



Health and Adult Social Care

Portfolio Performance and Resources Mid-Year Report 2023/24



Date		Version		Approved by	
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HEALTH AND ADULT SOCIAL CARE PORTFOLIO HOLDER'S INTRODUCTION

I am pleased to present my mid-year report for 2023/24. This introduction picks out key issues from each of the priority areas, but with much more information available in each section.

A rise in mortality across Stockport was reported to the Health and Wellbeing Board. This is a national trend, with no single cause, but indicates the pressure on health and care, and the importance of addressing the underlying determinants of health, and supporting our most vulnerable residents.

We are working on delivery of the Mental Health and Wellbeing Strategy, developing action plans for each of the five ambitions. We are reviewing the Stockport NHS health check model, with a focus on improving the effectiveness and quality of this mandatory service, ensuring that those of highest risk are supported to live healthier lives.



In June 2023 Stockport received a new mobile breast screening unit, which has improved the accessibility of the service to those with mobility difficulties, and will enhance quality and uptake. We have recruited two temporary community cancer project workers to develop connections with marginalised communities and help improve early detection and screening for all cancers. We will be starting two group sessions on diabetes prevention for people with a serious mental illness, reporting the results from this pilot programme to NHS England.

Infection prevention and control assessments have taken place for care homes and GP surgeries, sometimes with a return visit needed, and in all cases an improved assessment score was achieved. These visits have now reduced, as the team concentrates on the autumn Flu and Covid booster programme.

Both the ONE Stockport Active Communities implementation plan and Outcomes framework have been finalised, with ongoing progress to be incorporated. The Stockport Food Plan is in the final stages of engagement before its launch later in November. For drug and alcohol services, we held our first stakeholder meeting in September, and started work on a drug and alcohol needs assessment. We will be putting in a bid for national funding from the "Swap to Stop" scheme aimed at adult smokers who want to use vapes as a quit aid. And we are working with the Greater Manchester Integrated Care System to scope the full range of support available for weight management services, where current demand exceeds supply.

We are focusing on improving the way we deliver early interventions in adult social care. Stockport Local Appointments are now available at Queens Court Sheltered Accommodation for equipment and adaptation, that has been well received. Similar arrangements are being launched elsewhere, that will help clients access services more quickly, and allow the teams more time to undertake the assessments. Proposals are being developed for Technology Enabled Care, including a "Virtual House" that will enable clients and carers to look at options for technology support. We are making good progress in improving standards in supported accommodation, with co-produced sessions which have helped to identify gaps in the system and develop a good practice guide.

We are ensuring that our vision for Adult Social Care is embedded in key strategies within Stockport and at a Greater Manchester level. We are preparing for the Care Quality Commission Assurance process, with a full programme of self-assessment and improvement activities. We are starting the implementation process for the new safeguarding operating model. The Safeguarding Adults Board will be fully involved throughout. We have moved forward with improvements in Deprivation of Liberty Safeguards, with reductions in the waiting list.

We are working to improve our consistency and visibility concerning provider agencies, using a specialist market management system. We have continued to develop our service offer, with improvements to training and recruitment, and supporting people who use services to be involved in the recruitment process. We are focusing

on supporting career development through apprentices and supported work placements. We are working in partnership to develop our out of hospital pathways, supporting our Home First approach.

Every month the Senior Management Team looks in detail at a specific area of service, covering performance and finance. We have now established our “Making it Real” Board, and are also setting up Carers’ and Mental Health Partnership Boards, that will mirror the existing arrangements we have for consultation with the Valuing People Partnership Board and the Autism Partnership Board, and the Direct Payment User Group that monitors our revised arrangement for direct payments. We are currently recruiting to a post that will promote co-production. We now have a principal social worker whose role is to support and lead practice across adult social care.

We continue to work with our health and care partners to deliver high quality services. At a neighbourhood level in Stockport, baseline data for each GP practice is now available, and we have made good progress in implementing Leadership Groups for each Primary Care Network. Capacity and Access Improvement Plans have been developed, aiming to improve the patient journey and experience. Our health colleagues in Stockport and across Greater Manchester are working to improve our performance in diagnostics and elective care waiting lists, and generally improve productivity and efficiency.

All of our key partners support the concept that neighbourhoods are the mechanism by which key strategies are developed. We have developed a high level model that recognises the wider determinants of health and wellbeing, and are promoting information on where to go for advice on minor illnesses, and to know the appropriate urgent care services if needed.

We are still seeking to improve hospital discharge, with the Transfer of Care Hub opening in February 2023, that has increased the use of Home First pathways. We have streamlined the delivery of residential bed-based community care, with a joint operating model specification to be implemented later this year. In support of the mental health and wellbeing strategy, we are redesigning our community mental health teams, creating living well teams and the Living Well Hub. And we are working with local NHS Talking Therapies, to address areas of current underperformance.

And may I also take this opportunity to thank everyone involved in the delivery of care services across Stockport for their continuing commitment to our most vulnerable residents.

Cllr Keith Holloway, Cabinet Member for Health and Adult Social Care

Revenue Budget (Forecast)		Capital Programme	
	£000		
Cash Limit	119,651		
Forecast Outturn	119,651		
(Surplus)/Deficit	0		
<u>Reserves</u>			£000
Approved use of reserves balance was £19.145m		2023/24 Capital Budget	348
Planned draw down at Q2 is £5.486m		2024/25 Capital Budget	0
		2025/26 Capital Budget	0

HEALTH AND ADULT SOCIAL CARE

1. DELIVERING OUR PRIORITIES



This report is based on the **2023/24 Portfolio Agreement**, considered by Adult Social Care and Health Scrutiny Committee on 15th June 2023 and approved by Cabinet on 27th September 2023. The link to the Agreement can be found by clicking [here](#).







This Quarter 2 (Mid-Year) report includes updates on all **delivery projects, programmes and other initiatives** set out in the portfolio agreement, up to the end of September 2023 where this is available.

Data is reported for all **performance measures** included in the agreement that have been updated since publication of the 2022/23 Annual Reports. These are categorised to reflect the council's influence and responsibility as Council, Partnership or Contextual. These categories are used to determine the type of target used as numerical, comparator, direction of travel or if no target is set. Definitions for these categories and target types are included within the Agreement.

The updated Portfolio Performance Dashboards are published alongside these reports, and the new Climate Change and Environment Portfolio Dashboard can be [found here](#). This contains the latest data across the full set of portfolio measures, including historical trends and comparative data (where available).

The criteria for RAG ratings and direction of travel status are shown below. The rationale for any variations to this will be clearly highlighted within the commentary.

Key to symbols used in tables

	Red – indicator is performing significantly (>5%) below target.		Getting worse – the year-end position (forecast or actual) for this indicator is less favourable than the previous year-end.
	Amber – indicator is performing slightly (<5%) below target.		Stable – the year-end position (forecast or actual) for this indicator is within 1% either side of the previous year-end.
	Green – indicator is on track or performing above target.		Getting better – the year-end position (forecast or actual) for this indicator is more favourable than the previous year-end.
GMS – measure is included in the Greater Manchester Strategy outcomes framework.			

Priority 1: Improving health outcomes and tackling inequalities

Progress with each of the delivery projects aligned to this priority in the 2023/24 Portfolio Agreement is summarised below.

We have continued to **develop our intelligence** with a Joint Strategic Needs Assessment (JSNA) report examining the recent rise in mortality presented to the Stockport Health and Wellbeing Board in September. This is a national trend, with no single cause, but is evidence of the current pressure within the health and care system and demonstrates the importance of continuing efforts to reduce the risk of mortality by addressing the underlying wider determinants of health (such as poverty) and by reducing risk factors such as smoking, high blood pressure and obesity. The analysis by age and deprivation highlights the need to support the most vulnerable in society, particularly older people and those in areas of deprivation.

The **Mental Health and Wellbeing Strategy** has been agreed and is available on the One Stockport website. Ambition leads have been identified, to lead on implementation. We are now working on delivering the strategy, developing relevant action plans for each of the five ambitions within the strategy, and setting up appropriate governance structures to hold us to account (see priority 5 of this report for further information).

Work is well underway with the review of the **Stockport NHS health check model**, with the evidence and policy review complete and a series of stakeholder workshops underway. Proposals for a revised model should be complete in early 2024. The focus is on improving the effectiveness and quality of this mandatory service, ensuring that those at highest risk are supported to live healthier lives. Details of a new national digital health check are emerging, and these will be built into the new model to compliment the local face to face offer.

In June 2023 a new mobile breast screening unit was inaugurated in Stockport. This unit improves the accessibility of the service to those with mobility difficulties and will lead to improvements in the quality of the service and also uptake. We continue to work closely with Greater Manchester and East Cheshire NHS Trust to improve the service offer. We have successfully bid for funding to recruit two temporary community cancer project workers to develop our connection with marginalised communities and help improve rates of early detection and screening of all cancers.

The pilot programme to develop specialised **National Diabetes Prevention Programme (NDPP)** sessions for those with a serious mental illness is nearing the end of the planning phase, and it is intended to start two NDPP groups for patients of NHS Pennine Care within Stockport in the next quarter. Evaluation will be undertaken to assess how well the adaptations work, and findings will be reported to NHS England.

70 care homes and GP surgeries have had an **infection and prevention and control assessment** undertaken since the beginning of January 2023. Some care homes have required a second visit and, in all circumstances an improved assessment score was achieved across all areas. Further initial assessments and follow up visits are planned, however there will be a decrease in the number completed during October to December as the team concentrates on vaccinations.

Planning for the **Flu and Covid autumn booster programme** has been underway for a few months. The programme started in early September and concentrates on care home residents and staff, and the housebound, ensuring wherever possible that both vaccines are given at the same time. Data will be available regarding uptake as we move further into the campaign.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
HASC 1.1: Premature mortality rate due to all-causes	Low (contextual)	346.2	354	351.6 (30/09/2023)		N/A	N/A	→
HASC 1.2: Premature mortality rate due to all-cause in most deprived quintile	Low (contextual)	619.9	629	621.5 (30/09/2023)		N/A	N/A	↑
HASC 1.7: Number of people accessing mental health self-care online resources	(Partnership)	10345	9456	3,974 (30/09/2023)		Maximise	N/A	○
HASC 1.13: Number of Infection Prevention Control (IPC) assessments completed	High (Council)			29 (30/09/2023)		N/A	N/A	↓
HASC 2.7: People undertaking the National Diabetes Prevention Programme	High (Partnership)	356	651	721 (30/09/2023)	1100	1085	G	↑
HASC 2.8: NHS Health Checks completed	High (Partnership)	1681	5504	2,555 (30/09/2023)	5000	5000	G	↓

Priority 2: Supporting communities and neighbourhoods to be healthier

Progress with each of the delivery projects aligned to this priority in the 2023/24 Portfolio Agreement is summarised below.

Both the ONE **Stockport Active Communities Implementation Plan and Outcomes Framework** have now been finalised. The implementation plan remains a 'live' document with ongoing progress updates and additions from partners across the Stockport networks and wider system.

Following a series of engagement workshops with partners across Stockport, the final draft of the **Stockport Food Plan** is going through the final stages of engagement before a planned launch in November (date to be confirmed).

We continue to work towards the aims of the **National Drug Strategy** with a focus on supporting people into treatment and improving outcomes. In September 2023 we held our first drug and alcohol treatment and recovery group, bringing together a range of stakeholders to work collaboratively to achieve our aims.

We have also commenced work on a drug and alcohol needs assessment to help understand any gaps and inform future priorities and plans. This will be completed over the next quarter and issued in quarter 4.

Quarterly contract monitoring arrangements are in place for all our **behaviour change services**, alongside other operational meeting with our providers. This helps ensure we are on track with performance, we develop actions to address any challenges and look at other opportunities.

One upcoming opportunity is the national "Swap to Stop" scheme aimed at adult smokers who want to stop smoking by using vapes as a quit aid - we are currently working with our community stop smoking provider to put forward a proposal.

We know that **weight management** services are under pressure, with demand exceeding capacity. Waiting times are a particular issue in the tier 3 weight management service commissioned by the Greater Manchester Integrated Care System (ICS). We are currently working with the Greater Manchester ICS commissioner to scope the full range of services available in the borough and nationally.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a "Red" RAG rating, as well as those rated "Amber" with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
HASC 1.9: People completing a weight management intervention	High (Partnership)	140	204	0 (30/09/2023)	220	220	G	↑
HASC 1.10: People completing a smoking cessation programme	High (Partnership)	656	635	133 (30/09/2023)	450	450	G	↓
HASC 2.9: Number of referrals to Stay Steady	High (Council)			105 (30/09/2023)		N/A	N/A	↑
HASC 2.10: Number of referrals to START	High (Council)			733 (30/06/2023)	3000	3000	G	○
HASC 2.11: Number of referrals to PARiS	High (Council)			1,160 (30/09/2023)		N/A	N/A	↑

Commentary on performance

- In relation to measure HASC 1.9 'people completing a weight management intervention', due to the nature of the programme (12 week duration) and some delay in people starting interventions in quarter 1, there are 0 completions currently. However there have been 227 referrals, demand for the service continues to be high and 2 new members of staff have been recruited. We are still expecting to meet the 2023/24 target of 220.
- In relation to measure HASC 1.10 'people completing a smoking cessation programme,' 133 starting with the ABL service have quit to date (data is to August 2023 so not the full quarter), and 385 are still in service. Based on an expected 50% quit rate, we are forecasting exceeding the 2022/23 actual and 2023/24 target.
- In relation to measure HASC 2.10 'number of referrals to START,' the most up to date available data relates to quarter 1. It is important to note that START is not the only route into services. All lifestyle services will accept direct self-referrals from residents and some services signpost directly to lifestyle services rather than START. There is also a direct pathway in place for Ingeus (employment support), physios and Stepping Hill Hospital to commissioned services and a newly established pathway between Pennine Care and ABL for smoking cessation. The numbers reported in this PPRR reflect those who have been referred to START, not those who have accessed services via another route and does not therefore necessarily reflect the numbers accessing support services.

Priority 3: A Radical Focus on Early Help and Prevention

Progress with each of the delivery projects aligned to this priority in the 2023/24 Portfolio Agreement is summarised below.

Improving the way we deliver early interventions in Adult Social Care

We will launch regular community drop-in clinics, known as Stockport Local Appointments for individuals who need advice in relation to Adult Social Care.

In August our equipment and adaptations service launched Stockport Local Appointments from Queens Court Sheltered Accommodation scheme. 97 appointments have been offered since 29th August, originally across two days per week more recently with a third day being added. This facility has an assessment bathroom, a stair lift and space to undertake confidential conversations. We have received positive feedback from both individuals and practitioners on this new approach.

In April 2023 there were 568 individuals on the equipment and adaptations waiting list, the team have undertaken 398 assessments which has reduced our waiting list to 170. The majority of these assessments have resulted in individuals being provided with a prescription for equipment.

Stockport Local Appointments have now been launched across our neighbourhood social work teams, autism team and front door. A review of our documentation has also commenced which will help us to ensure that it is proportionate and allows our teams more time to undertake the assessment. We are working to embed this model within our teams and seeking opportunities to expand to other areas of Adult Social Care, for example Social Care Charging.

Supporting people to live well in the community through the launch of an independent living approach

We are seeking to improve the way we use Technology Enabled Care (TEC), significant progress has been made in relation to our Technology Enabled Care Strategy. This will be presented to the Corporate Leadership Team for approval and a launch date will be agreed, it is anticipated that this will be early in 2024. This programme of work will also support our out of hospital pathways and will provide the strong basis of our Home First approach.

We have also invested in the virtual house, which will become part of the Council's website and community directory offer. A project plan is currently being developed which will determine implementation timelines and we are planning to provide a demonstration to scrutiny committee early in 2024.

Developing a specialist supported housing strategy

Since the Supported Housing Improvement Programme was established significant progress has been made to drive up the standards of supported accommodation across Stockport. Pathways and escalation processes with stakeholders including housing benefit, housing standards as well as social work teams have been established and delivery of the programme is underway.

The communications strategy was shared internally and externally and a referral process has been established on the council website. Anybody can report a concern about supported accommodation which will then be triaged and addressed according to priority, or signposted to the appropriate service.

As at 10th October 2023, 20 visits to supported living properties had been completed by the team, and landlords are actively engaged in the programme, completing outstanding repairs. There have been a number of co-production sessions and events which have helped us to identify gaps in the

system and establish a co-production pathway which will be embedded with partners, along with a good practice guide.



We also have reviewed learning from existing pilot local authorities such as Blackburn, meeting regularly to share good practice and address challenges.

Data is captured, analysed and submitted to the Department of Levelling Up and joint meetings are held to discuss the data in more detail and address any challenges faced. Intensive work with both landlords and providers is ongoing and is paramount in shaping the new gateway process and supporting sustainable improvements in supported housing.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a “Red” RAG rating, as well as those rated “Amber” with a deteriorating trend, is set out beneath the table.

Commentary on performance

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
ASCOF 2A: Percentage of people accessing short-term services who no longer need long-term care	High (Partnership)	63.5 %	94.3 %	92 % (30/09/2023) 401 / 436	92%	90%		

Priority 4: Developing the way we deliver Adult Social Care to help the people of Stockport to live their best lives possible

This priority is delivered through the Adult Social Care transformation programme. Progress is summarised below.

We will embed our vision for Adult Social Care

Colleagues from across Adult Social Care are proactively working with leads in the Integrated Care Board (ICB) on the update of the One Health and Care Plan which will be presented to the Locality Board in late 2023. The Adult Social Care strategy will be incorporated into the updated One Health and Care Plan.

Significant progress has been made in relation to the refresh of other key strategies. The draft Commissioning strategy has recently been presented to the council's Corporate Leadership Team and will now be shared with partners for comment and further development. We are also working with Signpost for carers to develop our carers strategy and implement a Carers partnership.

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

The Health and Care Act 2022 extended the duties of the Care Quality Commission (CQC) to local authority adult social care departments and from April 2023 CQC's new regulatory powers came into force. From April to October 2023, CQC undertook 5 local authority pilot assessments and from mid-December will be providing formal notification to the first tranche of 20 Local Authorities for full assessment. At the time of writing there is no indication from CQC who the first 20 Local Authorities will be so we have no confirmed date for Stockport Council. CQC have committed to undertaking assessments of all Local Authorities in the first 2 years, so we must prepare for as early as mid-December and within 2 years of this date.

In Adult Social Care we have been preparing with a full programme of self-assessment and improvement activities. We have now completed a first draft self-assessment and are continuing to review and update this over the coming months and until our first CQC assessment. We have received positive feedback about our approach and our self-assessment report and are now working closely with corporate partners to refine this before sharing and socialising more widely. Updating the self-assessment will remain ongoing and interactive as we continue our improvement journey in Adult Social Care.

We have a number of improvement programmes underway in relation to delivering best practice. These include a brokerage review, a new safeguarding operating model and a new operating model for DOLS. We are also working to develop the resources we have available to our workforce to support practice, including a new information hub which will contain all our policies and procedures.

We will deliver high quality services and safeguarding

We are entering into an implementation phase for the new safeguarding operating model which will be live in early 2024. We anticipate that service developments will continue after this, particularly within our systems and with external partner agencies to continue to review and refine the offer going forwards. The Safeguarding Adults Board will be apprised and consulted with respect to progression of this transformation.

Following the presentation to the HASC scrutiny committee in October 2023 we have moved forward with the implementation of an improved operating model for Deprivation of Liberty Safeguards (DOLS). This is due to be in place in January 2024. We have continued to undertake the steps necessary to improve our performance in relation to the waiting list. In addition we have trained

additional staff to increase DOLS capacity and are looking to recruit 3 additional full time BIA qualified assessors on a fixed term contract to increase capacity.

Quality in our Care Sector

In order to support Quality in our Care sector, within our Integrated Quality Team we have reviewed both the structure, standard operating procedures and escalation process through Senior ICB and Council Leadership.

We have recently procured the PAMMS (Provider Assessment & Market Management System) and are working to mobilise this across provider services. This will greatly improve our consistency and visibility enabling providers to complete self-assessments on their provision. It will be validated by our integrated team through their regular engagement. Once implementation is underway progress will be reported back to committee and support this objective within the PPRR.

We have continued to develop our service offer within our internal provider services. Opportunities Together has improved its training programmes, developing a digital audit and monitoring system to ensure staff are trained to meet the needs of the individuals we support and our regulatory standards. In addition Shared Lives staff have completed training and the service has successfully recruited new carers, and has welcomed new individuals to Shared Lives placements.

We have made our recruitment inclusive, supporting people who use the service to participate in the interview process. We are now focusing on supporting career development opportunities through apprenticeships and supported work placements. We also aim to engage and participate with the community to support awareness of learning disabilities.

Our REACH service recently aligned with our Active Recovery and Community Home team (ARCH). We are now working in partnership to develop our out of hospital pathways which will support our Home First approach and provide more opportunities for people to maximise their independence. There is also an ongoing recruitment campaign within REACH to ensure that we are able to meet demand.

Ensuring we are a responsive service

The performance framework for Adult Social Care has been further embedded. This is providing the opportunity for the senior management team to look holistically at what is driving demand in Adult Social Care. Each month focus is placed on a specific area of the service and a deep dive is undertaken looking at both performance and finance.

Within our social work teams there is an active focus on reducing waiting times for assessments. We have reviewed the way in which we delivery duty services and have launched Stockport Local appointments. We have introduced a number of new systems and processes within our neighbourhood teams which are improving response times, including a risk prioritisation tool. New documentation has been devised to support proportionate, strengths based assessments. This will increase the contact time practitioners have to assess and review service users.

Working in partnership with people and system partners

We are delighted that the Making it Real Board was able to hold its inaugural meeting in mid-October following some extensive preparatory work over the summer period. Through this work we identified that there was also a need for a carers board to be established to ensure both those in receipt of services and their carers get an opportunity to contribute to the development of our services. This is in addition to our continued commitment to the well established user groups operating across the borough.

We additionally have regular consultation through our Valuing People Partnership Board for people with learning disabilities and our Autism Partnership Board. We are in the process of developing a Carer's Partnership Board and Mental Health Partnership Board too to provide further opportunities for engagement and co-production. At the end of November the LGA will be undertaking a system wide per review of our Learning Disability and Autism offer for Stockport residents. This review will be supported by individuals who have lived experience.

The direct payment user group was formally launched as part of the review of our direct payment policy. The group includes people with disabilities and their carers. The group meets quarterly at the Guildhall in Stockport, attendance is usually around 50 individuals. Specific subject areas are identified by the group in advance and discussed in the meeting. Direct payment champions from within the service also facilitate table top exercises around key subject areas and take feedback.

To allow the voice of individuals to be heard across Adult Social Care we have invested in a dedicated post to develop a culture that promotes co production and are currently out to recruitment.

We are also carrying out work to ensure processes are in place across our assessment teams to consistently seek feedback from individuals who have received support. We are working closely with our system partners to develop out of hospital pathways, further updates can be found in priority 5.

Supporting our colleagues

We have established a standalone principal social worker role to support and lead practice across Adult Social Care. The principal social worker has been consulting with the workforce to better understand their requirements and, with the support of colleagues, has been reviewing the current training and support offered to staff at all levels. As a result, we have already launched a revised training package and a new information hub is nearing completion, which will house all our information and guidance to support our workforce and ensure greater consistency in our practice.

Work on the Workforce strategy is well underway and will be presented to scrutiny committee in November 23. The strategy will look to address some of the issues in relation to recruitment and retention across the whole of the social care economy, with an emphasis on opportunities for career progression, development, and job satisfaction. We also continue to support and develop our use of apprenticeships as we recognise the need to invest in our workforce of the future.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a "Red" RAG rating, as well as those rated "Amber" with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
ASCOF 1G: Percentage of clients with a learning disability living independently	High (Partnership)	85.4 %	93.2 %	93.41 % (30/09/2023) 581 / 622	93.4%	95%	G	→
ASCOF 2C: Over 65s permanently admitted to residential or nursing care (per 100,000 pop)	Low (Partnership)	627.8	558.3	260 (30/09/2023) 155 / 59604	520	560	G	↑
HASC 3.3: Number of high and medium priority DOLS referrals awaiting assessment	Low (Council)	290	357	261 (30/09/2023) 261 / 1	261	Minimise	G	↑
HASC 3.4: Percentage of safeguarding cases where risk reduced or removed	High (Council)	85.8 %	78.5 %	83.21 % (30/09/2023) 233 / 280	83.21%	80%	G	↑
HASC 3.5: Percentage of safeguarding cases where client outcomes wholly/partially achieved	High (Council)	94.9 %	93.9 %	97.08 % (30/09/2023) 233 / 240	97.08%	95%	G	↑
HASC 4.1: Number of Carers Assessments carried out	High (Council)	724	796	313 (30/09/2023) 313 / 1	626	Maximise	A	↓
HASC 4.2: Number of carers receiving carers payments	High (Council)	620	771	319 (30/09/2023) 319 / 1	638	Maximise	A	↓
N1: Percentage of nursing beds in Stockport rated as good or outstanding	High (Partnership)	66.2 %	45.9 %	55.07 % (30/09/2023) 597 / 1084	55.1%	70%	R	↑
N3: Percentage of home care agencies in Stockport rated as good or outstanding	High (Partnership)	90.7 %	91.8 %	68.66 % (30/09/2023) 46 / 67	68.7%	90%	R	↓

Commentary on performance

- In relation to measures HASC 4.1 and 4.2, there has been a downturn in performance in relation to both carers assessments and carers payments. This is attributable to workforce shortages, both within the Council and with our external provider, proactive recruitment campaigns are underway to address this. We have recently invested additional resource into our external provider to support our invaluable carers and we are closely monitoring our performance in this area.
- In relation to measure N1, as previously reported the timeliness of inspection is challenging for this indicator as CQC are working on a risk based approach to their current regime. This means that some homes who are requires improvement are still awaiting a re-inspection. Our ongoing work with providers gives us a good overview on the actual quality of provision and takes some reassurance in this. However, this indicator has marginally improved in the last period but if residential and nursing beds were included we would have 76.7% of beds good or above.

- In relation to measure N3, there has been a change in the denominator. The number of home care providers in Stockport has increased by 18, these providers are currently awaiting an inspection. This has resulted in a significant drop in performance against this metric. If we were to exclude the uninspected providers then our performance would be comparable with previous periods. Please note, the Council contracts with c50% of the market availability, any new provider is required to have a CQC rating of good or above to be contracted by us and must be part of our ethical care framework.

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 with our health and care partners across Greater Manchester within the Integrated Care 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, set out above.

Progress with each of the delivery projects aligned to this priority in the 2023/24 Portfolio Agreement is summarised below.

Greater focus on prevention and early intervention

Stockport's Locally Commissioned Services baseline data is now developed for each practice as a means of measuring outcomes for eight domains. In addition the GP Patient Survey and Friends and Family Test, national contractual requirements were completed during this quarter. Four out of six of our Primary Care Networks (PCNs) are meeting the target and performing above the Greater Manchester and national average for whether their patient population would recommend the practice / PCN and the percentage of appointments from booking to appointment within two weeks. Plans are in place to maintain the position of those achieving the target and to improve those that are not quite meeting the target.

A scoping exercise to confirm the people involved in the Neighbourhood Leadership Group (NLG) for each neighbourhood is underway and will be completed by the end of October. Two of our six Primary Care Networks (PCNs) already have NLGs in place and four have the appropriate arrangements in place to set them up. NLG meetings will be in place in all areas and population health priorities agreed by December. A plan on a page will be developed by each neighbourhood by January 2024.

Working together to improve access to core services

In relation to work to improve access to services, all PCNs and practices have developed their Capacity and Access Improvement Plans. Twenty Seven out of 33 are due to move to the Modern General Practice Access model over the next two financial years. The aim is to disperse the '8am rush' and to improve the patient journey and experience. In this quarter Stockport GPs collectively offered more appointments per head of population and more face to face appointments as a proportion of that amount than any of the other localities in Greater Manchester.

The overall Greater Manchester referral to treatment waiting list is 546,968, of which 57,971 are Stockport patients. Stockport's position on diagnostics and elective care waiting lists is sub-optimal and we are amongst the lowest performing across Greater Manchester, and GM are not in a strong position nationally. Work continues across Greater Manchester around the use of surgical hubs, more integrated elective care, use of the independent sector and generally improving productivity and efficiency. Greater Manchester trusts have improved theatre utilisation rates but there is more to do to achieve the national ambition; we have been working with colleagues across the North West to look at potential options for using capacity from outside GM as part of our efforts to reduce the waiting lists.

Within the GM programme there are several clinical reference group (CRGs): Ear, nose and throat (ENT); ophthalmology; gynaecology; general surgery; dental and oral surgery; orthopaedics and urology. Following discussion with the GM Medical Directors it has been agreed that the CRGs will focus efforts on five areas: Advice and guidance; Patient Initiated Follow Up (PIFU); theatre

productivity; day case rates and mutual aid. The use of PIFU has increased at our local trust with SFT having the best PIFU uptake in GM; this reduced the in-treatment waiting list for outpatient follow up appointments and thus reduces the burden on the system, allowing the system to focus on people awaiting their first definitive treatment.

Work to join up health and care pathways and support this in local teams at a neighbourhood level

Work to further develop our integrated neighbourhood health and care offer continues to progress. Scoping is underway to determine the key stakeholders aligned to each team around the practice, this may be different for each practice dependent on their population but there will be a core team bringing together GPs, Community Health teams and Social Workers.

Each team around the practice will develop a proactive multi-disciplinary approach with two of our PCNs, Stockport East and South and Tame Valley, recently accepted on to the national CLEAR (proactive care) programme that supports PCNs to provide more proactive care for patients most at risk of adverse health outcomes who would benefit most from planned, coordinated, and personalised care, enabling them to live well and independently for longer. This is a trailblazing approach that we will look to embed across our Stockport PCNs.

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

As part of our workshop programme, all of our key partners are signed up to the concept that neighbourhoods are the mechanism by which key / joint strategies are delivered. We have mobilised to build collaboration between public, VCFSE and business sectors and with communities and residents themselves, understanding the role all play in improving local outcomes across each of our four pillars: - (i) One Neighbourhood Approach; (ii) Thriving Places; (iii) Connected Communities; and (iv) Collaborative Health and Care.

We have developed a high level model that recognises the wider determinants of health and wellbeing and the four pillars are making strong progress on delivering exciting and ambitious plans for neighbourhoods with a more preventative approach, aligned to that model. For example, our teams are working collaboratively at neighbourhood level to avoid people reaching crisis, whether medical or otherwise.

To ensure people remain healthy, we are continuing to encourage everyone to understand where to go for advice on minor illnesses from coughs and colds, sore throats and earache, to advice for dealing with head lice and minor burns, and to know the appropriate urgent care services if needed including emergency hotlines. Also included in this is a joint approach to ensuring people have access to information advice and guidance in their neighbourhood through a Family Hub, for example, around cost of living, prescription costs or even mental wellbeing.

Work together to improve discharge from hospital

The Transfer of Care (ToC) Hub commenced on 1st February 2023 providing an integrated health, social care and third sector multi-disciplinary team on Monday-Sunday, 8am – 6pm. The Hub works collaboratively to reduce reliance on bedded pathways (pathways 2 and 3) and increase home first pathways (pathways 0 and 1) following a new and improved joint triage process. Through collaborative working the Hub has increased the number of pathway 0 and 1 referrals and reduced pathway 2 discharges. Our next steps are to review and refine the process to support further increases in pathway 0 discharges and same day pathway 1 discharges.

In relation to our work to streamline our services that wrap-around residential bed-based care in the community, we have reduced the number of number of sites where care is delivered from seven to four and aim to continue to reduce this whilst maintaining the size of the bed base. The preferred operator model is a bespoke joint venture between Adult Social Care and Health providers. The joint venture agreement and joint operating model specification is in development with partners, this is due for completion in December.

In addition, as part of our D2A transformation programme we are continuing to work on streamlining pathways and bringing different organisations closer together to support patients effectively across a reduced number of sites, this also links in to our neighbourhoods and prevention programme.

Throughout this quarter support has been offered to discharging clinicians at Stepping Hill Hospital to increase their confidence in decision making for discharging home, this was a light touch approach of information and education to increase confidence of clinicians to have a more home first approach rather than leaning towards bed base. The neighbourhood programme is making good progress on developing the Team Around the Practice model for improved, holistic support to people going home from hospital. The intravenous therapy (IV) service has also been increased to ensure that more people are able to go home in the community rather than staying in hospital for IV.

Implementation of the Mental Health and Wellbeing Strategy

This quarter has also seen us take further steps to support the transformation of community mental health services in order to deliver the vision set out in the Mental Health and Wellbeing Strategy. We are continuing to redesign community mental health teams, with the creation of both mental health living well teams and the Living Well Hub through the Living Well Collaboratives.

We have held a pre-procurement workshop with our VCFSE partners to contribute to mental health living well teams; and we have a grant / contract agreement for a Lived Experience Partner to be put in place, there has been a delay due to NHS GM's System for Thorough Assessment of Resources (STAR) process.

We are also working with local NHS Talking Therapies (formally IAPT) to address areas of underperformance, particularly access standards and secondary waits. Stockport is amongst the best performers in Greater Manchester and is meeting the target for six and eighteen week waits for talking therapies and recovery waits. Although, the main area of focus for improvement is improving the waiting time between treatments, Stockport's performance on 'in-treatment waits' needs improvement. This is the length of time between the first definitive treatment following referral and the next treatment that the patient needs.

Measuring Performance and Reporting Progress

Measures relating to this priority are currently under development, please see the Portfolio Performance and Resource Agreement for further information.

HEALTH & ADULT SOCIAL CARE

1. FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

The financial position for ASC and Public Health at Q1+ was reported to Corporate, Resource Management and Governance Scrutiny Committee (CRMG) at the meeting held on the 5th September 2023 and to Cabinet at the meeting held on the 19th September 2023. Please see link below to the Q1+ report presented to Cabinet (agenda item 8). The outturn forecast for the Health and Adult Social Care portfolio was a balanced position.

[Agenda for Cabinet on Tuesday, 19th September, 2023, 6.00 pm - Stockport Council](#)

Budget at Q2

	Previously Reported Q1+ £000	Increase (Reduction) £000	Budget at Q2 £000
Adult Social Care	105,412	1,952	107,364
Public Health	12,287	0	12,287
Cash Limit	117,699	1,952	119,651

Budget changes since previously reported at Quarter 1+

Description	Movement(s) £000
Market Sustainability and Improvement Fund (additional allocation)	1,952
Total	1,952

Forecast Outturn at Q2

Service	Budget at Q2 £000	Forecast Net Expenditure £000	Forecast Net appropriation (from) / to reserves £000	Forecast Outturn Variance Q2 £000	Forecast Variance reported Q1+ £000
Adult Social Care	107,364	111,064	(3,700)	0	0
Public Health	12,287	14,073	(1,786)	0	0
Total	119,651	125,137	(5,486)	0	0

Service Detail	Current Budget Q2 £000	Forecast Outturn Q2 £000	Variance Q2 £000	Forecast Variance Q1+ £000
Prevention Wellbeing & Independence	6,335	6,368	33	(304)
Enablement & Recovery	12,601	12,612	11	(432)
Support & Care Management	88,673	88,651	(22)	741
Practice Quality & Safeguarding	1,252	1,252	0	14
Commissioning & Infrastructure	1,615	1,580	(35)	(41)
DASS and Central ASC budgets	(3,112)	(3,099)	13	22
Total – Adult Social Care	107,364	107,364	0	0
Public Health	12,287	12,287	0	0
Total	119,651	119,651	0	0

The financial resources in this portfolio at Q2 total £119.651m. A balanced position is forecast at Q2, however this is after significant additional investment from draw down of grant balances into Adult Social Care during Q2, as described in the sections below.

Adult Social Care

The service is reporting a balanced position, against a budget of £107.364m, however this is after significant additional investment from draw down of grant balances into Adult Social Care during Q2.

Market Sustainability and Improvement Fund – (MSIF) additional allocation

As noted in the Q1+ report presented to CRMG and Cabinet, the Council received an additional £1.952m in 2023/24 from the MSIF. The Q2 position being reported is after all the £1.952m funding has been allocated to the service.

Urgent and Emergency Care Winter Support Fund (UECSF)

The Council received a letter on the 8th September 2023 from the Department of Health and Social Care (DHSC) inviting Local Authorities who were part of Integrated Care Boards (ICB's) in Tier 1 and Tier 2 to submit proposals to access a £40m national fund to support with the additional financial impact on Social Care aligned to urgent and emergency care this winter.

Stockport as part of Greater Manchester ICB is part of Tier 1 which was classified as requiring - *intensive support – for health and care systems at highest risk of delivering their targets within the plan, to support on-the-ground planning, analytical and delivery capacity, “buddying” with leading systems and executive leadership.*

An indicative allocation for the Council to submit proposals against was £0.602m. The Council's submission focused on further investment into supporting hospital avoidance, through additional resources into the Crisis Response Services and Therapeutic Services and into discharge pathways to ensure clients have timely access to ongoing Care Act eligible services. There would also be further investment into technology enabled services.

The Council submitted its bid within the 29th September 2023 deadline. The letter stated that for successful bids payments would be approved by the 13th October 2023, however there has been a delay within DHSC to this process. The Council received email confirmation from DHSC on the 8th November that its bid to commit £0.602m had been successful.

DHSC will be sending out a Memorandum of Understanding (MoU) to the Council including how the funds will be received in the coming weeks.

Forecast Outturn Analysis

Prevention Wellbeing & Independence – financial pressure £0.033m

Only minor variances are currently forecasted between the budget and outturn forecast at Q2.

Variance from Q1+

The change in forecast is £0.337m, from a previous underspend position. This is due to increased activity projected within Extra Care Housing services, to now align to the budget set. This is part offset by an increase in the capitalisation of appropriate equipment to the Disabled Facilities Grant.

Enablement & Recovery – financial pressure £0.011m

A minor financial pressure is forecasted within the Opportunities Together Supported Accommodation Service aligned to the additional staffing required to support complex individuals.

Variance from Q1+

The change in forecast is £0.443m, from a previous underspend position. This is predominantly aligned to the additional costs within the Opportunities Together Service as outlined above.

Support and Care Management – financial pressure £3.556m (prior to the draw down of grant funding)

The following grant funding has been drawn down in Q2 to mitigate the financial pressure, which results in a net balance of a £0.022m underspend:

- £1.283m iBCF 2 (what was ASC Winter Grant funding),
- £1.952m MSIF additional allocation
- £0.343m residual grant balances

During Q2 the service has seen a significant increase to the outturn forecast from externally commissioned care management services. This forecast includes three months of additional care management information (P4-P6) aligned to spend to date and future commitments.

The financial pressures forecasted are across all care management services (LD, Integrated Neighbourhoods and MH) as described in the sections below.

Learning Disabilities – financial pressure £0.692m

There has been increased costs across a range of externally commissioned care services within Learning Disabilities (LD) when compared to the initial budgets set. This is most pertinent within Residential and Nursing Care.

The increase in demand is due to more individuals with increased complexity entering services or having current services enhanced and while this also can result in additional Continuing Healthcare contributions the net additional cost of the new services commissioned is resulting in further financial pressure on the service.

Integrated Neighbourhoods – financial pressure - £2.401m

The financial pressure is due to a significant increase in costs for residential and nursing care. Client level analysis of the increased financial projections has been shared and discussed with the service. The main reasons for these increases include:

- Net increase in clients in permanent / short term beds
- Increase in average total bed price from new clients entering services compared to clients leaving services
- Backdated costs of commissioned services

An internal review of services and care pathways continues to take place to ensure:

- Clients are always being discharged from hospital into the most cost-effective provision that meets their Care Act eligible needs, with a continued focus on Home First principles.
- Reassessing clients in short term bed-based provision timely so that the most cost-effective ongoing care package can be commissioned at the earliest opportunity.
- Placements that require 1:1 support are reviewed on a regular basis to ensure that an individuals independence is supported.
- Practitioners ensuring in all cases that the best price is found for a bed-based placement that meets the individuals Care Act eligible needs and Care Act guidance is followed where the chosen care setting is home of choice. It is recognised that there are continued challenges in the local care home market to meet individuals with increasing needs.
- Commissioned services and funding agreements continue to be recorded comprehensively and timely in Liquidlogic / ContrOcc.

Mental Health – financial pressure £0.463m

There has also been an increase in externally commissioned services for Mental Health service users. Analysis was shared with the service of new clients entering care services with a material financial impact to the in-year position. These new clients have since been confirmed by the service and are being regularly reviewed.

Support & Care Management - Variance from Q1+

The initial financial pressure has increased by £2.815m from the Q1+ position of a £0.741m financial pressure.

The full balance of £1.283m iBCF2 (what was the ASC Winter Grant) was allocated to part mitigate the position.

The service has also received all of the additional MSIF allocation of £1.952m in Q2 and have needed to include residual grant balances of £0.343m to support the in-year position.

Practice Quality & Safeguarding – balanced

The service is forecasting a balanced position at Q2. The temporary additional recruitment to support waiting lists has been aligned to the temporary funding approved as part of the DOLs business case. The addition cost of the assessments to reduce the backlog is anticipated as being contained within a combination of cash limit budget and the approved DOLs reserve.

Commissioning & Infrastructure –underspend £0.035m

There is a minor underspend of £0.035m due to balances within non pay commitments.

DASS & Centralised ASC budget – financial pressure £0.013m

There is a minor financial pressure due to non-pay commitments.

Public Health

The Public Health service is forecasting a breakeven position at Q2.

There are forecast underspends of £0.046m in staffing and transport due to vacant posts and the timing of recruitment, and of £0.034m in the GM GUM (Genitourinary Medicine) cross-charging agreement for 2023/24.

However, there are underlying financial pressures with regards to some external contracts which it is anticipated will require a draw down from Public Health reserves of up to £0.852m, to support a forecasted balanced position at outturn.

Although there has been a further increase to the Public Health grant allocation for 2023/24 of £0.546m a significant portion of this uplift needs to be aligned to cover Agenda for Change (AfC) pressures within external contracts. This includes the 2022/23 cost of AfC of £0.254m which forms part of the discussions for 2023/24.

Variance from Quarter 1+

At Q1+ it was anticipated that £0.863m would be drawn down from the Public Health reserve to cover anticipated pressures and achieve a balanced position at outturn. At Q2, the drawdown is anticipated to be £0.852m; a reduction of £0.011m.

Grant Funding

Investment Plan Post-Covid reserve (previously COMF)

Investment Plan Post-Covid reserve funding remains in place for 2023/24, with £1.025m aligned to Public Health investment plans.

Community Champions Grant

In 2020/21, a Community Champions grant allocation of £0.650m, received from the Department for Communities and Local Government, was allocated to Public Health. This funding is for expanding support for communities disproportionately impacted by COVID-19 and to boost vaccine take up. From this allocation £0.033m was spent in 2020/21, £0.423m in 2021/22 and £0.032m in 2022/23. The balance of £0.162m has been brought forward to be spent in 2023/24.

Controlling Migration Fund

It is anticipated that the remaining Controlling Migration Funding of £0.049m will be drawn down from the Revenue Grant reserve and utilised in 2023/24.

Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant

In 2022/23 a new 3-year Supplemental Substance Misuse Treatment and Recovery grant agreement was set up with the Council receiving an allocation of £0.421m from DHSC. This was spent in full in 2022/23.

For 2023/24 the Council's allocation has increased to £0.429m. Again, this is expected to be spent in full within the financial year.

Stop Smoking Services and Support Grant

DHSC announced on the 8th November additional funding commencing from financial year 2024/25. This is from an additional grant allocation to the mandatory Stop Smoking Service funding that the Council already receives annually as part of the annual Public Health grant allocation.

The additional funding to Stockport will be up to £0.361m for 2024/25.

2.2 Earmarked Reserves

The majority of earmarked reserves are held at a corporate level and services produce a business case to drawdown 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 ringfenced reserves and the Directorate Flexibility Reserve.

The table below reflects planned use of reserves at Q2 and is after the review of the council's reserve policy which was presented to Cabinet on the 19th September 2023 (Agenda item 9) [Agenda for Cabinet on Tuesday, 19th September, 2023, 6.00 pm - Stockport Council](#).

Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Planned use of Reserves / "Approved Use" 2023/24 £000	Balance of Reserve / "Approved Use" £000
Corporate Reserves					
Strategic Priority Reserve	Adults Reserve	improved Better Care Fund balances	799	755	44
Strategic Priority Reserve	Adults Reserve	ASC (SNC balances) – Aligned to AoM*	2,123	468	1,655
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	11,692	704	10,988
Strategic Priority Reserve	Health and Social Care Integration Reserve	Liquidlogic development	14	14	0
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	91	91	0
Strategic Priority Reserve	Investment Plan Post-Covid Reserve	ASC Schemes	693	693	0

Corporate Reserve	Revenue Grant	Hate Crime Funding	15	15	0
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	10	10	0
Corporate Reserve	Revenue Grant Reserve	Safe Accommodation Duty Grant	255	255	0
Corporate Reserve	Revenue Grant Reserve	Workforce and Assessment Grant	130	70	60
Reserve Linked to Budget					
Reserve Linked to Budget	Transformation – Double Running Reserve	Reserves aligned to savings programme 23/24	625	625	0
		Adult Social Care - Subtotal	16,447	3,700	12,747
Corporate Reserves	Revenue Grant Reserve	Public Health	1,600	852	748
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund 2	49	49	0
Corporate Reserves	Revenue Grant Reserve	ASC & Health COVID recovery	24	24	0
Strategic Priority Reserve	Cabinet Positive Investments	Investment Plan Post-Covid reserve	1,025	861	164
		Public Health - Subtotal	2,698	1,786	912
		Total	19,145	5,486	13,659

2.3 Portfolio Savings Programme

Programme	Proposal	Risk Rating	Value (£000)	Double Running (£000)	Value Balance (£000)	Value Achieved (£000)	Minimum Balance (£000)
	2023/24 savings programme						
Robust Corporate Governance	Managing Demand (£1m), Out of Area placement review (£0.2m), Enhanced rates (£0.3m) review of current placements (£0.45m), CHC eligibility (£0.45m) *		2,400	(500)	1,900	1,886	14
Demand Management	Implementing fairer charging (£0.5m) & income from client inflationary uplifts (£0.8m) / Recharge to GMIC (£0.096m) / BCF investments (£0.500m)		1,896	0	1,896	1,896	0
VfM & Commissioning	Telecare Transfer		132	(125)	7	0	7
	Adult Social Care - subtotal		4,428	(625)	3,803	3,782	21
Robust Corporate Governance	Contract reductions		150	0	150	150	0
Robust Corporate Governance	Grant balances/vacancies		150	0	150	150	0
Value For Money	Spend review		52	0	52	52	0
	Public Health - subtotal		352	0	352	352	0
	Total		4,780	(625)	4,155	4,134	21

Risk rating

Green – good confidence (90% plus) the saving is/will be delivered or minor variances (<£0.050m) that will be contained within the portfolio.

Amber – progressing at a reasonable pace, action plan being pursued may be some slippage across years and/or the final position may also be a little unclear.

Red – Significant issues arising, or further detailed consultation required which may be complex/contentious.

2.4 Pooled Budget

The 2023/24 revenue pooled budget via a section 75 agreement of £38.388m was approved at the ONE Stockport Health and Care Board on the 18th October 2023, this included:

- £26.082m - Better Care Fund
- £9.711m - improved Better Care Fund
- £1.362m - LA Discharge Funding
- £1.233m - ICB Discharge Funding

The Memorandum of Understanding (MoU) agreements totalling £6.437m was also approved in a separate report at the same meeting, this includes:

- £3.877m - Non-Acute Services to Older People
- £1.624m - Learning Disability Services
- £0.294m - Mental Health Services
- £0.245m - LDRC premises costs
- £0.397m - Sexual Health premises costs

Further contributions will be added to the MoU as agreed.

Other appropriate Council and GMIC budgets relating to Stockport will be reviewed and where agreed aligned into the Localities overall availability of financial resources.

2.5 Capital Finance Update and Outlook

Programme

*Expenditure as at 30 Sep 2023 £000	Scheme	2023/24 Programme £000	2024/25 Programme £000	2025/26 Programme £000
0	IT Infrastructure	153	0	0
0	Care Home Support	70	0	0
0	ContrOcc Billing Module	40	0	0
0	Grant allocations - remaining balance	85	0	0
0	TOTAL	348	0	0

* This relates to expenditure on SAP and accruals for goods received or work performed up to the period end.

Resources

Resources	2023/24 £000	2024/25 £000	2025/26 £000
Capital Grants	348	0	0
TOTAL	348	0	0

Programme Amendments – Rephasing

Scheme	2023/24 £000	2024/25 £000	2025/26 £000	Funding Source	Reason
ContrOcc Billing Module	40	0	0	Capital Grants	New scheme - allocation from DFG
TOTAL	40	0	0		

Progress against individual schemes

IT Infrastructure – The adults operating model places a strong emphasis on the use of technology to support the delivery of our customer pathway. The digital opportunities available to Adult Social Care have been categorised into five key themes:

Theme 1 – Digital communities

Theme 2 – Intelligent information

Theme 3 – Digital self service

Theme 4 – Digital employee

Theme 5 – Data and analytics

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.

The IT infrastructure programme will continue throughout 2023/24, this will ensure that our workforce have the appropriate equipment to support them in their roles.

Care Home Support – Purchase of equipment to support care homes and their client's wellbeing.

As part of the fair cost of care exercise being undertaken, it was envisaged that determination would be made in 2022/23 whether this allocation will support the sustainability strategy for care homes.

This work, however, is on-going, and the full impact is as yet unknown. Re-profiling of capital allocations will be made in due course. There are proposals to reprofile this spend to support individuals to maximise their independence at home, thus supporting our Home First approach.

ContrOcc Billing Module – The purchase and implementation of an additional module to ContrOcc (the ASC care payment system), to support with billing.

Grant allocations/other – There is a balance of £0.085m available in 2023/24. The 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 (*Economy, Regeneration & Housing 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 of all ages.

Provision is demand-led. Offers of grant are based on the outcome of an assessment of need and are mandatory, subject to a grant applicant meeting the eligibility criteria, which for disabled adults includes a financial means test.

Typical examples of adaptations funded by a DFG include stairlifts, hoists, level access showers, door widening and ramps.

A total of £0.783 million for DFG has been spent as at Quarter 2 2023/24. The remainder of the allocation along with any prior year unutilised DFG will be used to support the Academy of Living Well scheme within the Economy & Regeneration portfolio.

A review of the Better Care Fund was completed in the fourth quarter of 2022/23 which was an opportunity to explore more flexible ways of utilising elements of the DFG. As part of the final recommendations, a review of the existing policy and procedures has commenced in the second quarter of this year. The envisaged changes will support more preventative approaches and flexibilities in applying the DFG allocations.

2.6 Positive Investments 2022/23

The Cabinet proposed positive investments approved as part of the 2022/23 Budget. The investments cover a range of priority areas identified by Cabinet to support the Borough's recovery and response to the pandemic in terms of support for businesses, communities and individuals.

Health and Wellbeing – supporting mental health and addiction services £0.150m (Public Health)

This additional investment in mental health and alcohol and drugs services will enable the continued targeted outreach support to our communities with high needs.

£0.090m is committed against two posts, £0.020m is committed for further mental health awareness training, £0.015m is to be spent on Voluntary, Community, Faith and Social Enterprise (VCFSE) support with the remaining £0.025m to be allocated through the recently agreed Mental Health Strategy.

At Q2, one of the posts has been filled; this is a 12-month fixed term contract so costs will run into 2024/25. Recruitment to the other post, within the Mosaic service, is being discussed following a restructure.