Adult Social Care & Health Scrutiny Committee

Portfolio: Adult Social Care & Health

Strategic Intent

To help people retain independence and quality of life at home and provide early help and support as part of our neighbourhood and prevention approach. We will embed our home first ethos and admit fewer people into bed-based care and thereby reducing demand for long -term care. We will focus on our reablement and early help model as well as supporting our residents with learning disabilities. We will integrate our health and care services across Stockport through the new model of Integrated Health and Care, and aim to reduce inequalities via early intervention and targeted support as well as deliver efficient services that provide value for money.

CP priority	MTFP driver	Directorate and Service area	Proposal summary	Saving 24/25 (£000)	Lead Portfolio
Delivering for those who need it most Wellbeing in Neighbourhoods	Demand Management	Adult Social Care	Maximising Prevention and Independence We will manage demand in our care management budgets through prevention and maximisation of independence for individuals. As part of our Community Led Support model we will use bookable appointments to offer improved information, advice and guidance earlier to individuals reducing the need for long term care. We will increase the use of Technology Enabled Care for individuals who access our services. This will enable more individuals to leave hospital and be supported in their own homes in the community.	250	Adult Social Care & Health
Delivering for those who need it most Wellbeing in	Demand Management	Adult Social Care Care Management	Care Act Application We will continue with our annual review programme. This work as required by the Care Act will focus upon enabling people to live as independently as possible in their own homes and avoid residential care wherever possible.	1,000	Adult Social Care & Health

CP priority	MTFP driver	Directorate and Service area	Proposal summary	Saving 24/25 (£000)	Lead Portfolio
Neighbourhoods			We will further increase the use of direct payments to give people more choice and control over their care and we will use more technology enabled care to promote independence.		
Delivering for those who need it most Wellbeing in Neighbourhoods	Demand Management	Adult Social Care Care Management	Demand Management We will support more people to receive early advice and information on how to keep independent for longer in their own homes. This will enable people to live their life more independently without the need for higher levels of care especially residential care. We will continue to support more people to go 'Home First' from hospital. It is proposed that the service will not draw down on the demand monies that are built into the Medium Term Financial Plan.	1,000	Adult Social Care & Health
			Subtotal Demand Management	2,250	
Delivering for those who need it most Wellbeing in Neighbourhoods	Value for Money	Adult Social Care Care Management	Managing the External Care Markets The service will work with the external provider market to ensure that optimum levels of commissioning are achieved and packages of care are appropriate to meet the assessed care and support needs of individuals.	250	
			Subtotal Value For Money	250	
Delivering for those who need it most Wellbeing in	Robust Corporate Governance	Adult Social Care Care Management	Better Care Fund Uplift Adult Social Care receives an annual uplift to its Better Care Fund. It is proposed to use £0.5m of this year's uplift to support the demand and demographic pressures in the	500	Adult Social Care & Health

CP priority	MTFP driver	Directorate and Service area	Proposal summary	Saving 24/25 (£000)	Lead Portfolio
Neighbourhoods			service.		
Delivering for those who need it most	Robust Corporate Governance	Adult Social Care Provider Services	Service Delivery Model: Provider Services There are two vacant support work posts within the service. These will be removed.	110	Adult Social Care & Health
Delivering for those who need it most Delivering efficient and effective services	Robust Corporate Governance	Public Health	Grant maximisation (Public Health) Government has indicated that the public health grant will increase by £235k in April 2024, although this value is subject to change. The resulting increase in the core Public Health budget will be £140k less than the increase in the grant value. We will work to maintain service delivery within this revised budget.	140	Adult Social Care & Health
Delivering for those who need it most Delivering efficient and effective services	Robust Corporate Governance	Public Health	Contract reduction (Public Health) Contract review with targeted reduction on demand-led elements to reflect reducing demand for services.	20	Adult Social Care & Health
Delivering for those who need it most Delivering efficient and	Robust Corporate Governance	Public Health	Health Promise review (public health) Remove funding for a vacant policy post.	22	Adult Social Care & Health

CP priority	Directorate and Service area	Proposal summary	Saving 24/25 (£000)	Lead Portfolio
effective services				
		Subtotal Robust Corporate Governance	792	
		Total MTFP savings	3,292	

Project	Maximising Prevention & Independence (£0.250m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
	Wellbeing in Neighbourhoods
Senior responsible officer	Sarah Dillon
MTFP Lens	Demand Management
Service	Adult Social Care (ASC) – Service Wide
Proposal summary	Maximising Prevention & Independence
	We will manage demand in our care management budgets through prevention and maximisation of independence for individuals. As part of our Community Led Support model we will use bookable appointments to offer improved information, advice and guidance earlier to individuals reducing the need for long term care.
	We will increase the use of Technology Enabled Care for individuals who access our services. This will enable more individuals to leave hospital and be supported in their own homes in the community.
How will the saving be achieved 24/25	We will work to maximise prevention and opportunities for individuals, helping us to support people earlier, seek to improve their independence and therefore manage demand.
	We will ensure that the assessed care needs of individuals are met through the most effective way for each

Project	Maximising Prevention & Independence (£0.250m)
	person, supporting personalisation and independence. We will seek to support individuals with a learning disability to work towards greater independence. For example, for some people this may mean we support them to work towards greater independence through accessing education and paid employment.
	National research and best practice indicates that there are further opportunities to support individuals to maintain their independence within the community. We are exploring opportunities to better use technology and developing our Technology Enabled Care (TEC) Strategy.
	Supporting this programme is our Community Led Support model. The first phase will see the introduction of community based appointments where individuals can discuss their needs and access information, advice and guidance in a timely way.
Any benchmarking	National and regional benchmarking has indicated that;
information available to compare Stockport with comparable authorities	 Stockport has the third highest number of residential placements in Greater Manchester. Stockport has the second highest number of Day Care Placements in Greater Manchester. There are further opportunities to support individuals to maintain their independence within the community.
Workforce impact. Outline any changes to the workforce as a result of this proposal	There will be no changes to staffing as a result of this proposal.
Outline any internal /	The following organisational impacts have been identified;
organisational impact of the proposal	This programme of work will be interdependent with the other savings proposals described within Demand Management.
	Social work practitioners will continue to ensure that any proposals developed meet the individual assessed care and support needs.
	Inflation levels may mean increased costs for technology enabled care kit, placing further pressures on ASC budgets.
Outline any risks or	The following risks have been identified;
changes to service delivery and impact this proposal may have on service users	The Council needs to be able to access to new technology and understand will this have an impact on supporting individuals to live independently reducing the need for more traditional commissioned services.
Delivering the change	Our Technology Enabled Care (TEC) programme is about adopting sector wide best practice and so has already commenced with the following milestones identified;
List key milestones and	

Project	Maximising Prevention & Independence (£0.250m)
delivery dates (where	First draft of TEC strategy and initial recommendations – August 23.
known)	Finalisation and launch of the TEC strategy – December 23.
	Savings to be realised – from April 24.
	The remainder of these savings are currently being scoped, in doing so milestones will be identified.
Will reserves/ double	No.
running be needed in order	
to deliver this proposal?	
Is public consultation needed?	Consultation will take place where any changes have a significant impact on the delivery of a statutory service.
Is a separate EqIA	Yes, EqIA will be appropriate and undertaken where proposals have an impact on service delivery.
(Equalities impact	1 cs, Eqi/t will be appropriate and undertaken where proposals have an impact on service delivery.
assessment) needed?	
Is a separate EIA	No EIA is required.
(Environmental impact	
assessment) needed?	

Project	Care Act Application (£1.000m)		
Lead portfolio	Adult Social Care & Health		
Council Plan Priority	Delivering for those who need it most		
Senior responsible officer	Sarah Dillon		
MTFP Lens	Demand Management		
Service	Adult Social Care (ASC) – Support & Care Management		
Proposal summary	Care Act Application We will continue with our annual review programme. This work as required by the Care Act will focus upon enabling people to live as independently as possible in their own homes and avoid residential care wherever possible. We will further increase the use of direct payments to give people more choice and control over their care and we will use more technology enabled care to promote independence.		
How will the saving be achieved 24/25	Care Act reviews will continue to be undertaken for individuals to ensure that their care and support needs are being met in a personalised and strengths based way.		
	We will undertake reviews and reassessments to ensure that each individual's support plan is able to meet their		

Project	Care Act Application (£1.000m)
	assessed levels of need. This includes ensuring that we have the appropriate funding in place for each individual. Care and support needs may in future be delivered through a combination of commissioned and universal services.
Any benchmarking information available to compare Stockport with comparable authorities	Stockport has the third highest number of residential placements in Greater Manchester.
Workforce impact. Outline any changes to the workforce as a result of this proposal	No.
Outline any internal /	The following organisational impacts have been identified;
organisational impact of the proposal	This programme of work will be interdependent with the other savings proposals described within Demand Management.
Outline any risks or	The following risks have been identified;
changes to service delivery and impact this proposal may have on service users	Availability of cost effective care provision in borough.
Delivering the change	
List key milestones and delivery dates (where known)	Delivery to be achieved by 31 st March 2025.
Will reserves/double running be needed in order to achieve this?	No.
Is public consultation needed?	No formal consultation will be required, but we will engage with individuals and their families who are affected by this exercise.
Is a separate EqIA (Equalities impact	No EqIA required as reviewing activity is an expected requirement under Care Act legislation and should be

Project	Care Act Application (£1.000m)
assessment) needed?	regarded as business as usual.
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Demand Management (£1.000m)	
Lead portfolio	Adult Social Care & Health	
Council Plan Priority	Delivering for those who need it most	
Senior responsible officer	Sarah Dillon	
MTFP Lens	Demand Management	
Service	Adult Social Care (ASC) – Support & Care Management	
Proposal summary	Demand Management We will support more people to receive early advice and information on how to keep independent for longer in their own homes. This will enable people to live their life more independently without the need for higher levels of care especially residential care. We will continue to support more people to go 'Home First' from hospital. It is proposed that the service will not draw down on the demand monies that are built into the Medium-Term Financial Plan.	
How will the saving be achieved 24/25	The service improvement and transformation programme is enabling the Council to ensure that ASC is delivered in the most efficient and effective way and provides the right service delivery models to maximise the outcomes for the residents of Stockport. Examples include; • Community Led Support model – brining effective early triage, information, advice, guidance and prevention services to reduce the need for long term care where this is possible. • Improved online presence to support individuals to self-serve. • Implementation of an enhanced Technology Enabled Care offer. Collectively the programme will enable the service to manage the increase demands which are being seen nationally for ASC services.	
Any benchmarking information available to compare Stockport with	National and regional benchmarking has indicated that; • Stockport has the third highest number of residential placements in Greater Manchester (GM).	

Project	Demand Management (£1.000m)
comparable authorities	Stockport has the second highest number of Day Care Placements in GM.
Workforce impact. Outline any changes to the	NI_
workforce as a result of	No.
this proposal	
Outline any internal / organisational impact of	The following organisational impacts have been identified;
the proposal	 This programme of work will be interdependent with the other savings proposals described within Demand Management.
Outline any risks or	The following risks have been identified;
changes to service delivery and impact this proposal	Availability of cost effective care provision in borough.
may have on service users	Availability of cost effective care provision in borough.
Delivering the change	
List key milestones and delivery dates (where known)	ASC budget to be set as part of the Annual Council budget setting process in February 2024.
Will reserves/double running be needed in order to achieve this?	No.
Is public consultation needed?	No.
Is a separate EqIA	
(Equalities impact assessment) needed?	No EqIA is required at this stage.
Is a separate EIA	No EIA is required.
(Environmental impact assessment) needed?	
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Project	Managing External Care Markets (£0.250m)

Project	Managing External Care Markets (£0.250m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
	Wellbeing in neighbourhoods
Senior responsible officer	Sarah Dillon
MTFP Lens	Value for Money
Service	Adult Social Care (ASC) – Support & Care Management
Proposal summary	Managing External Care Markets
	The service will work with the external provider market to ensure that optimum levels of commissioning are achieved and packages of care are appropriate to meet the assessed care and support needs of individuals.
How will the saving be achieved 24/25	The Council is one of the few remaining within the North West region that pay bed based care providers net of an individual's financial contribution. This means that responsibility for collecting income from individuals is currently with the external care providers. It is necessary for the Council to move to paying the external care sector gross income to be consistent with the sector norms.
Any benchmarking information available to compare Stockport with comparable authorities	 National and regional benchmarking has indicated that; Stockport has high fee rates compared to other LA's – 2nd highest ceiling rate out of 22 Local Authorities (LA) in NW region for Residential Dementia and the highest for Standard Nursing. 7 out of 22 other North West LA's pay care providers in the same way we do currently (net).
Workforce impact. Outline any changes to the workforce as a result of this proposal Outline any internal /	There will be no changes to staffing as a result of this proposal.
organisational impact of the proposal	
Outline any changes to service delivery and impact this proposal may have on service users	There will be no changes to service delivery.
Delivering the change	 Autumn 2023, new bed based placements are paid gross. By March 2024 all existing clients have been moved across to gross payment terms.

Project	Managing External Care Markets (£0.250m)
List key milestones and	
delivery dates (where	
known)	
Will reserves/ double running be needed in order to deliver this proposal?	No.
Is public consultation needed?	No – engagement will take place with external care providers as part of the 2024/25 fee setting process.
Is a separate EqIA	No EqIA is required at this stage.
(Equalities impact	
assessment) needed?	
Is a separate EIA	No EIA is required.
(Environmental impact	
assessment) needed?	

Project	Better Care Fund Investment (£0.500m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
	Wellbeing in Neighbourhoods
Senior responsible officer	Sarah Dillon
MTFP Lens	Robust Corporate Governance
Service	Adult Social Care (ASC) – Service wide
Proposal summary	Better Care Fund (BCF) Investment
	ASC receives an annual uplift to its BCF. It is proposed to use £0.5m of this year's uplift to support the demand and demographic pressures in the service.
How will the saving be achieved 24/25	An element of the BCF inflationary uplift will be used to support the delivery of ASC.
Any benchmarking information available to compare Stockport with	There is no benchmarking information available.

Project	Better Care Fund Investment (£0.500m)
comparable authorities	
Workforce impact. Outline any changes to the workforce as a result of this proposal	There will be no changes to service delivery or staffing as a result of this proposal.
Outline any internal / organisational impact of the proposal	 The following organisational impacts have been identified; Consideration will need to be given to the 2024/25 BCF planning documents when they are released to ensure the Locality continues to invest its BCF to planning guidance priorities. Collaboration between Health and Social Care partners will inform investment priorities. BCF uplift needs to fund any pay awards for staff aligned to BCF schemes.
Outline any risks or changes to service delivery and impact this proposal may have on service users	There will be no changes to services delivery and no direct impact on individuals.
Delivering the change	To be agreed as part of the BCF planning process.
List key milestones and delivery dates (where known)	
Will reserves/ double running be needed in order to deliver this proposal?	No.
Is public consultation needed?	No.
Is a separate EqIA (Equalities impact assessment) needed?	No EqIA is required at this stage.
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Staffing – Service Delivery Model (Provider Services) (£0.110m)

Project	Staffing – Service Delivery Model (Provider Services) (£0.110m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
Senior responsible officer	Sarah Dillon
MTFP Lens	Demand Management
Service	Adult Social Care (ASC) – Specialist Services
Proposal summary	Staffing – Service Delivery Model (Provider Services)
	There are two vacant support work posts within the service. These will be removed.
How will the saving be achieved 24/25	Removal of two vacant posts within the service.
Any benchmarking information available to compare Stockport with comparable authorities	There is no benchmarking available to support this proposal.
Workforce impact. Outline any changes to the workforce as a result of this proposal	Yes, there will be a reduction of two vacant posts.
Outline any internal / organisational impact of the proposal	 The following organisational impacts have been identified; It is important that the service has the right staffing model in place to discharge statutory duties and effectively manage demand. Recruitment and retention issues place additional pressure on staffing budgets.
Outline any changes to service delivery and impact this proposal may have on service users	There will be no changes to service delivery.
Delivering the change	Proposals are being fully scoped with milestones being confirmed.
List key milestones and delivery dates (where known)	

Project	Staffing – Service Delivery Model (Provider Services) (£0.110m)
Will reserves/ double running be needed in order to deliver this proposal?	No.
Is public consultation needed?	No.
Is a separate EqIA (Equalities impact assessment) needed?	Yes, EqIA will be appropriate and undertaken where proposals have an impact on service delivery.
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Grant maximisation (Public Health) (£0.140m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
	Delivering efficient and effective services
Senior responsible officer	Jilla Burgess-Allen
MTFP Lens	Robust Corporate Governance
Service	Public Health
Proposal summary	Grant maximisation (Public Health) Government has indicated that the public health grant will increase by £235k in April 2024, although this value is subject to change. The resulting increase in the core Public Health budget will be £140k less than the increase in the grant value. We will work to maintain service delivery within this revised budget.
How will the saving be achieved 24/25	This saving has the greatest impact on services commissioned from NHS providers, where cost increases are being driven by NHS pay settlements. The saving will limit the growth funding available to offset cost increases.
Any benchmarking information available to compare Stockport with comparable authorities	Stockport has the (joint) second lowest spend per head of population on Children's Public Health in GM.

Project	Grant maximisation (Public Health) (£0.140m)
Workforce impact. Outline	Subject to further development.
any changes to the workforce as a result of	
this proposal	
Outline any internal / organisational impact of the proposal	Achieving this saving while maintaining service delivery will require close partnership working with NHS providers.
Outline any changes to	Risk
service delivery and impact this proposal may have on service users	Not investing the full grant allocation in public health improvements risks worsening population health outcomes, increasing inequalities, and will increase future demand in health and care services. Attempts to mitigate will be made through contract negotiations and service review.
Delivering the change	
List key milestones and delivery dates (where known)	Programme is currently being scoped.
Will reserves/ double running be needed in order to deliver this proposal?	Attempts to mitigate the risk of use of reserves will be made through contract negotiations and service review.
Is public consultation needed?	Consultation will take place where any changes have a significant impact on the delivery of a statutory service.
Is a separate EqIA (Equalities impact assessment) and/ or an EIA (Environmental impact assessment) needed?	Yes, EqIA will be appropriate and undertaken where proposals have an impact on service delivery.
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Contract reduction (Public Health) (£0.020m)
Lead portfolio	Adult Social Care & Health

Project	Contract reduction (Public Health) (£0.020m)
Council Plan Priority	Delivering for those who need it most Delivering efficient and effective services
Senior responsible officer	Jilla Burgess-Allen
MTFP Lens	Robust Corporate Governance
Service	Public Health
Proposal summary	Contract reduction (Public Health)
	Contract review with targeted reduction on demand-led elements to reflect reducing demand for services.
How will the saving be achieved 24/25	This saving will be achieved through a reduction in the budget provision for these activities.
Any benchmarking information available to compare Stockport with comparable authorities	No.
Are there staffing reductions/ implications?	No.
Outline any internal / organisational impact of the proposal	No changes to provision are anticipated, but measures to reduce growth in activity levels may be needed in future years to ensure that this saving is achieved recurrently.
Outline any changes to service delivery and impact this proposal may have on service users	This proposal would reduce the budget to match recent years' spend. It does not directly change service delivery but may mean that in future we are unable to fund increases in the cost or demand for these services.
Delivering the change List key milestones and delivery dates (where known)	Budget to be adjusted as part of budget setting at start of the Financial Year 2024/25. Close monitoring of activity to take place and measures introduced to bring activity in line with the budget available if required.
Team required to support delivery/ cost of delivery	No.

Project	Contract reduction (Public Health) (£0.020m)
Will reserves/ double running be needed in order to deliver this proposal?	No.
Is public consultation needed?	No.
Risk to delivery and mitigating actions (including dependencies to other proposals)	Not investing the full grant allocation in public health improvements risks worsening population health outcomes, increasing inequalities, and will increase future demand in health and care services. Attempts to mitigate will be made through contract negotiations and service review, but there will be a reduction or cessation of services for residents.
Is a separate EqIA (Equalities impact assessment) and/ or an EIA (Environmental impact assessment) needed?	No EqIA is required at this stage.
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Health Promise review (Public Health) (£0.022m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
	Delivering efficient and effective services
Senior responsible officer	Jilla Burgess-Allen
MTFP Lens	Robust Corporate Governance
Service	Public Health
Proposal summary	Health Promise review (Public Health) Remove funding for a vacant policy post.
How will the saving be achieved	The Health Promise was established several years ago to align resource from the public health grant with activity undertaken by other areas of the Council, which directly contribute to delivery of public health duties.

Project	Health Promise review (Public Health) (£0.022m)
24/25	This post has achieved the embedded change expected and is no longer required. Funding for this post will be removed from budgets.
Any benchmarking information available to compare Stockport with comparable authorities	No.
Workforce impact. Outline any changes to the workforce as a result of this proposal	No.
Outline any internal / organisational impact of the proposal	Relevant issues will continue to be addressed by Public Health officers working closely with colleagues across the Council.
Outline any changes to service delivery and impact this proposal may have on service users	The loss of this expertise risks reducing our effectiveness in preventing ill health through the wider determinants of health.
Delivering the change List key milestones and delivery dates (where known)	Establishment to be adjusted as part of budget setting process for 2024/25.
Team required to support delivery/ cost of delivery	No.
Will reserves/ double running be needed in order to deliver this proposal?	No.
Is public consultation needed?	No.
Is a separate EqIA (Equalities impact assessment) and/ or an	No EqIA is required.

Project	Health Promise review (Public Health) (£0.022m)
EIA (Environmental impact	
assessment) needed?	
Is a separate EIA	No EIA is required.
(Environmental impact	
assessment) needed?	