



Health and Adult Social Care

Portfolio Performance and Resources Annual Report 2023/24



Stockport
team
ambition
respect

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HEALTH AND ADULT SOCIAL CARE PORTFOLIO HOLDER'S INTRODUCTION



I am pleased to introduce the end of year report for the 2023/24 PPR Annual Report, outlining the progress made on projects and programmes over the year.

Our first priority was to improve health outcomes and tackle inequalities. Public Health has worked with all six Primary Care Networks to develop their population health plans, identifying a wide range of projects for delivery. Public Health has also supported preventative work, developing action plans for heart disease, diabetes, frailty and falls, and alcohol-related harm.

A Joint Strategic Needs Assessment (JSNA) report examined trends in healthy life expectancy, highlighting the much lower healthy life expectancy in our more deprived areas. A JSNA for special educational needs and disabilities (SEND) is informing the development of the SEND strategy 2024-27. The Mental Health and Wellbeing Strategy is being overseen by a multi-agency MH Partnership Board. A new service specification for the Stockport NHS health check model has been agreed with GP practices. The Public Health Team has worked with partners to increase the uptake of breast screening and the pilot programme to develop the National Diabetes Prevention Programme is now underway.



We are working to support communities and neighbourhoods to be healthier, with over 180 focused actions identified through the Active Communities Action Plan. We are testing new ways of working, using action research methodologies, involving a wide range of partner organisations and community groups.

The Stockport Food Partnership is now established, with an agreed shared vision, and the identification of four initial outcome priorities. We continue to seek out lived experience and use community-led approaches to gather insight and influence system change for our priority groups.

We continue to work towards the aims of the National Drug Strategy, using grant funding where available. For smoking cessation, we have supported the national "Swap to Stop" scheme aimed at adult smokers who want to stop smoking by using vapes as a quit aid, having been allocated 2750 vape starter kits, and we are also planning to use a further five years funding for community stop smoking provision. We continue to work with Greater Manchester to scope the full range of weight management services and have agreed new contracts and specifications for elements of sexual health services.

We are planning increased emphasis on early help and prevention, including increasing the capacity of the equipment and adaptation hubs. All of our neighbourhood teams are using Stockport Local booked appointments, based in libraries, and provide people with information and advice around adult social care and accessing community activities.

We have now established a Stockport Local Programme Board which meets regularly to review progress and further develop the Stockport Local Offer. In addition, we have launched the Stockport Virtual House on the council's website, which showcases and range of equipment and aids to help support people at home.

We continue to develop Adult Social Care to enable people with care and support needs to live as independently as possible. Actions include a self-assessment and improvement return that outlines good practice in all areas; greater focus on prevention and early interventions; Care Act delivery; initiatives that support assurance readiness, helping us to self-evaluate and modify our improvement plan; and ensuring that all evidence required for the CQC Inspection is available and up to date.

Our Neighbourhood and REACH services are working together to redesign pathways to reablement. Service developments are in progress, including routes to independence testing, utilising assistive technology to increase choice, skills building and wellbeing.

Opportunities Together is embedding coproduction in how we deliver support, what we can improve and what we should develop. As just one example, in advance of the May local elections, this service along with the Learning Disability social work team worked to familiarise people with a learning disability with the democratic process, helping them participate in the elections.

We continue to work with health and care partners across Greater Manchester to provide safe, high-quality health and care services. As has already been made clear, we are giving greater focus on prevention and early intervention, at a neighbourhood level, building collaboration between the public, VCFSE and business sectors and with communities and residents. We are working together to improve access to core services, and already Stockport GPs offer more appointments per head of population and more face-to-face appointments as a proportion of that amount than anywhere else in Greater Manchester.

The Transfer of Care Hub for Stepping Hill Hospital provides a collaborative approach between partners, with one key objective being to ensure that patients who would be recorded as having No Criteria to Reside are appropriately placed. We will review arrangements to ensure that the right people are in hospital beds where there is no Home First alternative and that they are only there for the Discharge to Assessment (D2A) period. Further work is underway to support the transformation of community mental health services, to deliver the vision set out in the Mental Health and Wellbeing Strategy.

I commend this report to members of the Adult Social Care and Health Scrutiny Committee.

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

Revenue Budget (Forecast)		Capital Programme	
	£000		
Cash Limit	121,484		
Forecast Outturn	121,484		
(Surplus)/Deficit	0		
<u>Reserves</u>			£000
Approved use of reserves balance was £19.040m		2023/24 Capital Budget	71
Transfer from reserves at outturn was £3.241m		2024/25 Capital Budget	291
Transfer to reserves at outturn was £2.176m		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 the 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 4 (Year-End) report includes updates on all **delivery projects, programmes and other initiatives** set out in the portfolio agreement, up to the end of March 2024 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

Public Health has worked with each of the 6 Primary Care Networks (PCNs) across Stockport to develop their **population health plans** and identify priority areas for action, which will be acted upon during 2024/25. Each PCN has been supported by a member of the Public Health leadership team to analyse their local data alongside insights from local people and staff. A diverse range of projects have been identified, which sit within the Neighbourhood and Prevention framework for delivery.

The Public Health team is also supporting the development of the priority prevention themes of the One Stockport Provider Partnership and developing joint action plans to improve the prevention of, and inequalities within, heart disease, diabetes, frailty and falls, and alcohol-related harm. This work will continue through 2024/25.

We have continued to **develop our intelligence**. A Joint Strategic Needs Assessment (JSNA) report examining the recent trends in healthy life expectancy within Stockport was presented to the Stockport Health and Wellbeing Board in January.

The analysis highlights the inequalities in Stockport - with those in the most deprived areas living in 'not good health' for around 20 years compared to around 12 years in the least deprived areas. These findings will help to steer Stockport's work to reduce health inequalities by informing the development of the Neighbourhood and Prevention programme.

In addition, a JSNA for special educational needs and disability (SEND) was completed in February. The findings highlight that around 17% of school-aged children in the borough have an identified SEND need; this number has increased significantly over the last 5 years and there is a strong correlation with deprivation. Recommendations from the analysis are informing the development of the SEND strategy 2024-27.

We have completed and published the **Mental Health and Wellbeing Strategy** for Stockport: [Health & Wellbeing - One Stockport](#) which has been signed off by our Locality Board. A new Mental Health and Wellbeing Partnership now oversees the mental health agenda for Stockport, including the delivery of the strategy and its five ambitions – each led by a senior executive from one of our partner organisations.

A review of the **Stockport NHS health check model** has been completed, and a new service specification agreed upon and shared with Stockport GP practices for April 2024. The focus has been on improving the effectiveness and quality of this mandatory service, ensuring that those at highest risk are supported to live healthier lives. In addition, from April 2024, a stratified payment model was introduced to reflect the level of cardiovascular disease (CVD) risk found. GP practices will be supported to improve the number and quality of NHS health checks delivered throughout 2024/25.

The Public Health Team have been working hard to **increase the uptake of breast screening**, following the launch of a new mobile breast screening unit in Stockport in June 2023. A variety of methods are being used including DNA follow-up and community engagement. This work has been supported by two temporary community cancer project workers, funded by GM Cancer who have developed our connection with, and understanding of marginalised communities.

The impact of this work is beginning to show in the data as performance in Stockport is improving. 67.9% coverage was recorded in 2023, up from a low of 58.3% in 2021 (although still below the pre-pandemic level of 73.5% in 2019). Rates in Stockport now rank above the national average (for

the first time since 2010) and Stockport is 3rd in Greater Manchester compared to 8th in 2022. There is still work to do, and we have the ambition to continue to increase rates to the historic high of 75.5% so that we rank in the top decile of local authorities nationally.

The pilot programme to develop the specialised **National Diabetes Prevention Programme** (NDPP) is underway. Evaluation will be undertaken in 2024/25 to assess how well the adaptations work and the findings will be reported to NHS England.

Measuring Performance and Reporting Progress

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

Indicator Name	Good Perf.	Zyr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
HASC 1.1: Premature mortality rate due to all-causes	Low (contextual)	346.2	354.7	344.3 (31/12/2023)		N/A	N/A	↑
HASC 1.2: Premature mortality rate due to all-cause in most deprived quintile	Low (contextual)	619.9	629	627.7 (31/12/2023)		N/A	N/A	→
HASC 1.5: Take up of flu vaccinations for 4-10 yr olds	High (Partnership)	69.7 %	55.7 %	62.6 % (31/03/2024)		N/A	N/A	↑
HASC 1.7: Number of people accessing mental health self-care online resources	(Partnership)	10345	9456	7,542 (31/03/2024)		Maximise	N/A	○
HASC 1.12: Cancer screening coverage: Breast cancer	High (Council)	58.3	61.4	67.9 (31/03/2024)		N/A	N/A	↑
HASC 1.13: Number of Infection Prevention Control (IPC) assessments completed	High (Council)			29 (31/03/2024)		N/A	N/A	↑
HASC 2.3: Take up of flu vaccinations for pregnant women	High (Partnership)	55.8 %	55.9 %	48.5 % (31/03/2024)		56%	A	↓
HASC 2.7: People undertaking the National Diabetes Prevention Programme	High (Partnership)	377	651	1,345 (31/03/2024)		1085	G	↑
PHOF D03I: Take up of flu vaccinations for 2-3 yr olds	High (Partnership)	60.8 %	60 %	59.9 % (31/03/2024)		60%	A	→
PHOF D05: Take up of flu vaccinations for under 65s	High (Partnership)	60.1 %	56.4 %	49.5 % (31/03/2024)		58%	A	↓
PHOF D06a: Take up of flu vaccinations for over-65s	High (Partnership)	87.1 %	85.3 %	83 % (31/03/2024)		85%	A	↓

Commentary on performance

Vaccination rates in Stockport are a little down on last year reflecting vaccine fatigue amongst the population and services. Uptake in Stockport continues to be high in comparison to national and Greater Manchester rates.

Key highlights relating to the Flu vaccination programme are: -

- 65yrs and over - 5th highest in England
- Under 65yrs at risk - 3rd highest in England
- All pregnant women - 1st in England
- 2yr olds - 4th highest in England
- 3yr olds: - 1st in England

The school vaccination programme was also a success within Stockport, with the authority achieving 1st or 2nd place across the whole of Greater Manchester.

In relation to the Covid 19 winter vaccination programme, vaccination rates in Stockport are the highest in Greater Manchester

The Covid 19 vaccination programme is significantly supported by the Public Health team. The winter 23/24 programme began in September 2023.

Priority 2: Supporting communities and neighbourhoods to be healthier

Partnership and community engagement continues to evolve through the **Active Communities Implementation Plan**. The co-produced plan now has over 180 specifically focused actions and workstreams agreed by the Active Communities Implementation Partnership. It is a 'live' document accessible by all Implementation Partnership groups and organisations and is therefore constantly evolving and developing to meet emerging identified need.

Governance and oversight of the plan continues to be driven by both the Active Communities Strategic Network and the Active Communities Implementation Partnership.

There is a recognition that the current offer and traditional ways of working are not meeting the needs of Stockport's most inactive populations. Therefore, testing new ways of working that are led by communities, using action research methodology, is informing much of the implementation in neighbourhoods. Partner organisations and community groups are working with residents to meet individual needs alongside the development of an already extensive provision for already 'active' individuals and groups.

Examples of developing initiatives include: -

- 'Place-based support' such as the test and learn community programme in Brinnington.
- specific support for older people
- re-imagining the traditional leisure offer by utilising local facilities and greenspace to better engage and support access to activity and sport
- further building a network of walking and cycling routes to encourage active transport in a safe and high-quality environment
- working with primary care to embed physical activity into a developing social prescribing model.

The **Stockport Food Partnership** is now established with an agreed shared vision to 'empower all Stockport residents to access and eat a diverse range of affordable, healthy, nutritious and culturally appropriate food.' Four initial outcome priorities have been identified: -

- (i) reducing food poverty in Stockport
- (ii) improve community food education
- (iii) reduce food waste with food businesses and
- (iv) build our Stockport Food Partnership.

Agreed actions against each outcome are being developed alongside communities and partner organisations. We are also currently exploring opportunities to create a link with an academic institution to build research projects into the work in Stockport and submit a funding application to employ a Food Coordinator who would work in the community sector.

We continue to actively seek out **lived experience** and use community-led approaches to gather insight and influence system change for priority cohorts including: -

- long-covid support group creating awareness raising materials, new resources and peer support
- long-term conditions support. Producing a wellbeing prescription for people with long-term conditions in Brinnington

- education about domestic abuse and services resulting in increased referrals and further development of the community-led offer
- development of community alcohol and stop smoking champions bringing advice and peer support nearer to people
- understanding asylum seekers' challenges in accessing healthcare to increase understanding of barriers and these
- working with local people to set up 'Beating the blues around the blocks' on the Lancashire Hill Estate

We continue to work towards the aims of the **National Drug Strategy** with a focus on supporting people into treatment and improving outcomes. This includes specific provision arising from the supplemental substance misuse treatment and recovery grant funding in 2023/24 and planning for 2024/25.

The new local drug and alcohol treatment and recovery group is working well, bringing together a range of stakeholders to work collaboratively to achieve our aims. In addition, we have undertaken a drug and alcohol needs assessment to help understand any gaps and inform future priorities. The final draft showing key priority areas is almost complete and an action plan will then be developed.

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

In terms of **smoking cessation**, we have locally supported the national "Swap to Stop" scheme aimed at adult smokers who want to stop smoking by using vapes as a quit aid. Our proposals were approved in quarter 4, and we have been allocated 2750 vape starter kits (750 in 2023/24 and 200 in 2024/25).







In addition, as part of the national smoke-free generation work, a further 5 years of funding for community stop smoking provision has been allocated. This has been confirmed as £360,808 funding for Stockport in 2024/25. During quarter 4 we have been working on proposals with our community stop smoking service to expand capacity, enable more targeted interventions and improve outcomes.

We know that **weight management** services are under pressure, with demand exceeding capacity. Waiting times are being managed in the tier 2 service but are a particular issue in the tier 3 weight management service commissioned by the Greater Manchester Integrated Care System (ICS). We continue to work with the Greater Manchester ICS commissioner to scope the full range of services available in the borough and nationally.

In terms of **sexual health**, we have reviewed the GP long-acting reversible contraception offer and the pharmacy emergency hormonal contraception offer. The new contracts and specifications were issued at the end of quarter 4 for a start date of 1st April 2025.

Measuring Performance and Reporting Progress

The latest available performance on 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)	188	204	160 (31/12/2023)	203	220	R	
HASC 1.10: People completing a smoking cessation programme	High (Partnership)	656	635	408 (31/12/2023)	709	450	G	
HASC 2.9: Number of referrals to Stay Steady	High (Council)			230 (31/03/2024)		N/A	N/A	
HASC 2.10: Number of referrals to START	High (Council)			3,325 (31/03/2024)		3000	G	
HASC 2.11: Number of referrals to PARiS	High (Council)			2,418 (31/03/2024)		N/A	N/A	
PHOF C21: Alcohol related admissions to hospital (per 100,000 pop)	Low (Partnership)	504.6	499.1	375.3 (31/12/2023)		660	G	

Commentary on performance

Please see the commentary above for further information relating to HASC 1.9 ‘people completing a weight management intervention.’

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.

Our focus is to ensure we have clear advice, information and guidance available on our council website that supports individuals, families and carers access all the information they need to support independence in local communities. We are updating all our online information. This includes how we keep connected with people who are awaiting an assessment and known to adult social care.

Further to the quarter 2 update, we have increased the capacity of the **Stockport Local equipment and adaptation hubs**. These have proved to be very popular and effective in meeting people's needs in a timely way. Equipment and facilities have been installed at Central Library to support this.

All of our neighborhood teams are now using **Stockport Local hubs**, based in libraries, to book appointments to see people in a timely way and ensure connections are made for people in local communities. This supports delivery of our statutory duties within the Care Act.

In relation to our work to ensure we provide a timely service, **waiting times** for assessments have reduced. We are utilising the Stockport local scheme to conduct reviews and have staff based in extra care housing schemes to conduct reviews in an efficient and effective manner.

Our Making it Real board members are supporting our waiting well initiatives that support keeping in touch measures for people who are awaiting contact from adult social care.

Further work has taken place during quarters 3 and 4 to develop the **role of senior social worker**, which will provide opportunities for career progression. These roles will focus on practice within teams, and a continued promotion of independence for people with care and support needs. Recruitment for these posts will commence within the next 3 months.


This approach is now being rolled out across Learning Disability, Autism and Mental Health services. With the first sessions within our SEND schools to focus on preparing for adulthood.

We are also offering drop-in appointments from our adult social care access team for people who contact the service for a '**Stockport Local**' discussion, information, advice, and guidance.

We have launched the **Virtual House** on the Council's website. This showcases a range of equipment and aids to help support people at home. Website users can interact with the application and see what would be helpful to them, with a view to self-sourcing equipment. We are further exploring with our third sector partners how we can provide easier access to assistive technology, equipment, advice and information on keeping independent in your own home in local communities.

Measuring Performance and Reporting Progress

The latest available performance on 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 2A: Percentage of people accessing short-term services who no longer need long-term care	High (Partnership)	63.5 %	94.3 %	88.4 % (31/03/2024) 788 / 891	88.4%	90%	

Commentary on performance

The reduction in performance has been anticipated and reflects the expansion of the current Reach (reablement provider) criteria. The Intermediate Care Framework for rehabilitation and reablement services requires that people leaving hospital who are not currently known to social care services or who require a significant increase in their care should have access to have a reablement assessment. This is the focus of the service, as a result of this we have seen a significant increase in the number of people accessing the service.

The **Neighbourhood service and Reach service** are working together to redesign pathways to ensure that people based in the community can access reablement. In addition, we will be appointing a carer's lead to implement the actions from the carers' strategy.

Priority 4: Developing the way we deliver Adult Social Care to support people with care and support needs to be as independent as possible

The **Care Quality Commission Assurance** programme is focusing on the following-

1. The Self-Assessment and Improvement Return v2 has been endorsed by SMT, CLT and the Portfolio Holder plus other key stakeholders and is now set to be reviewed and updated on a quarterly cycle. This outlines good practice in all areas of Care Act delivery, we are committed to regular review of the ASC Improvement Plan.
2. Sector-led improvement activities include:
 - PCH Staff Engagement Session,
 - Safeguarding Consultancy,
 - LGA Diverse by Design Equality, Diversity and Inclusion
 - Local Government Association (LGA) 3-day Peer Review,

This will provide key insight into our current position and help us to self-evaluate and modify our improvement plan as well as identify any gaps.

Closer links with ICB colleagues to align ICS and local authority (LA) assurance preparations have also begun. This aligns with our ongoing commitment to partnership working with the NHS to provide a seamless journey for individuals.

3. Ensuring sound performance data to tell the story of a persons journey through adult social care continues. 51 evidence item categories will be required for CQC assurance framework. Work continues to ensure all evidence is available, up to date, and relevant commentary provided.

Opportunities Together, service developments continue, routes to independence testing and utilising assistive technology to increase choice, skills building and wellbeing. Our inclusive recruitment process has provided further skills-building opportunities.

Individuals who use our service are involved in promotional opportunities such as recruitment events, raising awareness of learning disabilities with children in a primary school and with hospital professionals at Stepping Hill. We will continue to seek further opportunities for the people we support, such as Making it Real involvement.

We have a design and implementation of a quality standards workforce booklet to support learning which is linked with staff supervision and personal development plans. Opportunities Together will be represented in various adult social care focus groups. Apprenticeships have been successful and will continue to be offered. In addition, we have plans in place to work in partnership with adult social care and the NHS to offer learning and development opportunities.

Opportunities Together is embedding coproduction in how we deliver support, what we can improve and what we should develop. Individualised reviews will continue to be tailored to individual preferences. Opportunities Together day service community activities are also being promoted to young adults with learning disabilities.

In partnership, Opportunities Together and Public Health have organised Cancer Awareness sessions for adults who have learning disabilities. Sessions will be incorporated with training for

support staff. Sessions have been arranged for South Asian older people in Heaton Morris and an all Culture Together G in Cheadle.

In advance of the May local elections, the Opportunities Together service, along with the Learning Disability social work team undertook a piece of work to familiarise people with learning disabilities with the democratic process to promote their participation in the elections.

Measuring Performance and Reporting Progress

The latest available performance on 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 1A: Overall social care related quality of life score (out of 24)	High (Partnership)	18.8	18.7	19.23 (31/03/2024) 66053 / 3434		18.5	G	↑
ASCOF 2C: Over 65s permanently admitted to residential or nursing care (per 100,000 pop)	Low (Partnership)	627.8	558.3	503.32 (31/03/2024) 300 / 59604	503	560	G	↑
HASC 3.3: Number of high and medium priority DOLS referrals awaiting assessment	Low (Council)	290	357	84 (31/03/2024) 84 / 1	84	Minimise	G	↑
HASC 3.4: Percentage of safeguarding cases where risk reduced or removed	High (Council)	85.8 %	78.5 %	82.3 % (31/03/2024) 442 / 537	82.31%	80%	G	↑
HASC 3.5: Percentage of safeguarding cases where client outcomes wholly/partially achieved	High (Council)	94.9 %	93.9 %	96.1 % (31/03/2024) 446 / 464	96.12%	95%	G	↑
HASC 4.1: Number of Carers Assessments carried out	High (Council)	724	796	614 (31/03/2024) 614 / 1	614	Maximise	R	↓
HASC 4.2: Number of carers receiving carers payments	High (Council)	620	771	856 (31/03/2024) 856 / 1	856	Maximise	G	↑
N1: Percentage of nursing beds in Stockport rated as good or outstanding	High (Partnership)	66.2 %	45.9 %	64.03 % (31/03/2024) 671 / 1048	64%	70%	R	↑
N3: Percentage of home care agencies in Stockport rated as good or outstanding	High (Partnership)	90.7 %	91.8 %	82.69 % (31/03/2024) 43 / 52	82.7%	90%	R	↓

Commentary on performance

- In relation to measure HASC 3.3 ‘the number of high and medium priority Deprivation of Liberty Safeguards (DoLS) referrals awaiting an assessment,’ this is being reported as green as there is improved performance in targeting these specific categories. However, we need to highlight that performance in the overall area of DoLS remains poor. As shared previously there is significant focus on this area of the service with an improvement plan in place with close oversight provided by the ASC Leadership Team. We are looking at the way in which this measure is reported for 2024/25 to ensure that readers of this report are able to review the full DoLS position.
- In relation to, measure N1 ‘the percentage of nursing beds in Stockport rated good or outstanding’, we are pleased that this measure has improved promisingly since this time last year. 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.
- In relation to measure N3 ‘the percentage of home care agencies in Stockport rated as good or outstanding’, in the last year 4 providers previously rated as good have slipped down to requires improvement. Our ongoing work with providers gives us a good overview on the actual quality of provision and takes some reassurance in this. Through our quality assessment and positive relationship management, we are confident the necessary steps to improve and rectify any corrective actions have been undertaken and sustained. This gives us confidence should they be inspected in the near future their ratings prospects are positive. 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.
- In respect of HASC 4.1 ‘the number of carers assessments carried out has not met the target however, this needs to be considered alongside HASC 4.2 ‘the number of carers receiving carers payments where the number has significantly increased. A proportionate review supports payments to carers, that do not require a formal assessment. Data not reported PPRR shows that the carers reviews for 23/24 was 331 compared with 32 the previous year. Therefore, the overall performance in respect of carers has not decreased.

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.

Greater focus on prevention and early intervention

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.

As part of the collaborative health and care programme progress has been made with Area Leadership Teams (ALTs) established in the 6 Stockport PCNs. These integrated teams are responsible for setting the strategic direction and developing population health priorities. Each team has jointly developed a population health plan for their neighbourhood population, with the next phase being delivery through 2024/25. We are currently developing urgent on the day demand provision to deliver a comprehensive out-of-hospital urgent care model. Our system partners are engaged in a successful neighbourhood model with a key focus on four priority areas through the Provider Partnership for frailty, diabetes, cardiovascular disease, and alcohol-related harm.

Working together to improve access to core services.

In relation to work to improve access to services, all PCNs and practices have developed and are delivering on their Capacity and Access Improvement Plans. All practices are engaged in the move to the Modern General Practice Access models with many of our practices already delivering on the new model and the remainder scheduled to implement the model this year. Stockport GPs collectively continue to offer 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 locality continues to perform above the Greater Manchester average for positive and negative experiences, with all six Primary Care Networks performing strongly against the locality and Greater Manchester averages. Plans are in place to maintain this position and support all practices to avoid non-submissions.

Work together to improve discharge from the hospital.

Now into its second year of operation, the Transfer of Care (ToC) Hub provides a collaborative approach between Stockport Foundation Trust, social care and the third sector - providing an integrated approach to health. One of the key drivers for the hub from the very beginning has been to ensure that the number of bedded patients (pathways 2 and 3) who would be recorded as having No Criteria To Reside (NCTR) are appropriately placed. Joint triage processes are in place and understood through the adoption of jointly agreed Standard Operating Protocols (SOPS). A recent review has been undertaken and changes implemented to support further increases in pathway 0 discharges and same-day pathway 1 discharges.

Whilst there has been a streamlining of services that wrap around residential bed-based care in the community, and a reduction in the number of sites where care is delivered from seven to four, a further review will be done to ensure the right people are in beds where there is no home first alternative and that they are only there for the D2A (discharge to assessment) period – following which, they will return home if possible or to an alternative if not. This review will both evidence and support the transition to the preferred operator model, a bespoke joint venture between Adult Social Care and Health providers. The joint venture agreement and joint operating model specification have been successfully completed.

Whilst this links to our neighbourhoods and prevention programme, there is a continued emphasis throughout all of the D2A transformation programme to challenge process, work together to streamline pathways, think differently, and consider, from a patient experience perspective, how we bring different organisations closer together to support patients effectively across a reduced number of sites.

Implementation of the Mental Health and Wellbeing Strategy

Community Mental Health - This quarter has also seen us take further steps to support the transformation of community mental health services 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. The Primary Care Network (PCN) Mental Health Living Well Teams have commenced with weekly huddles utilising PCN mental health practitioners and are continuing to mobilise the Living Well Hub with the recruitment of a consultant psychiatrist, associated administrative roles and an additional link worker post. The remaining roles for the PCN Living Well teams are VCFSE employed Peer Support Workers and Recovery Workers. Following the pre-procurement workshop a business case has been submitted to GM System for the Thorough Assessment of Resources (STAR) process to proceed with the procurement.

The grant agreement with Stockport Healthwatch to be the Lived Experience Partner remains central to further design.

Mental Health Urgent Care - During this quarter the review and evaluation of the Stockport Mental Health Urgent Care pathway was completed and presented to the Mental Health and Wellbeing Partnership. The evaluation demonstrates that the additional services to support Stockport residents who experience crisis or emotional distress are well utilised, however further work is needed to ensure that all parts of the pathway continue to work in an integrated way to achieve the 'no wrong door' approach.

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 Q3 was reported to Corporate, Resource Management and Governance Scrutiny Committee (CRMG) at the meeting held on the 27th February 2024 and to Cabinet at the meeting held on the 12th March 2024. Please see link below to the Q3 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, 12th March, 2024, 6.00 pm - Stockport Council](#)

Budget at Outturn

	Previously Reported Q3 £000	Increase (Reduction) £000	Budget at Outturn £000
Adult Social Care	109,106	0	109,106
Public Health	12,378	0	12,378
Cash Limit	121,484	0	121,484

Outturn Position

Service	Budget at Outturn £000	Net Expenditure Outturn £000	Net appropriation (from) / to reserves £000	Variance Outturn £000	Forecast Variance reported Q3 £000
Adult Social Care	109,106	110,136	(1,030)	0	0
Public Health	12,378	12,413	(35)	0	0
Total	121,484	122,549	(1,065)	0	0

Service Detail	Budget Outturn	Outturn	Variance	Forecast Variance Q3
	£000	£000	£000	£000
Prevention Wellbeing & Independence	6,482	6,206	(276)	75
Enablement & Recovery	13,503	13,147	(356)	(272)
Support & Care Management	87,192	87,861	669	173
Practice Quality & Safeguarding	1,378	1,378	0	0
Commissioning & Infrastructure	1,614	1,571	(43)	(19)
DASS and Central ASC budgets	(1,063)	(1,057)	6	43
Total – Adult Social Care	109,106	109,106	0	0
Public Health	12,378	12,378	0	0
Total	121,484	121,484	0	0

Adult Social Care & Public Health

The financial resources in this portfolio at outturn totalled £121.484m. There was a balanced financial position at outturn.

Adult Social Care

The financial resources in this service at outturn totalled £109.106m. There was a balanced financial position at outturn.

Urgent and Emergency Care Winter Support Fund (UECSF)

The service spent all of the £0.602m UECSF allocated to the Council within the financial year. The Council will be preparing and submitting an UECSF outturn report with a due date of the 31st May 2024

Outturn Analysis

Prevention Wellbeing & Independence – underspend £0.276m

There was a net underspend on equipment services at outturn, this was after the planned revenue transfer to the Disabled Facilities Grant (DFG) and a contribution from external grant funding.

There was also an underspend on Extra Care Housing (ECH) Schemes at outturn as activity was marginally lower than anticipated at budget setting.

These were partly offset by a minor financial pressure within Prevention contracts aligned to Domestic Abuse, which was contained within the overall outturn position.

Variance from Q3

There has been an improved position of £0.351m from Q3. This is due to the additional temporary grant funding, an increased DFG transfer aligned to equipment and the reduced cost on ECH schemes from what was previously anticipated.

Enablement & Recovery – underspend £0.356m

The underspend at outturn was due to additional external contributions to care services than anticipated at budget setting for individuals who are residents within the Supported Accommodation tenancies managed by the Opportunities Together service.

Variance from Q3

The forecast underspend increased by £0.084m from the Q3 position. This predominantly aligned to a reduced forecasted cost within Opportunities Together staffing, to support complex individuals to live as independently as possible in Supported Accommodation.

Support and Care Management – financial pressure £6.042m (prior to allocation of grant funding / other contributions)

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

Learning Disabilities – financial pressure £1.135m

There continued to be increased costs across a range of externally commissioned care services within Learning Disabilities (LD) when compared to the initial budgets set. This was most pertinent within Residential and Nursing Care and in externally commissioned Supported Accommodation services.

The increase in demand was due to more individuals with additional complexity entering services or having current services enhanced, which for some individuals was part offset by additional external contributions.

Integrated Neighbourhoods – financial pressure £4.319m

The gross overspend position at outturn was due to externally commissioned care services for individuals across the financial year focusing on:

- Net increase in clients in permanent/short- term (temporary) beds
- Increase in average total bed price from new clients entering services compared to clients leaving services
- Impact of backdating of service agreements
- Increased complexity and length of stay in the most appropriate care setting

A significant programme of work continues with ASC Commissioning and Operations looking at how the service can best influence the price paid for an individual's Care Act eligible care service, to ensure the individual outcomes are met as cost-effectively as possible within the local care market.

Mental Health – financial pressure £0.588m

There continued to be additional cost due to demand and complexity for externally commissioned services for Mental Health service users.

This was part offset by addition external contributions to care services.

Other Funding Contributions

Funding of £5.373m was aligned to Support and Care Management to significantly reduce the overspend which included:

- £1.283m - recurrent - iBCF 2 (what was ASC Winter Grant funding),
- £1.996m - recurrent – Market Sustainability and Improvement Fund (MSIF) allocation
- £0.457m - residual grant balances
- £1.519m - in year net underspend on staffing
- £0.118m - workforce reserve balances

Therefore, the net financial pressure on the service was £0.669m.

Support and Care Management Variance from Q3

The gross financial pressure increased by £1.193m from the Q3 position. This was partly offset by:

- £0.539m net increase of in year ASC staffing underspend
- £0.114m further increase to residual grant balances to support demand, demographic and price
- £0.044m residual MSIF balances

Therefore, the net financial pressure increase from Q3 was £0.496m, which was due to the reasons outlined within the outturn position described above.

Practice Quality & Safeguarding – balanced

The service reported a balanced position at outturn against the cash limit budget. In addition, the service incurred £0.249m of expenditure, funded from approved reserves to help reduce the current waiting lists for DoLs assessments.

Commissioning & Infrastructure – underspend £0.043m

There was a minor underspend of £0.043m at outturn due to balances within non pay commitments.

DASS & Centralised ASC budget – financial pressure £0.006m

There were minor overspends on non-pay commitments at outturn supporting the wider ASC service.

Public Health

There was a balanced financial position at outturn, which included a transfer to the Public Health reserve of £0.147m.

There were in year underspends predominantly from grant contingencies (earmarked for an external contract), sexual health services, drug and alcohol prescribing and in year staffing vacancies. These were part offset by the contribution to the All-Age programme and an increased contribution to the Drug and Alcohol Tier 4 services.

The Council continues to work with Health Partners with regards to the in year and recurrent financial position for the Healthy Child Programme.

Variance from Q3

At Q3 it was anticipated that £0.265m would be drawn down from the Public Health reserve to cover anticipated financial pressures. At outturn £0.147m was transferred to the Public Health reserve. This gives a variance of £0.412m on the expected reserve draw down at Q3.

The variance is due to balances retained aligned to external contracts, part offset by an increased contribution to the Drug and Alcohol Tier 4 services.

Grant Funding**Investment Plan Post-Covid reserve (previously COMF)**

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

At outturn, £0.540m was drawn down to cover expenditure in year. A balance of £0.485m remains for continuing investment plans in 2024/25.

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 was for expanding support for communities disproportionately impacted by COVID-19 and to boost vaccine take up.

From this allocation £0.488m was spent between 2020/21 and 2022/23. A further £0.020m has been spent in 2023/24. The balance of £0.142m has been carried forward to 2024/25 for ongoing work.

Controlling Migration Fund

An amount of £0.003m was drawn down at outturn to cover 2023/24 expenditure. The remaining Controlling Migration Funding of £0.046m will remain in reserve to be utilised against commitments in 2024/25.

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 increased to £0.429m and again, this has been spent in full.

A further allocation of £0.678m has been confirmed for 2024/25.

Stop Smoking Services and Support Grant

DHSC announced on 8th November 2023 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.

An allocation of £0.361m has been confirmed for 2024/25.

Individual Placement and Support (IPS) in community drug and alcohol treatment

Confirmation of funding for IPS was received from the Office for Health Improvement and Disparities (OHID) on 14th November 2023. This funding aims to support the recruitment and employment of one Senior Employment Specialist and two Employment Specialists across Stockport, with the local authority handling payments to the IPS provider.

The funding will be a maximum of £0.158m for 2024/25, with a corresponding sum for 2025/26, adjusted for inflation. The total amount of funding made available will be agreed between the IPS provider appointed, the Council, and OHID.

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 the 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 actual drawdown of reserves and transfers to reserves in 2023/24

Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Actual 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	490	309
Strategic Priority Reserve	Adults Reserve	ASC (SNC balances) – Aligned to AoM	2,123	452	1,671
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	11,692	854	10,838
Strategic Priority Reserve	Health and Social Care Integration Reserve	Liquidlogic development	14	0	14
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	91	60	31
Strategic Priority Reserve	Investment Plan Post-Covid Reserve	ASC Schemes	693	411	282
Corporate Reserve	Revenue Grant	Hate Crime Funding	15	3	12

Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	10	10	0
Corporate Reserve	Revenue Grant Reserve	Workforce and Assessment Grant	130	55	75
Reserve Linked to Budget					
Reserve Linked to Budget	Transformation – Double Running Reserve	Reserves aligned to savings programme 23/24	625	305	320
		Adult Social Care - Subtotal	16,192	2,640	13,552
Corporate Reserves	Revenue Grant Reserve	Public Health	1,600	0	1,600
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund 2	49	3	46
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	540	485
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing – Supporting Mental Health & Addiction Services	150	34	116
		Public Health - Subtotal	2,848	601	2,247
		Total	19,040	3,241	15,799

Transfer to Reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000
Corporate Reserves			
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	1,516
Corporate Reserve	Revenue Grant	Supported Housing Improvement Programme (SHIP)	94
		Adult Social Care - Subtotal	1,610
Corporate Reserves			
Corporate Reserves	Revenue Grant Reserve	Public Health	147
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	419
		Public Health - Subtotal	566
		Total	2,176

*The net appropriation from / to reserves within the outturn position table includes other cross service transfers which are not aligned to the reserve tables presented above.

2.3 Portfolio Savings Programme

Programme	Proposal	Risk Rating	Value (£000)	Double Running (£000)	Value Balance (£000)	Value Achieved (£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	(173)	2,227	2,227
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
VfM & Commissioning	Telecare Transfer		132	(132)	0	0
	Adult Social Care - subtotal		4,428	(305)	4,123	4,123
Robust Corporate Governance	Contract reductions		150	0	150	150
Robust Corporate Governance	Grant balances/vacancies		150	0	150	150
Value For Money	Spend review		52	0	52	52
	Public Health - subtotal		352	0	352	352
	Total		4,780	(305)	4,475	4,475

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

At outturn the 2023/24 revenue pooled budget via a section 75 agreement was £38.388m this includes:

- £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 at outturn totalled £6.366m which included:

- £3.877m - Non-Acute Services to Older People
- £1.624m - Learning Disability Services
- £0.294m - Mental Health Services
- £0.174m - LDRC premises costs
- £0.397m - Sexual Health premises costs (St Peters Square) – Public Health

2.5 Capital Finance Update and Outlook

Programme

Scheme	2023/24 Outturn £000	2024/25 Programme £000	2025/26 Programme £000
IT Infrastructure	71	162	0
ContrOcc Billing Module	0	40	0
LL ContrOcc Modification Request	0	89	0
TOTAL	71	291	0

Resources

Resources	2023/24 £000	2024/25 £000	2025/26 £000
Capital Grants	71	277	0
Revenue Contributions (RCCO)	0	14	0
TOTAL	71	291	0

Programme Amendments – Rephasing

Scheme	2023/24 £000	2024/25 £000	2025/26 £000	Funding Source	Reason
IT Infrastructure	62	0	0	Capital Grants	Virement from PASS / Staff Plan Replacement
IT Infrastructure	(162)	162	0	Capital Grants	Rephased to 2024/25
ContrOcc Billing Module	(40)	40	0	Capital Grants	Rephased to 2024/25
LL/Controcc Modules	(75)	75	0	Capital Grants	Rephased to 2024/25
LL/Controcc Modules	(14)	14	0	RCCO	Rephased to 2024/25
PASS / Staff Plan Replacement	(62)	0	0	Capital Grants	Virement to IT Infrastructure
TOTAL	(291)	291	0		

Progress against individual schemes

Adult Social Care places a strong emphasis on the use of technology to support its workforce and individuals who access services. 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

IT Infrastructure

To support the theme of digital employee it is necessary to ensure that colleagues across Adult Social Care have the appropriate hardware and software. Investment of £0.071m has been made in 2023/24 to replace hardware for individuals and the service is working on the roll out of the Liquid Logic mobile working application. During 2023/24 the services has been configuring the software and will imminently be moving into testing. The purchase of hardware to support mobile working will be undertaken in the first six months of 2024/25 and so funding has been rephased into the new financial year.

ContrOcc Billing Module

To support themes one and two (Digital Communities and Intelligent Information) the Council has invested in the purchase and implementation of an additional module for the adult social care finance system (ContrOCC). c the implementation will take place during 2024/25.

Liquid Logic & ContrOcc Modules

The Council has invested in the purchase and implementation of two pieces of software aligned to our care management and finance system. The e-brokerage software will improve the way in which Adult Social Care placements are sourced, enhancing automation, and reporting capabilities. This will improve the customer pathway for individuals and will provide better information to Care providers in Stockport.

The implementation of Care finder will provide improved information, advice and guidance to individuals who fund their own care. Procurement of these modules has been completed in 2023/24 and software configuration has commenced for e-brokerage. Implementation is scheduled for 2024/25.

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. Customer confidence has returned following the Covid-19 pandemic and demand has returned to high levels.

A total of £2.750m for DFG has been spent in 2023/24. This includes in year capitalisation of ASC revenue expenditure aligned to equipment purchases. 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.

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 is to enable 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 outturn £0.034m was drawn down to cover partial staffing costs and VCFSE spend in 2023/24. Plans are in place for the remaining balance of £0.116m to be utilised in 2024/25.