



Health and Adult Social Care

Portfolio Performance and Resources Agreement 2023/24



Date	7 June 2023	Version	v1.0	Approved by	KH
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HEALTH AND ADULT SOCIAL CARE PORTFOLIO HOLDER'S INTRODUCTION



I am pleased to present the Portfolio Performance and Resource Agreement for Health and Adult Social Care for 2023/24. This agreement builds on our ONE Health and Care Plan, published in October 2021, with our stated aims of jointly working together to ensure: People are happier and healthier and inequalities are reduced; there are safe, high-quality services which make best use of the Stockport pound; everyone takes responsibility for their health with the right support; and local social and economic development is supported.



We will do this by developing a prevention framework that will improve population health, working with our Primary Health Networks (GPs and other primary care providers) to develop local plans, and continuing to develop our Joint Strategic Needs Assessment (JSNA). We will move to implement delivery of our mental health and wellbeing strategy, focussing on the individual's skills, aspirations and experiences. and improve the Public Health early intervention and prevention work programme. We will protect the population from infectious and communicable diseases by recommencing infection control of GP premises and care homes, and maximising the uptake of seasonal 'flu and Covid-19 vaccination programmes.

We will provide leadership of the One Stockport Active Communities Strategy, working with our partners to increase levels of physical activity with a specific focus on the most inactive. We will support the National Drug Strategy at local and Greater Manchester levels, and will ensure the ongoing effective delivery of behaviour change services, including smoking cessation, weight management, sexual health and gambling harm.

We will continue to focus on early help and prevention, including the network of friends, family members and the many local community groups and organisations that provide vital care and support, working with partners to develop and implement integrated care pathways. We will launch regular community drop in clinics to provide advice that is responsive and person centred, focussed on maximising a person's independence and resilience. We will explore opportunities to improve the way we use Technology Enabled Care (TEC) to support independent living, and ensure that residents and their families are able to try out pieces of kit and discuss their needs. Working in collaboration with our partners, we will develop a specialist supported housing strategy. By having the right supported housing offer we can reduce the reliance on residential care.

We will continue the delivery of the overarching transformation programme for Adult Social Care reform, improving efficiency and effectiveness, enhancing direct delivery performance and establishing a strategy built on partnership and user/carer participation. We will refresh our strategic approach to market management, reflecting Care Act duties, social care reform and the CQC inspection framework. We will continue to support people to remain in their own homes.

Our assurance programme will help us to be ready for our first CQC inspection. We are also reviewing practice standards to ensure we are consistently delivering high quality care and support services to our residents. We will continue to develop the services we offer through our in-house providers, and will put a particular emphasis on training and recruitment, working with partners across the wider health and social care workforce. Our REACH service has recently been aligned with our Active Recovery Community Home team, and will work in partnership with colleagues in health to support

individuals when they are discharged from hospital. We will review our safeguarding functions and with partners implement any recommendations. As a consequence of the Government decision to delay the implementation of Liberty Protection Safeguards (LPS) until after the next parliament, we will review how we deliver Deprivation of Liberties to reduce waiting lists.

We will continue to work with our health and care partners across Greater Manchester within the integrated care system to provide safe, high quality health and care services through new system leadership arrangements and a joint improvement plan. Each Primary Care Network (PCN) is tasked with the development of population health plan with targets set for improved population health outcomes. We will support PCNs to identify people who are risk of developing long-term conditions, so they can remain independent. We will work together to improve access to core services, and better manage demand for elective care. We will support the development of local teams at PCN and neighbourhood level to respond to local challenges. We will work to improve discharge from hospital, supporting people to get back to their usual home in a safe and timely way. This activity will include delivery of the new Transfer of Care Hub at Stepping Hill Hospital, wrap-around residential bed-based care in the community, and the St Thomas' Garden scheme to transform the former hospital site into the Academy of Living Well, to include a 70-bed care facility.

This agreement sets out a challenging agenda, that may well need adjustment during the year, to take account of changes in national policy and other factors. I would like to thank all the teams across the portfolio for their continued commitment and professionalism in delivering quality services and providing invaluable care to local residents.

I look forward to working with the committee over the coming year.

Cllr Keith Holloway
Cabinet Member for Health and Adult Social Care

Revenue Budget (Forecast)		Capital Programme	
	£000		
Cash Limit Budget	115,451		
Approved Use of Reserves	19,823		
			£000
		2023/24 Capital Budget	308
		2024/25 Capital Budget	0
		2025/26 Capital Budget	0

HEALTH AND ADULT SOCIAL CARE – PORTFOLIO PLAN ON A PAGE 2023/24					
Council Plan Ambition(s)	Ambition 3: Wellbeing in Neighbourhoods Ambition 4: Delivering for those who most need it				
Council Plan Cross-Cutting Theme(s)	Fair and inclusive				
Portfolio Priorities	Improving health outcomes and tackling inequalities	Supporting communities and neighbourhoods to be healthier	A radical focus on early help and prevention	Delivering Adult Social Care to enable people of Stockport with care and support needs; and their carers to live their best lives possible	Providing safe, high quality health and care services through new system leadership arrangements and a joint improvement plan
Key objectives and delivery programmes	<ul style="list-style-type: none"> • Move to implement the delivery of the Mental Health and Wellbeing Strategy • Improve the Public Health Early Intervention and Prevention work programme • Ensure the health of the population is protected from infectious and communicable diseases 	<ul style="list-style-type: none"> • Provide leadership of the One Stockport Active Communities Strategy • Co-produce and begin to implement a Stockport Food Plan • Increase our understanding of our population's lived experience of health and wellbeing • Support the local and Greater Manchester implementation of the National Drug Strategy 	<ul style="list-style-type: none"> • Improve the way we deliver early interventions in Adult Social Care • Support people to live well in the community through the launch of an independent living approach • Develop a specialist supported housing strategy 	<ul style="list-style-type: none"> • Embed our vision for Adult Social Care • Deliver best practice in social care, focusing on Care Quality Commission (CQC) Assurance. • Deliver high quality services and safeguarding • Ensure we are a responsive service • Work in partnership with people and system partners • Support our colleagues 	<p>Work with our health and care partners across Greater Manchester within the Integrated Care System in order to: -</p> <ul style="list-style-type: none"> • Ensure a greater focus on prevention and early intervention. • Join up health and care pathways • Improve discharge from hospital • Implement the Mental Health and Well-being Strategy



HEALTH AND ADULT SOCIAL CARE –

1. PORTFOLIO SUMMARY

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

Our **ONE Health and Care Plan**, first published in October 2021, sets out a single, system-wide locality plan to make Stockport a place where everyone has the best start in life and is supported to live well and age well.

The four strategic outcomes from the Health and Care Plan vision for 2030 are reflected in the Portfolio Priorities;

- Improving health outcomes and tackling inequalities
- Supporting communities and neighbourhoods to be healthier
- A radical focus on early help and prevention
- Delivering Adult Social Care to enable people of Stockport with care and support needs and their carers to live their best lives possible
- Providing safe, high quality health and care services through new system leadership arrangements and a joint improvement plan

During 2023/24 the portfolio will continue to deliver targeted interventions to address inequalities within the new Integrated Care System, with local accountability for delivering our statutory duties under the Care Act and other relevant legislation. We will continue to develop our Integrated Care System, specifically focusing on integrated pathways, multidisciplinary working and a neighbourhood model for Stockport.

We will work together to develop and embed our early help and prevention offer, this will ensure that individuals receive timely, proportionate support and in doing so help us to manage demand for statutory services.

We will also be considering the implications of national changes through both the Health and Care Bill and the 'People at the Heart of Care: Adult Social Care Reform White Paper' which builds on work to drive personalisation, choice and control.

Our vision for Adult Care and Health remains...

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

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

This Portfolio Agreement supports the Council Plan ambitions: - 'wellbeing in neighbourhoods' and 'delivering for those who most need it'.

The key services and functions within the Portfolio which contribute towards this vision are:

Adult Social Care <ul style="list-style-type: none"> ○ Prevention Wellbeing and Independence ○ Enablement and Recovery ○ Support and Care Management; Neighbourhoods, Mental Health & Learning Disability teams ○ Practice Quality ○ Safeguarding Adults ○ Commissioning and Infrastructure ○ Transformation & Change 	Public Health <ul style="list-style-type: none"> • Behaviour Change • Health Protection • Healthy Communities • Age Friendly Stockport • Mental Wellbeing • Public Health Intelligence • Early Intervention and Prevention • Physical Activity
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The Portfolio will work closely with other Portfolios to deliver this vision, notably in relation to:

Children, Families and Education

- All Age Strategy and Transitions
- Healthy Child Programme

Climate Change and Environment

- Clean Air

Communities, Culture and Sport

- Tackling inequalities, Leisure facilities supporting the Active Communities Strategy

Economy, Regeneration and Housing

- Work and skills
- Local care market

Finance and Resources

- Transformation and new ways of working
- Crisis support and financial inclusion

Parks, Highways and Transport Services

- Parks and open spaces supporting the Active Communities Strategy

Measures and targets used within the agreement

Measures are categorised to reflect council responsibility:

- **Council:** These measures are largely under the council's direct control (e.g. Council Tax collection, highway conditions, reablement).
- **Partnership:** These measures are influenced by the council with partners (e.g. youth offending, lifestyle services).
- **Contextual:** These are measures illustrating context but that the council has little or no control over or those without a clear polarity (i.e. where it is not apparent whether higher or lower is better) (e.g. children in care, children on a child protection plan)

In addition, the approach to target-setting takes responsibility into account.

- **Numerical:** Fixed target. Aim is to reach a specific level of performance by the end of the year. Most commonly applied to council controlled measures.
- **Comparator:** No fixed target. Measure is benchmarked against available comparators and target reviewed during the year as comparator data becomes available. Aim is for performance to match or better comparators.
- **Direction of Travel:** An aspirational target is set to maximise, minimise or maintain performance.
- **No Target (N/A):** No target is set. This applies mainly to contextual measures.



HEALTH AND ADULT SOCIAL CARE – 2. DELIVERY PLAN & PERFORMANCE FRAMEWORK

Priority 1: Improving health outcomes and tackling inequalities

Delivered by:

We will lead the ongoing development of Population Health approaches

We will focus on prevention and narrowing health inequalities within all parts of the One Stockport Health Care System. We will do this by: -

- Developing a prevention framework to support the system to prioritise effective actions to improve population health.
- Working with Primary Care Networks (PCNs) to develop local health plans
- Continuing to develop our intelligence and insight through joint strategic needs assessments

We will complete the development of the Mental Health and Wellbeing Strategy for Stockport

We will also support the system to develop delivery plans to meet the ambitions and priorities within the Strategy

We will improve the Public Health Early Intervention and Prevention work programme

We will do this by: -

- Developing a revised model for NHS Health Checks in Stockport, ensuring that support is targeted effectively at those at highest risk
- Agree a joint improvement action plan for breast screening with Greater Manchester and East Cheshire NHS Trust and deliver actions to improve performance
- Pilot National Diabetes Prevention Programme sessions for those with a Serious Mental Illness, while ensuring the overall programme is accessed by as many eligible residents as possible

We will ensure the health of the population is protected from infectious and communicable diseases

In particular we will focus on:-

- Recommencing the infection prevention and control assurance of GP practices and care home premises
- Maximising the uptake of the seasonal Flu and Covid-19 vaccination programmes

Performance Measures and Targets:

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

PI Code	PI Name	Reported	Good Performance	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Target
Partnership measures							
HASC 1.1	Premature mortality due to all causes (per 100,000) population	Quarterly	Low	339.2 (2018-20)	342.9 (2019-21)	354.0 (2020-22)	n/a
HASC 1.2	Premature mortality due to all causes (per 100,000) population in most deprived quintile quintiles	Quarterly	Low	627.0 (2018-20)	614.7 (2019-21)	629.0 (2020-22)	n/a
-	Premature mortality due to CVD (per 100,000) population	Annual	Low	70.8 (2017-19)	71.9 (2018-20)	71.7 (2019-21)	n/a
-	Premature mortality due to Cancer (per 100,000) population	Annual	Low	134.0 (2017-19)	130.4 (2018-20)	127.9 (2019-21)	n/a
PHOF 01a GMS	Healthy Life Expectancy – males	Annually	High	65	66	65.1	n/a
PHOF 01b GMS	Healthy Life Expectancy	Annually	High	64.7	63.1	62.2	n/a
BP	Person Life Expectancy Most Deprived - female	Annual	High	77.8 (2017-19)	77.7 (2018-20)	78.2 (2019-21)	n/a
BP	Person Life Expectancy Most Deprived – male	Annual	High	74.1 (2017-19)	73.5 (2018-20)	73.8 (2019-21)	n/a
BP	Person Life Expectancy Least Deprived - female	Annual	High	86.0 (2017-19)	86.2 (2018-20)	86.3 (2019-21)	n/a
BP	Person Life Expectancy Least Deprived - male	Annual	High	83.2 (2017-19)	82.6 (2018-20)	82.3 (2019-21)	n/a
These measures are three-year rolling averages, reported nationally annually. Whilst the direction of travel and comparative position against national and GM data will continue to be monitored, they reflect long-term trends making them unsuitable for setting targets against.							

PI Code	PI Name	Reported	Good Performance	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Target
Mental Health - Partnership measures							
HASC 1.4 GMS	Percentage of residents reporting high levels of anxiety	Annual	Low	26.4% (2019/20)	25.9% (2020/21)	23.2% (2021/22)	n/a
HASC 1.7	Number of people accessing mental health self-care online resources	Quarterly	High	-	10,345	9,456	Maximise
Early Intervention and Prevention - Partnership measures							
HASC 2.7	Number of people undertaking the National Diabetes Prevention Programme.	Quarterly	High	518	377	651	1,085
HASC 2.8	NHS Health Checks Completed	Quarterly	High	1,208	1,681	5,504	5,000
	Cancer screening coverage: Breast cancer	Annual	High	71.1%	58.3%	61.4%	Maximise
Infections and vaccination – Partnership measures							
-	Number of Infection Prevention Control (IPC) assessments completed	Quarterly	High	-	-	-	Maximise
HASC 1.5	Take up of flu vaccinations for 4-10 year olds	Quarterly	High	62.1%	69.7%	55.7%	n/a
HASC 2.2	Uptake of flu vaccinations for those aged 50-64 years	Quarterly	High			54.8%	n/a
HASC 2.3	Take up of flu vaccinations for pregnant women	Quarterly	High	64.5%	55.8%	55.9%	56%
HASC 2.5	Uptake of flu vaccinations for secondary school children	Quarterly	High			18.9%	n/a
PHOF D031	Take up of flu vaccinations for 2-3 year olds	Quarterly	High	70.6%	60.8%	60%	60%
PHOF D05	Take up of flu vaccinations for under 65s	Quarterly	High	62.7%	60.1%	56.4%	58%
PHOF D06a	Take up of flu vaccinations for over 65s	Quarterly	High	85.6%	87.1%	85.3%	85%
<p>The flu vaccination programme starts in September. An update will be provided in the mid-year report, with performance against target for the full programme included in the Annual Report in June. Targets are based on maintaining high levels of vaccination, and improved access to school and GP settings.</p> <p>Two new cohorts were added for the 2022/23 vaccination programme – those aged 50-64 and children in Yr 7 to 11. These cohorts will only be vaccinated in 2023/24 if there is sufficient vaccine available once other cohorts have been vaccinated and therefore target for these groups have not been set.</p>							
HASC 2.1	Take up of Covid vaccination by priority group	Quarterly	High				
This measure will be updated to reflect revised cohorts for 2023/24 once these have been announced.							

Priority 2: Supporting communities and neighbourhoods to be healthier

Delivered by:

We will provide leadership of the One Stockport Active Communities Strategy

We will work with our partners to increase levels of physical activity and reduce levels of physical inactivity across all population cohorts with specific focus on the most inactive

We will co-produce and begin to implement a Stockport Food Plan

We will use a food systems approach, working with community and voluntary sector organisations as well as business, to develop a food action plan for Stockport

We will increase our understanding of our population's lived experience of health and wellbeing

We will use the insight gathered to influence system change

We will support the local and Greater Manchester implementation of the National Drug Strategy

We will ensure funding under the Supplementary Substance Misuse Treatment and Recovery Grant is appropriately allocated and progress monitored.

We will also ensure the ongoing effective delivery of behaviour change services (adult drug and alcohol; Young People Mosaic; smoking cessation and tier 2 adult and family weight management service; integrated sexual health; Chlamydia screening, specialist physical activity) and advice (START, Healthy Stockport and gambling); to improve outcomes for residents.

Performance Measures and Targets:

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

PI Code	PI Name	Reported	Good Performance	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Target
Physical Activity and Healthy Weight – Partnership measures							
HASC 1.8 GMS	Percentage of adults who are physically active	Annually	High	67.2%	66.4%	66.3%	n/a
-	Number of referrals to PARiS	Quarterly	High	-	-	-	n/a
-	Number of referrals to Stay Steady	Quarterly	High	-	-	-	n/a
The two referrals indicators are new, and baselines are currently being calculated from historical data							
PHOF C16 GMS	Percentage of adults overweight or obese	Annually	Low	63.3% 2020/21	65.1% 2021/22	63.1% 2022/23	N/A
This measure is derived from the Public Health England (PHE) Annual Population Survey. Sample sizes at Stockport level are relatively small, so are reported with 95% confidence levels and no specific targets are set for these measures. Data will be reported when updates are published, with key trends and comparative position monitored.							
HASC 1.9	Number of people completing a weight management intervention (ABL lifestyle service).	Quarterly	High	182	188	204	220

PI Code	PI Name	Reported	Good Performance	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Target
Smoking, Drugs and Alcohol – Partnership measures							
-	Number of referrals to START	Quarterly	High	-	2,996	3,010	3000
HASC 1.10	People completing a smoking cessation programme	Quarterly	High	424	656	635	450
The new ABL weight management and stop smoking service went live on 1st April 2022 following a re-tender exercise. The new contract is for a period of 5 years with the option to extend for a further 2 years. As part of this new targets were agreed for weight management and smoking cessation							
PHOF C19a	Percentage of clients successfully completing drug treatment programmes – opiate users	Quarterly	High	4.8%	6.1%	5.2% 31/08/22	n/a
PHOF C19b	Percentage of clients successfully completing drug treatment programmes – non opiate users	Quarterly	High	43.4%	39.5%	30.4% 31/08/22	n/a
PHOF C19c	Percentage of clients successfully completing drug treatment programmes – alcohol	Quarterly	High	43.6%	34.2%	31.% 31/08/22	n/a
These measures show the proportion of patients who successfully complete their drug treatment programme (i.e. are free of drug dependence) who do not re-present within 6 months. They include opiate users and alcohol treatment. It is important to note that the numbers for these targets are relatively low and can be subject to some fluctuation. In addition to local targets, we also monitor against the national rate and Stockport's performance is classed as "similar" to national performance.							
PHOF C21	Alcohol related admissions to hospital (per 100,000 population)	Quarterly	Low	543.9	569.3	Not yet available	N/A
This measure is classed as a 'contextual measure' due to the wide range of factors outside of the council's influence and therefore a target has not been set							

Priority 3: A radical focus on early help and prevention

Delivered by:

We will improve the way we deliver early interventions in Adult Social Care

We will launch regular community drop in clinics for individuals who need advice in relation to Adult Social Care. Our community clinics will offer regular bookable sessions and we will work towards offering drop in sessions in neighbourhoods across Stockport. This outward facing approach will allow the service to be responsive, person centred and provide proportionate advice focused on maximising a person's independence and resilience. Emphasis will be placed on good conversations.

We will support people to live well in the community through the launch of an independent living approach

We will explore opportunities to improve the way we use Technology Enabled Care (TEC) and provide improved access to equipment, aids and adaptations to support independent living. Alongside this we will ensure residents and their families are able to visit a site which will allow them to explore TEC and equipment options, try out pieces of kit and discuss their needs with a professional.

We will develop a specialist supported housing strategy

Working in collaboration with our partners we will develop a specialist supported housing strategy. This will describe how we will support vulnerable people to live in appropriate and accessible housing in the community. By ensuring we have the right supported housing offer we can reduce the reliance on residential care.

We will deliver our Supported Housing Improvement Programme (SHIP) – this programme is aligned with our specialist supported housing strategy. In December 2022 the council was awarded funding from the Department of Levelling Up. The SHIP programme will focus on the following objectives:-

- To drive up standards of accommodation and support
- To improve value for money of supported housing
- To implement improved management of supported housing.
- To improve local knowledge of local supply and demand
- To provide a process to intervene in the new housing benefit claims where the provision does not meet need or expected standards
- To support neighbourhoods and communities affected by poor quality provision.

The programme will be delivered by the Supported Housing Improvement team and the council wide multidisciplinary SHIP team.

Performance Measures and Targets:

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

PI Code	PI Name	Reported	Good Performance	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Target
Partnership measures							
ASCOF 1I	Percentage of service users reporting they have as much social contact as they would like	Quarterly	High	39.9%	39.9%		40%
ASCOF 2D	Percentage of people accessing short term services who no longer need long term care	Quarterly	High	45.4% (383)	63.5% (468)	94.3% (482)	90%

The following new measures are under development. Baseline data and targets will be included in PPRRs when confirmed: -

- Number of people waiting for assessment as at month end
- A series of measures to describe the performance of our prevention contracts – from Stockport Support Hub
- Percentage of contacts who don't progress to Adult Social Care having received Service at point of contact or information, advice and guidance
- Number of Front Door Assessments completed in period
- Cost of living telephone line usage
- KPIs from full suite of preventative services
- Number of people leaving reablement with a reduced level of care or no care provision

Priority 4: Delivering Adult Social Care to enable people of Stockport with care and support needs; and their carers to live their best lives possible

This priority is delivered through the Adult Social Care Transformation Programme.

Delivered by:

We will embed our vision for Adult Social Care

The Adult Social Care Strategy will be refreshed and relaunched. This will clearly articulate for residents, our partners and colleagues how we deliver adult social care in Stockport. During 2023/24 we will also refresh and relaunch a number of our other key strategies, for example our commissioning strategy

We will deliver best practice in social care, focusing on Care Quality Commission (CQC) Assurance.

The single assessment framework for Adult Social Care was implemented in April 2023. The Care Quality Commission (CQC) are currently undertaking benchmarking activity and expected to start inspections of local authorities from September 2023, with 20 inspections taking place before December. At the time of writing, there is no confirmed date for an inspection of Stockport Council.

Our assurance programme will help us to be ready for our first inspection. In addition to this, we are reviewing practice standards across our service to ensure that we are consistently delivering high quality care and support services for the people we serve.

We will deliver high quality services and safeguarding

Quality in our Care Sector

We will continue to work in partnership with our external care providers to deliver high quality care and support services to ensure they meet their regulatory responsibilities through regular engagement and monitoring.

We will continue to develop the services we offer through our in house providers, Opportunities Together and REACH. Within Opportunities Together we will develop the Shared Lives Service, ensuring that colleagues have the appropriate training to deliver a quality service to the people it supports. Opportunities Together will also focus during the year on staff recruitment to ensure that individuals who use our service get the care that they require as well as maintaining safe staffing levels.

Our REACH service has recently been aligned with our Active Recovery Community Home (ARCH) team and will work together in partnership with our colleagues in health to support individuals when they are discharged from hospital. Further updates can be found in priority 5.

Safeguarding

We will deliver a review of our safeguarding functions and implement the recommendations which arise from this. Our review will be delivered with partners across the Health and Social Care system.

The government has taken the decision to delay the implementation of Liberty Protection Safeguards (LPS) until after the next parliament. As a result we will undertake a review in year of how we deliver Deprivation of Liberties (DoLs), this will enable us to reduce our waiting lists and streamline our business processes

We will ensure we are a responsive service

We will ensure that we provide proportionate, timely advice and support to the people we serve. Through the implementation of a new Adult Social Care performance framework we will gain greater understanding and better manage the demand in Adult Social Care. We will reduce waiting lists across the service and ensure that assessments are completed in a timely and proportionate way

We will work in partnership with people and system partners

We will work with our partners through our locality arrangements to develop and implement integrated care pathways. Within Adult Social Care we will improve the way we engage with people (and their families) who use our services. We will seek opportunities to talk to people about their experience of our service and will develop and launch a co-production strategy. We will also launch a Making it Real Board. This programme is aligned with priority 5 below.

We will support our colleagues

Our teams are our greatest asset, we will ensure that all colleagues have the right training, development and guidance to enable them to undertake their roles.

We will provide more training opportunities for individuals from apprenticeships through to leadership training. We will establish a stand alone Principal Social Worker (PSW) role, this individual will provide leadership and support to Adult Social Care colleagues and will develop and launch an Adult Social Care workforce strategy.

We will work with our partners across the locality to address the challenges faced in the wider Health and Social Care workforce. This programme is also aligned with priority 5.

Performance Measures and Targets:

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

PI Code	PI Name	Reported	Good Performance	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Target
Council measures							
HASC 4.1	Number of Carers Assessments carried out	Quarterly	High	591	724	796	Maximise
HASC 4.2	Number of carers receiving direct payments	Quarterly	High	468	620	771	Maximise
Carer's assessments and direct payments fell significantly in 2020/21, but this appears to be more of a recording issue than a performance issue, possibly due to change in data systems and effect of the pandemic. The volume of recorded carers assessments and carer's payments steadily increased during 2021/22 and 2022/23							
HASC 3.3	Number of high and medium priority DOLS referrals awaiting assessment	Quarterly	Low	304	290	357	Minimise
Adult Social Care in Stockport like most other authorities has experienced a high level of demand for DOL's and this continues to increase. As referenced above we will undertake a review in year of how we deliver Deprivation of Liberties (DoLs), this will enable us to reduce our waiting lists and streamline our business processes							
Partnership measures							
ASCOF 1A	Overall social care related quality of life score (out of 24)	Annually	High	18.5	18.5	18.8	18.5
ASCOF 1G	Percentage of clients with a learning disability living independently	Quarterly	High	81.3%	85.4%	93.2%	90%
ASCOF 2A.2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Quarterly	Low	441	627.8	558.3	560
HASC 3.4	Percentage of safeguarding cases where risk is reduced or removed	Quarterly	High	96.75	85.85	78.55	80%
HASC 3.5	Percentage of safeguarding cases where client outcomes are wholly or partially achieved	Quarterly	High	91.7%	94.9%	93.9%	90%
N1	Percentage of nursing beds in Stockport rated good or outstanding	Quarterly	High	55.9%	66.2%	45.9%	70%
N3	Percentage of home care agencies in Stockport rated as good or outstanding	Quarterly	High	94.9%	90.7%	91.8%	90%
These measures continue to be impacted by the backlog in re-inspections. Targets for 2023/24 are based on an increase in inspections resulting in care homes and home care agencies improving their rating or maintaining a 'good' rating or better. Providers with a 'Requires Improvement' rating are being supported by the Quality Team, and CQC will continue to take a risk-based approach to their inspection programme.							

Priority 5: Providing safe, high quality health and care services through new system leadership arrangements and a joint improvement plan

This priority describes how we will work together as ONE System to develop the way we deliver Health and Care to help the people of Stockport to live their best lives possible. This priority aligns with priorities 1 – 4 of this PPRA

Delivered by:

Work with our health and care partners across Greater Manchester within the Integrated Care System in order to: -

Ensure a greater focus on prevention and early intervention.

As part of the Locally Commissioned Service each PCN is tasked with the development of a Neighbourhood Leadership Group (NLG) and the collaborative development of a population health plan with targets set for improved population health outcomes and a focus on a specific sub-population with poorer health outcomes.

Each plan will need to be agreed by wider stakeholders and will include clear improvement measures and milestones to achievement, with targets over one and two years. Progress reports for each PCN will be published against measures at the end of each year.

We will support PCNs to case hold and crucially to case find people who are at risk of developing long terms conditions and support them to remain independent and live healthy and happy lives. Better management of these cohorts will lead to a gradual reduction in the growth of people experiencing unplanned admissions to hospital and residential care, although the evidence tells us this can take up to five years.

We will work together to improve access to core services

We will work together to focus on providing better access to primary care services, particularly General Practice.

Elective waiting lists continue to be a challenge for the NHS nationally and locally. We will focus on working together as One Stockport to: -

- better manage rising demand for elective care services
- improve patient experience and access to care
- provide more integrated, person-centred care.

We will join up health and care pathways and support this in local teams at a PCN/neighbourhood level (30-50k population) to respond to local challenges

Practice populations will be served by integrated neighbourhood health and care teams to deliver more coordinated and proactive services that keep people happy, healthy and independent.

Core Services for the 'Team Around the Practice' will include Community Health, Community Mental Health, Social Prescribing, Social Care and certain VCFSE partners. The teams will include general practice teams, social workers, senior community nurses, occupational therapists and physiotherapists, mental health liaison workers, social prescribers and care coordinators. Care coordinators will be required to support the virtual Multi-Disciplinary Teams to take place. Teams will work together as health and care partners to design the best fit for that Team Around the Practice.

We will work together to join up health and care provision across the borough with VCFSE to improve how we support our population to stay well at home and manage their conditions.

We will work together as ONE System through a new neighbourhood model that recognises wider factors such as education, housing, employment, and social connectedness. People will be at the heart of our services and tailor care to their individual needs by creating the conditions for individuals, communities, services and professionals to work together. Harnessing our VCFSE sector will be a key enabler of this ambition and will continue to provide strong and innovative support to individuals in their own homes in closer partnership with core services.

We will work together to improve discharge from hospital, supporting people to get back to their usual place of residence in a safe and timely way.

We will continue to develop and embed our operating models which promote prevention, reablement and a Home First ethos. People will get the right care, in the right place at the right time as close to home as possible to maintain their independence and avoid higher levels of care.

Crucially, it is expected that individuals who need some combination of intermediate care and support to remain at home will be the primary beneficiaries of our plans. We will: -

- Deliver the new Transfer of Care Hub, based at Stepping Hill Hospital, a new team that will work collaboratively with staff and patients alike to proactively return people to their usual place of residence.
- Streamline our services that wrap-around residential bed-based care in the community. This includes therapists, community nurses and social workers for example. Currently these teams deliver care across seven different sites, it is proposed that this is reduced to two.
- Deliver the St Thomas' Gardens development which will see the transformation of the former hospital site into a 70-bed care facility, known as the Academy of Living Well. The vision for this development is locally based, services with a focus on helping primarily older people and people in need regain their independence and wherever possible a return home.
- Increase our Home First offer that will link in to the proposed new Neighbourhood Model.

We will implement the Mental Health and Well-being Strategy

We will support the transformation of community mental health services to deliver our vision described in the Mental Health and Well-being Strategy.

Mental health support will focus on the individual's skills, aspirations and experiences. The team put strengths and lived experience at the centre to support recovery and staying well as part of the community

Performance Measures and Targets:

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

The following new measures are under development. Baseline data and targets will be included in PPRRs when confirmed: -

- Number of preventable emergency hospital admissions
- Number of people waiting more than 52 weeks from referral to treatment in elective care
- Number of people discharged to their normal place of residence.
- Number of people ready to leave hospital but not able to be discharged (number not meeting criteria to reside)



HEALTH AND ADULT SOCIAL CARE

3. FINANCIAL RESOURCES AND MONITORING

3.1 Resources

The resources available to the portfolio for 2023/24 include Cash Limit budget and Approved Use of Reserves. These funding sources are described in further detail in Sections 3.2 and 3.3 of this report.

Cash limits are approved before the beginning of the financial year and each portfolio is responsible for ensuring that their net expenditure does not exceed their cash limit for that year. Changes made to the cash limit are reported during the financial year, usually in the performance and resources reports.

3.2 Revenue Budget

The table below shows the revenue cash limit budget, which is £115.451m for this portfolio as at budget setting. The total expenditure is greater than the cash limit budget, this is because some of the expenditure is funded by income including ringfenced grants, sales, fees and charges and reserves.

Service	Employee Expenditure	Non-Employee Expenditure	Income	Grand Total
	£000	£000	£000	£000
Commissioning & Infrastructure	1,792	509	(669)	1,632
Director of Adult Social Services	1,128	28,436	(36,683)	(7,118)
Enablement & Recovery	16,332	635	(4,850)	12,117
Practice Quality & Safeguarding	988	394	(80)	1,301
Prevention, Wellbeing & Independence	2,126	5,919	(2,014)	6,030
Support & Care Management	9,689	127,482	(47,066)	90,105
Public Health	1,727	12,243	(2,586)	11,384
Total	33,782	175,618	(93,949)	115,451

The table below shows the adjustments to the recurrent revenue cash limit budget for this portfolio since Quarter 3 2022/23. The indicative adjustments and savings were all agreed as part of the 2023/24 budget setting process.

	£000 Adult Social Care	£000 Public Health	£000 Portfolio
2022/23 Budget at Q3*	94,251	11,743	105,994
In year corporate allocation	(608)	0	(608)
2022/23 Recurrent Budget at Q3	93,643	11,743	105,386
Indicative Adjustment:			
NI 1.25% increase reversal Apr-Oct	(101)	(7)	(108)
Adult Care Services demographic pressures	1,000	0	1,000

23/24 National Living Wage	1,500	0	1,500
23/24 Price Inflation allocation at Budget Setting	5,777	0	5,777
23/24 Fair Cost of Care Funding	3,080	0	3,080
23/24 Sustainability and Improvement Fund	2,139	0	2,139
23/24 ASC Grant BCF Discharge Expenditure	1,362	0	1,362
23/24 ASC Grant BCF Discharge Income	(1,362)	0	(1,362)
ASC Independent Living Fund ILF	922	0	922
Reserve contribution to savings (one year only)	(875)	0	(875)
Total Indicative Adjustment:	13,442	(7)	13,435
Applying Budget Choices, Savings (approved 2022/23 for 2023/24):			
Demand	(1,000)	0	(1,000)
Robust Corporate Governance	(300)	0	(300)
Value for Money	0	(22)	(22)
Total Savings	(1,300)	(22)	(1,322)
Applying Budget Choices, Savings (new):			
Demand	(865)	0	(865)
Radically Digital	0	0	0
Robust Corporate Governance	(1,596)	(300)	(1,896)
Value for Money	(132)	(30)	(162)
Total Savings	(2,593)	(330)	(2,923)
Element of Phased Savings:			
Double Running Adjustment	875	0	875
Total Element of Phased Savings	875	0	875
2023/24 Budget at Budget Setting	104,067	11,384	115,451
Agreed virements in Q1:			
Reallocation of Corporate Funding	608	0	608
Public Health additional grant allocation 23/24	0	546	546
Public Health savings transferred through Health Promise	(352)	352	0
2023/24 Budget at Q1	104,323	12,282	116,605

* £0.608m included from Q3 non recurrently that will be transferred recurrently in Q1 of 2023/24

3.3 Key Investments – Budget Setting

ASC Demographics - £1.000m

It is anticipated Adult Social Care will continue to experience significant demographic pressures within its services, as individuals in receipt of care continue to live longer with enhanced care need requirements.

The Council has invested £1.000m at budget setting into Adult Social Care to meet these pressures. It is anticipated this will be sufficient to fund the full year impact of younger more complex individuals (with significantly higher package cost than standard placements), who commenced services part way through 2022/23, aligned to both internal and external provision. In addition, it will contribute to funding the in year costs of children who transition to Adult Social Care services.

ASC Price / Living Wage increases - £11.057m

The annual fee setting paper for externally commissioned Adult Social Care care management services was presented to Adult Social Care and Health Scrutiny Committee on the 2nd March 2023 and to Cabinet on the 14th March 2023.

The additional recurrent investment by the council into ASC fee uplifts is over £11m, illustrated in the table below:

Service	Investment (£m)
Residential & Nursing Care	3.468
Homecare	1.642
Other Care Management Services and contracts	5.616
PA Rates	0.331
Total	11.057

Uplifts to residential and nursing care provision range for ceiling rate bed uplifts between 12.3% - 13.8%. For beds that the Council has commissioned at an enhanced rate (i.e. above ceiling rate) the uplift is between 8% - 11%.

Indicative increases to homecare are 10.7%, for other care management services 10.1% and for Personal Assistant rates 12.8%.

The council will continue to engage with local care providers aligned to fees alongside ensuring local market sustainability and quality of care provided to individuals.

ASC Market Sustainability and Improvement Fund (MSIF) - £2.139m

The MSIF is predominantly being invested into three key themes, which include:

- Further investment into fee uplifts, which forms part of the approved fee uplifts
- Increasing workforce capacity and retention, which is in part aligned to the additional fee investment
- Reducing waiting times for services by undertaking Care Act assessments, reviewing current packages of care and commissioning new services to both new and current clients, where appropriate.

An initial MSIF submission of planned expenditure was made to DHSC within the 24th May 2023 deadline.

ASC Discharge Grant - £1.362m

The discharge grant will continue to be invested in commissioning bed and homebased services, following hospital discharge, with a continued focus on home first provision.

There continues to be financial pressures aligned to activity of commissioned services, following hospital discharge.

This funding is to be pooled within the Better Care Fund.

3.4 2023/24 Financial Overview

Adult Social Care

Social Care Reform

The Local Government Financial Settlement, published on the 6th February 2023, confirmed that the national Social Care Reform programme of introducing a care cap of £86,000 and associated reforms of making the means test for care more affordable, has been delayed for two years, with the original date of implementation of October 2023 now delayed until October 2025.

Service Transformation

Significant financial pressures exist aligned to new demand for services alongside continuing to support individuals with increasingly complex needs.

In addition is the challenge of recruitment to some post types within Adult Social Care, which is requiring agency staff to be recruited at significantly increased hourly rates.

Adult Social Care continues to transform its services to deliver timely, cost effective, Care Act eligible care to its residents, to manage the financial risks of demand and complexity of services, with a continued focus on home first provision. There is also an ongoing focus on reassessment of current clients services to ensure they meet Care Act eligible outcomes. The service is also working proactively to attract a new workforce into Adult Social Care to support the refined models of care.

Public Health

The Public Health Grant for 2023/24 was announced on the 14th March 2023, increasing the grant allocation by £0.546m to £17.293m. This announcement was after the council budget was set therefore the additional funding will be allocated in Q1.

It is planned that the grant increase will predominantly be utilised to fund the 22/23 Agenda for Change (AfC) pay increase and contribute to the financial impact of 2023/24 AfC increases. The council is awaiting further information on this aligned to NHS pay settlements and guidance for 2023/24.

The service will also review the planned activity for its externally commissioned demand led services to ensure any potential increases in provision can be financially contained within the additional funding allocated.

Healthy Child Programme

A co-operation agreement is being implemented to underpin the commissioning of the Healthy Child Programme. There continues to be a financial pressure aligned to the delivery of this service, partly due to the recurrent impacts of Agenda for Change pay uplifts alongside historic savings proposals.

Commissioners and Providers are developing plans for the continued delivery of the service, within an agreed financial envelope.

3.5 Earmarked Reserves

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

The reserve commitments reflected in the table below are before any balances which may become uncommitted following the council's next Reserves Policy update, being taken to Corporate Resource Management and Governance Scrutiny Committee (CRMG) on the 5th September 2023.

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000
Corporate Reserves			
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	799
Budget Resilience Reserve	Adults Reserve	Transformational Schemes	1,500
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM	2,123
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	11,692
Strategic Priority Reserve	Health and Social Care Integration Reserve	Liquidlogic development	14
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	91
Corporate Reserve	Revenue Grant	NESTA Co Production	23
Corporate Reserve	Revenue Grant	Hate Crime Funding	15
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	10

Corporate Reserve	Revenue Grant Reserve	Safe Accommodation Duty Grant	255
Corporate Reserve	Revenue Grant Reserve	Workforce and Assessment Grant	130
Reserve Linked to Budget			
Reserve Linked to Budget	Transformation – Double Running Reserve	Reserves aligned to savings programme 23/24	875
Directorate Reserves			
Directorate Reserve - ASC	Directorate Flexibility Reserve - ASC	Funding for Extension of Carers Assessment Pilot	17
		Adult Social Care - Subtotal	17,544
Corporate Reserves	Revenue Grant Reserve	Public Health	2,136
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	49
Corporate Reserves	Revenue Grant Reserve	ASC & Health COVID recovery	94
		Public Health - Subtotal	2,279
		Total	19,823

3.6 Portfolio Savings Programme

The savings aligned to this portfolio for 2023/24 are shown in the table below. The first column are savings approved in February 2022 and the second are savings approved in February 2023 as part of the budget setting process.

Service	Savings Programme	Description	Value Savings Approved 2022/23 for 2023/24 (£000)	Value New Savings (£000)
ASC	Demand	Managing Demand, Out of Area placement review, review of current placements, CHC eligibility	1,000	865
ASC	Robust Corporate Governance	Efficiencies in policy, processes & income arrangements	300	0
ASC	Robust Corporate Governance	Implementing fairer charging & income from client inflationary uplifts / Recharge to GMIC / BCF investments	0	1,596
PH	Robust Corporate Governance	Contract Reductions	0	150
PH	Robust Corporate Governance	Grant balances / vacancies		150
PH	Value for Money	Spend Review	22	30
ASC	Value for Money	Telecare Transfer		132
		Total	1,322	2,923
		Total Savings		4,245

In addition is £0.535m of ASC savings aligned to demand management which was approved and supported by double running reserves in 2022/23. At 2022/23 outturn the service contained the £0.535m saving balance non recurrently within its outturn position. Therefore, the total saving required for the Portfolio in 2023/24 is **£4.780m**.

A double running reserve for the ASC savings up to £0.875m has been approved to manage any risks within regards to timings of when the recurrent savings can be delivered.

3.7 Pooled Budget

The total opening pooled budget for 2023/24 including those funds which statutorily are required to be pooled is £37.154m. The funding sources include:

- £26.081m - Better Care Fund
- £9.711m - improved Better Care Fund
- £1.362m - ASC Discharge Fund

Additional discharge funding from the NHS will be included in the pool once allocations have been confirmed.

There are also further contributions aligned to a Memorandum of Understanding (MoU) with Greater Manchester Integrated Care, opening balances total £6.436m, as illustrated below.

- £3.877m - Non-Acute Services to Older People
- £1.624m - Learning Disability Services
- £0.294m - Mental Health Services
- £0.236m - LDRC Premises costs
- £0.405m - Sexual Health Service premises costs

3.8 Capital Programme

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

Ongoing increases in inflation rates will result in capital schemes incurring additional costs. As a result, there may be a requirement for capital schemes within the capital programme to be reconfigured to address cost increases. Where significant cost increases are incurred, it is likely this will have an impact on the scope of the capital schemes including the phasing of delivery and what can be achieved within the capital resources available. Capital schemes will be monitored throughout the year highlighting where cost increases change the scope and deliverability of the schemes.

Capital Funding comprises non-recurring resources from a range of sources. The portfolio capital programme for 2023/24 and beyond is detailed below.

Scheme	2023/24 Programme £000	2024/25 Programme £000	2025/26 Programme £000
IT Infrastructure	153	0	0
Care Home Support	70	0	0
Grant allocations - remaining balance	85	0	0
TOTAL	308	0	0

Funding the Capital Programme:

Resources	2023/24 £000	2024/25 £000	2025/26 £000
Capital Grants	308	0	0
TOTAL	308	0	0

Details of the programme:

Scheme	Description
IT Infrastructure	<p>The new adults operating model places a strong emphasis on the use of technology to support the delivery of the new customer pathway. The digital opportunities available to Adult Social Care have been categorised into five key themes:</p> <p>Theme 1 – Digital communities Theme 2 – Intelligent information Theme 3 – Digital self service Theme 4 – Digital employee Theme 5 – Data and analytics</p> <p>To support the theme of digital employee it is necessary to ensure that staff across Adult Social Care have the appropriate IT equipment including hardware and software.</p>
Care Home Support	Purchase of equipment to support care homes and their client's wellbeing.
Grant allocations - remaining balance	There is a balance of £0.085m available in 2023/24. Profiling of this allocation is under review and will be considered against the forthcoming legislative changes to care costs. In addition, consideration will be given to wider usage of this grant to other areas of care provision.
Disabled Facilities Grant (C&H Portfolio)	Disabled Facilities Grants 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.

GLOSSARY

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

ABL – A Better Life Stockport (lifestyle services provider)
 ADASS – Association of Directors of Adult Social Services
 AOM – Adults Operating Model
 ASC - Adult Social Care
 ASCOF – Adult Social Care Outcomes Framework
 BAME – Black Asian and Minority Ethnic
 BCF – Better Care Fund
 BMI – Body Mass Index
 CCG – Clinical Commissioning Group
 CQC – Care Quality Commission
 D2A – Discharge to Assess
 DASS – Director of Adult Social Services
 DHSC – Department of Health and Social Care
 DFG – Disabled Facilities Grant
 DToC – Delayed Transfer DoLS – Deprivation of Liberty Safeguards
 DoLS – Deprivation of Liberty Safeguards
 EQUIP – Enhanced Quality Improvement Programme
 FT – Foundation Trust
 GM– Greater Manchester
 GMCA – Greater Manchester Combined Authority
 GMHSCP – Greater Manchester Health & Social Care Partnership
 GM ICB - Greater Manchester Integrated Care Board
 GM ICP - Greater Manchester Integrated Care Partnership
 GMS – Greater Manchester Strategy
 HDP – Hospital Discharge Programme
 IAPT – Improving Access to Psychological Therapies
 IAG – Information, Advice and Guidance
 ICS – Integrated Care System
 JSNA – Joint Strategic Needs Assessment
 LFT – Lateral Flow Test (for Covid-19)
 LPS – Liberty Protection Safeguards
 MRSA - Methicillin-Resistant Staphylococcus Aureus (bacteria resistant to antibiotics)
 NAO – National Audit Office
 NESTA - National Endowment for Science, Technology and the Arts
 NDPP – National Diabetes Prevention Programme
 NHSE – National Health Service for England
 OBC – Outline Business Case
 PCFT – Pennine Care Foundation Trust
 PCR – Polymerase Chain Reaction (test for Covid-19)
 PCN – Primary Care Network
 PHE – Public Health England
 PHOF – Public Health Outcomes Framework
 PPE – Personal Protective Equipment
 PPRF – Portfolio Performance and Resources Framework
 PPRR – Portfolio Performance and Resources Report
 PRPR – Paid Relevant Persons Representatives
 RCCO - Revenue Contributions to Capital Outlay

REaCH – Reablement and Community Home Support
SCDIP – Social Care Digital Innovation Programme
SEND – Special Educational Needs and Disabilities
SHAPES – Schools Health, Activity, Physical Education & Sport
SHIP – Supported Housing Improvement Plan
SME – Small and Medium Enterprises
SNC – Stockport Neighbourhood Care
SPARC – Stockport Progress And Recovery Centre
START – Stockport Triage Assessment & Referral Team
TEC – Technology Enabled Care
TPA – The Prevention Alliance
VCFSE – Voluntary, Community, Faith and Social Enterprise
WIN – Wellbeing and Independence Network