pressures from 17/18	(2,528)
2018/19 savings requirement	(2,695)
Total saving to be achieved in 18/19	(5,223)
<u>Further recurrent savings:</u>	
Intermediate Tier: Funded from Stockport Together / Reserves	(1,500)
Additional savings: funded from iBCF non recurrently in 18/19	(3,000)
Overall Total saving requirement	(9,723)

The saving requirement of £5.223m will be met through increased income generation, maximisation of external funding, budget re profiling, reductions to contracts and a review of

commissioning functions. Detailed savings plans have been developed, progress against the individual savings will be monitored and reported through the quarterly Policy Performance and Resources Reporting (PPRR).

In addition to these savings is the £1.500m saving requirement in 2018/19 aligned to Intermediate Tier which has been aligned to Adult Social Care since 2015/16 and was funded in previous years by a combination from reserves and the in year outturn position.

Also to highlight is a further £3.000m saving requirement which is being achieved in year by a non recurrent contribution from the improved Better Care Fund (iBCF).

Pooled Budget

The opening cash limit budget contribution from the Council for 2018/19 into the pooled budget is £83.251m. This encompasses in its entirety; Adult Social Care, Public Health and Health Policy services. Discussions are being held with regards to the ongoing inclusion of the Children's elements of the Public Health budget. It is envisaged that the opening total contribution into the pooled budget for 2018/19 inclusive of the Stockport CCG contribution will remain at circa £200m.

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.

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000
Directorate Reserves			
Directorate Reserve	Directorate Flexibility Reserve - People	2 ESA Advisors	2
Directorate Reserve	Directorate Flexibility Reserve - People	Additional Learning Disability transition workers	47
Corporate Reserves			
Budget Resilience Reserve	Adults Reserve	Learning Disability Sleep ins; increased hourly rates	24

Portfolio Performance and Resources - Agreement 2018/19

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000
Strategic Priority Reserve	Health and Social Care Integration Reserve	Investment into Stockport Together Neighbourhood and Boroughwide work streams including double running of services.	571
Strategic Priority Reserve	Health and Social Care Integration Reserve	Neighbourhood work stream.	96
Strategic Priority Reserve	Health and Social Care Integration Reserve	Care Act transfer for future year commitments	139
Strategic Priority Reserve	Health and Social Care Integration Reserve	Adult Social Care balances	3,859
Reserve Linked to Budget	Transformation - Invest to Save Reserve	Implementation of the Liquid Logic System across Children's and Adults	662
Strategic Priority Reserve	Health and Social Care Integration Reserve	Support to Health and Social Care integration to align with Transformation Fund investment. *	750
Corporate Reserve	Third Party Reserve	Locality investment into Stockport Together *	3,281
Corporate Reserve	Revenue Grant	NESTA Co Production	23
Corporate Reserve	Revenue Grant	European Funded Schemes	213
Corporate Reserve	Revenue Grant	Hate Crime	10
		Total	9,677

*Aligned to Stockport Together investment, locality funding held within Council reserves.

3.4 Capital Programme

Capital Funding comprises non-recurring resources from a range of sources. The proposed portfolio capital programme for 2018/19 and beyond is detailed below:

Adult Social Care Capital Programme	2018/19 Programme £000	2019/20 Programme £000	2020/21 Programme £000
Case Management System	153	0	0
Residential Care Sector Support	49	0	0
Baker Street Redevelopment	305	0	0
Grant allocations - remaining balance	984	0	0
TOTAL	1,491	0	0

Details of the programme:

Scheme	Description
Case Management System	During 2018/19 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.
Equipment Purchases	It is anticipated that during Quarter 1 of 2018/19 £0.308m of the Grant Allocation remaining balance (detailed below) will be allocated to the purchase of equipment for clients in order to aid daily living to be spent across 2018/19-2020/21.
Baker Street Redevelopment	The redevelopment of Baker Street to collocate two Adult Social Care and Health Neighbourhood Teams commenced in 2017/18 and is anticipated to be completed during the first Quarter of 2018/19. Pennine Care will also be moving into Baker Street as part of the planned development with a proposed external contribution from Pennine Care, although the contribution is yet to be agreed/confirmed.
Grant allocation - remaining balance	There is £0.984m available for allocation to priorities including Health Integration (IT/Information sharing), the Disability Review, and addressing community capacity. A number of significant calls on the remaining allocation are currently being considered. The remaining balance has been fully allocated to 2018/19 but as we move into 2018/19 the profiling of this allocation will be reviewed and updated on a regular basis. It is anticipated that during Quarter 1 of 2018/19 £0.308m will be allocated to Equipment Purchases across 2018/19-2020/21.
Disabled Facilities Grant (C&H Portfolio)	Disabled Facilities Grants are a mandatory entitlement for qualifying applicants, and are provided to facilitate the provision of major adaptations or changes to non-Council owned housing (i.e. owner occupied, private rented and housing association) to meet the assessed needs of disabled people. Typical examples would include stair lifts, bathroom adaptations, door widening and substantial ramps.

Funding the Capital Programme

Resources	2018/19 £000	2019/20 £000	2020/21 £000
Capital Grants	1,186	0	0
External Contributions	305	0	0
TOTAL	1,491	0	0

