



Health and Adult Social Care

Portfolio Performance and Resources Agreement 2024/5



Ambitious Stockport, creating opportunities *for everyone*

Date	05 June 2024	Version	2.0 (Cabinet)	Approved by	KH
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HEALTH AND ADULT SOCIAL CARE PORTFOLIO HOLDER'S INTRODUCTION



I am pleased to put forward the 2024-25 portfolio agreement for adult social care and health. It sets out the key responsibilities in relation to services and budgets and details the range of activities, projects and programmes that will support delivery of these outcomes and the measures that will reflect progress.

Our vision for five years on sees us working together to develop a borough that is fairer, inclusive, caring, enterprising and full of ambition, delivering healthier, happier lives, where people are enabled to live the lives, they want, and everyone is enabled to realise their potential.

Our ONE Health and Care Plan is our single system-wide plan for health and care, that aims to improve health and care provision in Stockport and move to a more preventative, holistic, and person-centred system. It is our locality plan for health, social care, and population health for Stockport as part of the Greater Manchester Integrated Care System.



The plan outlines six health and care delivery programmes for:

- Mental health, wellbeing, learning disabilities and autism
- Neighbourhoods and prevention
- Primary and community care access
- Safe and timely discharge
- Cost of living and anti-poverty action
- Elective and cancer services.

Threaded throughout our priorities there will also be a focus on:

- Improving urgent and emergency care
- Delivering adult social care
- Supporting children, young people, and families
- Enabling programmes (e.g. workforce, estates, finance, etc.).

We will continue to work with our partner agencies to deliver targeted interventions that will help to address inequalities, with local accountability for delivering our statutory duties under the Care Act and other legislation. We will work together to develop and embed our early help and prevention offer and will work closely with other portfolios to deliver this vision.

The detailed delivery plan and performance framework within this agreement describes the key programmes of work we will deliver during 2024-25 across the five priority areas which are:

- Preventing ill-health, promoting wellbeing, and tackling health inequalities
- Supporting communities and neighbourhoods to be healthier
- Maximising prevention and independence in communities
- Delivering adult social care to people with care and support needs in a timely way, and supporting the valuable role of carers
- Providing safe, high-quality integrated health and care services.

Within each area we outline the ways through which the specific priority will be delivered, and the performance measures and targets that will demonstrate achievement.

The agreement also sets out the resources available to the portfolio during 2024-25 including Cash Limit budget and Approved Use of Resources. It also describes the factors that have been taken into account during the budget setting process and provides a financial overview for the 2024-25 finance year, together with earmarked reserves, the portfolio savings programme, pooled budget information and the capital programme.

I commend the portfolio agreement to 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 Budget	127,462		
Approved Use of Reserves	17,975		
			£000
		2024/25 Capital Budget	291
		2025/26 Capital Budget	0
		2026/27 Capital Budget	0

HEALTH AND ADULT SOCIAL CARE – PORTFOLIO PLAN ON A PAGE 2024/25					
Council Plan Ambition(s)	Ambition 3: Wellbeing in Neighbourhoods Ambition 4: Delivering for those who most need it				
Council Plan Cross-Cutting Theme(s)	Fair and inclusive				
Portfolio Priorities	Preventing ill-health, promoting wellbeing, and tackling health inequalities	Supporting communities and neighbourhoods to be healthier	Maximising prevention and independence in communities	Delivering Adult Social Care to people with care and support needs in a timely way and supporting the valuable role of carers	Providing safe, high-quality integrated health and care services.
Key objectives and delivery programmes	<ul style="list-style-type: none"> Reducing health inequalities through the One Stockport neighbourhood and prevention work programme. Developing the Public Health Early Intervention and Prevention and Behaviour change work programmes Ensuring the health of the population is protected from infectious and communicable diseases. One Stockport Mental Health and Wellbeing Strategy 	<ul style="list-style-type: none"> Supporting communities through the One Stockport Neighbourhood and Prevention and Connected communities. work programmes Leadership of the One Stockport Active Community Strategy Supporting those at risk of exclusion from the health system (including homeless, asylum seekers, veterans) to access health and preventative services A partnership wide age-friendly action plan 	<ul style="list-style-type: none"> Developing and embedding the Stockport Local Model and improving access to information, advice, and guidance. An enhanced online offer for Adult Social Care, Building on our Front Door model aligned with the Stockport Support Hub Development of integrated pathways to support individuals who are facing multiple disadvantages (connected communities) Building on the ASC model of co-production, further developing our Making it Real board. 	<ul style="list-style-type: none"> Our vision for Adult Social Care (ASC) within the Stockport Locality Learning Disability strategy and 'Building the right support' action plan. The All Age Think Carer Strategy and action plan. Enabling ASC colleagues to grow and thrive supporting people to live gloriously ordinary lives. Active Engagement in Peer challenge opportunities, building feedback into the ASC 	<ul style="list-style-type: none"> Work with our system partners and Greater Manchester within the Integrated Care System Ensuing a greater focus on prevention and early intervention. Join up health and care pathways Improve discharge from hospital Implement the Mental Health and Well-being Strategy Deliver integrated pathways which focus on continuity of care and collaboration. Through our One Neighbourhood and Prevention programme

			<ul style="list-style-type: none">• Increased Joint working between teams who support individuals with Learning Disability.• Development of the Technology Enabled Care Action Plan.	delivery model.	embed the Team around the Practice Model with the support of new leadership team arrangements.
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HEALTH AND ADULT SOCIAL CARE –

1. PORTFOLIO SUMMARY

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

Our vision for 2029 sees us all working together to develop a borough which is fairer, inclusive, caring, enterprising and full of ambition. We want to deliver healthier, happier lives for the people of Stockport; where people are enabled to live the lives that they want to and where children, young people and families are enabled to realise their potential.

For health and care, this means giving everyone the best possible start in life; supporting communities to thrive; reducing inequalities between different communities while improving health and wellbeing for everyone in the borough; and driving early help, prevention, and independence where possible alongside service improvement.

Our **ONE Health and Care Plan**, first published in October 2021 and updated in 2023/24, is our single system-wide plan for health and care. It is a five-year plan to improve health and care provision in Stockport and to continue to move to a more preventative, holistic, and person-centred health and care system.

The ONE Health and Care plan is our new locality plan for health, social care, and population health in Stockport as part of the Greater Manchester Integrated Care System. The plan sets out how we will deliver the commitments made in the Greater Manchester Integrated Care Strategy and the health and care commitments in the One Stockport Borough Plan and One Stockport: One Future

Our aims for the One Health and Care Plan are: -

- People are happier and healthier, and inequalities are reduced.
- Our population has access to safe, high-quality services which make the best use of the Stockport pound.
- People and communities are enabled to improve and protect their health.
- Communities are thriving and economic development is supported.

The Plan outlines six health and care delivery programmes which are part of the route map to the delivery of our shared One Future vision: -

- 1) Mental health, wellbeing, learning disabilities and autism
- 2) Neighbourhoods and prevention
- 3) Primary and community care access
- 4) Safe and timely discharge
- 5) Cost of living and anti-poverty action
- 6) Elective and cancer services

Threaded throughout our six priorities there will also be a focus on:

- 1) Improving Urgent and Emergency Care
- 2) Delivering Adult Social Care
- 3) Supporting Children, Young People and Families
- 4) Enabling Programmes (e.g. workforce, estates, finance etc)

Adult Social Care and Public Health are active partners of One Stockport and the vision and delivery programmes set out in the One Health and Care Plan are reflected in this Portfolio Agreement.

During 2024/25 the Health and Adult Social Care Portfolio will continue to deliver targeted interventions to address inequalities within the Integrated Care System, with local accountability for delivering our statutory duties under the Care Act and other relevant legislation. We will continue to develop our Integrated Care System, specifically focusing on integrated pathways, multidisciplinary working, and a neighbourhood model for Stockport.

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

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

Adult Social Care	Public Health
<ul style="list-style-type: none"> ○ Prevention Wellbeing and Independence ○ Enablement and Recovery ○ Support and Care Management; Neighbourhoods, Mental Health & Learning Disability teams ○ Practice Quality ○ Safeguarding Adults ○ Commissioning and Infrastructure ○ Transformation & Change 	<ul style="list-style-type: none"> • Behaviour Change • Health Protection • Healthy Communities • Age Friendly Stockport • Mental Wellbeing • Public Health Intelligence • Early Intervention and Prevention • Physical Activity • Exclusion, Equity and Diversity

This portfolio works closely with a number of other portfolios to deliver the following cross cutting programmes:

Children, Families and Education

- All Age Strategy and Transitions
- Healthy Child Programme

Climate Change and Environment

- Clean Air

Communities, Culture and Sport

- Tackling inequalities, Leisure facilities supporting the Active Communities Strategy
- Tackling poverty

Economy, Regeneration and Housing

- Work and skills
- Local care market

Finance and Resources

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

Parks, Highways and Transport Services

- Parks and open spaces supporting the Active Communities Strategy

The One Stockport Neighbourhood and Prevention programmes is a cross-cutting programme and a number of priorities in this portfolio are delivered through it.

This portfolio also reflects the following ambitions from our Council Plan: -

- **Ambition 3: Wellbeing in Neighbourhoods** - Our ambition is that every single neighbourhood and community across our borough can access the services that they need to be resilient, healthy, and vibrant.
- **Ambition 4: Delivering for those who most need it** - Improving outcomes for our most vulnerable residents, including the provision of effective and efficient support and personal care which meet needs arising from, for example, illness, disability, old age, homelessness, domestic abuse, mental health issues or family breakdown

This portfolio also reflects the 5 Big Things from One Stockport: One Future - the next phase of our Borough Plan. In particular, it contributes to the achievement of the following:

- **The Best Health and Care:** There are big changes and challenges facing the health, care, and wellbeing of the residents of our borough: our population is changing; inequalities across our borough have impacts on the health of our residents throughout their lives, for example becoming an age-friendly borough
- **The Best Place to Grow Up:** We want all children, in Stockport, to grow up happy, healthy, with confidence, and ambition and surrounded by love, care and kindness, for example, easy access to top quality early years support.
- **Thriving Neighbourhoods:** Stockport is a borough full of unique neighbourhoods, where people value a sense of community, feeling safe and having pride in their local area, for example, and ensuring there is joined-up health and care in neighbourhoods.

Measures and targets used within the agreement

Measures are categorised to reflect council responsibility:

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

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

- **Numerical:** Fixed target. Aim is to reach a specific level of performance by the end of the year. Most commonly applied to council-controlled measures.
- **Comparator:** No fixed target. Measure is benchmarked against available comparators and target reviewed during the year as comparator data becomes available. The aim is for performance to match or better comparators.
- **Direction of Travel:** An aspirational target is set to maximise, minimise, or maintain performance. It is important to define which period we are comparing to.
- **No Target (N/A):** No target is set. This applies mainly to contextual measures particularly those without a clear polarity (i.e. where it is not apparent whether higher or lower is better) (e.g. children in care, children on a child protection plan).



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

Priority 1: Preventing ill-health, promoting wellbeing, and tackling health inequalities

Stockport tends to have good health outcomes, and average life expectancy across the borough is comparable to the national average. However, these borough-wide outcomes mask significant internal inequalities.

We know the Covid 19 pandemic and cost of living pressures have exacerbated these existing inequalities and have also impacted the mental wellbeing of our population. We know that living in poverty is damaging to people's health at all ages, and it drives the health inequalities we see in Stockport's population. We also know that many of the health conditions affecting Stockport residents can either be prevented or the outcomes improved through earlier detection.

This priority describes the key programmes of work we will deliver during 2024/25 to help us maximise prevention of ill health, promote wellbeing and address health inequalities.

This priority will be delivered by:

- We will lead Stockport's approach to reducing health inequalities through the One Stockport Neighbourhood and Prevention work programme:
 - We will improve support for people who are frail or at risk of frailty, have diabetes, suffer from alcohol-related harm, or have cardiovascular disease.
 - We will target help and work with communities to reduce health inequalities.
 - We will contribute to the borough's response to tackling poverty by providing support for people to be financially, digitally, and socially included to prevent and reduce the impact of poverty and social isolation (this area of work is led by the Communities, Culture and Sports Portfolio).
- We will continue to develop the Public Health early Intervention and prevention and behaviour change work programmes by:
 - Implementing the Stockport Cancer Prevention Strategy; particularly focussing on maximising uptake of the new NHS lung health checks in Tame Valley Primary Care Network and improved early diagnosis of prostate cancer in priority areas.
 - Focusing on the primary prevention of heart disease and diabetes, particularly through the implementation and review of the revised local service model for NHS health checks focussed on those at highest risk.
 - Implementing and reviewing the revised local service model for primary care sexual health.
 - Supporting the continued development of local alcohol and drugs services including investment of additional supplementary substance misuse treatment and recovery (SSMTR) grant and implementing the action plan arising from the 2023/24 Stockport Drug and Alcohol Needs Assessment

- Developing and implementing changes to the local smoking cessation model arising from smokefree grant monies, an extension of the Swap to Stop (vapes) scheme and the possible Smoke-Free Generation Legislation
- We will continue to ensure the health of the population is protected from infectious and communicable diseases, with a particular focus on improving uptake of MMR vaccination
- We will deliver the One Stockport Mental Health and Wellbeing Strategy

Performance Measures and Targets:

PI Code	PI Name	Reported	Good Performance	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Target
Partnership measures							
HASC 1.1	Premature mortality due to all causes (per 100,000) population	Quarterly	Low	342.1 (2019-21)	354.7 (2020-22)	344.3 (2021-23)	n/a
HASC 1.2	Premature mortality due to all causes (per 100,000) population in most deprived quintiles	Quarterly	Low	614.7 (2019-21)	629.0 (2020-22)	627.7 (2021-23)	n/a
-	Premature mortality due to CVD (per 100,000) population	Annual	Low	71.8 (2018-20)	71.5 (2019-21)	75.6 (2020-22)	n/a
-	Premature mortality due to Cancer (per 100,000) population	Annual	Low	130.0 (2018-20)	127.4 (2019-21)	124.7 (2020-22)	n/a
BP	Person Life Expectancy Most Deprived – female	Annual	High	77.7 (2018-20)	78.2 (2019-21)	78.1 (2020-22)	n/a
BP	Person Life Expectancy Most Deprived – male	Annual	High	73.5 (2018-20)	73.8 (2019-21)	73.5 (2020-22)	n/a
BP	Person Life Expectancy Least Deprived - female	Annual	High	86.2 (2018-20)	86.3 (2019-21)	86.6 (2020-22)	n/a
BP	Person Life Expectancy Least Deprived - male	Annual	High	82.6 (2018-20)	82.3 (2019-21)	82.3 (2020-22)	n/a

These measures are three-year rolling averages, reported nationally annually with some local reporting of overall mortality available quarterly. Whilst the direction of travel and comparative position against national and GM data will continue to be monitored, they reflect long-term trends making them unsuitable for setting targets against.

Portfolio Performance and Resources - Agreement 2024/25

PI Code	PI Name	Reported	Good Performance	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Target
Mental Health - Partnership measures							
HASC 1.4 GMS	Percentage of residents reporting high levels of anxiety	Annual	Low	25.9% (2020/21)	23.2% (2021/22)	28.5% (2022/23)	n/a
HASC 1.7	Number of people accessing mental health self-care online resources	Quarterly	High	10,345	9,456	7,542	Maximise
Early Intervention and Prevention - Partnership measures							
HASC 2.7	Number of people undertaking the National Diabetes Prevention Programme (NDPP).	Quarterly	High	377	651	1,345	1,080
HASC 2.8	NHS Health Checks Completed	Quarterly	High	1,681	5,504	9,207	7,800
<p>These measures show the number of people taking up the key preventative services for our partnership priorities of circulatory disease and diabetes. Targets for the NDPP are set nationally, and the target for the NHS Health Checks reflects the national level of ambition, 23/24 was a catch-up year for both programmes following the COVID-19 pandemic, and hence the targets are lower than last year's levels.</p>							
Behaviour Change - Partnership measures							
-	Number of referrals to START	Quarterly	High	2,996	3,010	3,325	3000
HASC 1.10	People completing a smoking cessation programme	Quarterly	High	656	635	709	450
<p>The new ABL weight management and stop smoking service went live on 1st April 2022 following a re-tender exercise. The new contract is for a period of 5 years with the option to extend for a further 2 years. As part of this new targets were agreed for weight management and smoking cessation</p>							
PHOF C19a	Percentage of clients successfully completing drug treatment programmes – opiate users	Quarterly	High	4.3% (Aug21)	5.2% (Aug22)	5.0% (Jul23)	n/a
PHOF C19b	Percentage of clients successfully completing drug treatment programmes – non- opiate users	Quarterly	High	40.6% (Aug21)	30.4% (Aug22)	31.2% (Jul23)	n/a

Portfolio Performance and Resources - Agreement 2024/25

PI Code	PI Name	Reported	Good Performance	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Target
Behaviour Change - Partnership measures (continued)							
PHOF C19c	Percentage of clients successfully completing drug treatment programmes – alcohol	Quarterly	High	42.4% (Aug21)	33.1% (Aug22)	30.2% (Jul23)	n/a
<p>These measures show the proportion of patients who successfully complete their drug treatment programme (i.e. are free of drug dependence) who do not re-present within 6 months. They include opiate users and alcohol treatment. It is important to note that the numbers for these measures are relatively low and can be subject to some fluctuation. In addition to local targets, we also monitor against the national rate and Stockport's performance is classed as "similar" to national performance.</p>							
PHOF C21	Alcohol-related admissions to hospital (per 100,000 population)	Quarterly	Low	504.6	442.7	Not yet available	n/a
<p>This measure is classed as a 'contextual measure' due to the wide range of factors outside of the council's influence and therefore a target has not been set</p>							
Infections and vaccination – Partnership measures							
NEW	Coverage of MMR1 vaccination for those aged 14 months-19 years	Quarterly	High	n/a	n/a	93.9%	95%
NEW	Coverage of MMR1&2 vaccination for those aged 3.5-19 years	Quarterly	High	n/a	n/a	89.6%	95%
PHOF D06a	Take up of flu vaccinations for over 65s	Quarterly (Q3 & Q4)	High	87.1%	85.3%	83.0%	85%
HASC 2.1	Take up of Covid-19 vaccination for priority group	Quarterly (Q3 & Q4)	High	n/a	n/a	77.1%	n/a
<p>MMR vaccinations have been identified as a priority for 2024/25, with new data available to assess the overall population coverage, WHO sets international targets for 95% coverage.</p> <p>The flu vaccination programme starts in September. An update will be provided in the mid-year report, with performance against target for the full programme included in the Annual Report in June. Targets are based on maintaining high levels of vaccination, and improved access.</p> <p>The COVID-19 measure will be updated to reflect revised cohorts for 2024/25 once these have been announced.</p>							

Priority 2: Supporting communities and neighbourhoods to be healthier

How long and how well we live is determined not only by our personal behaviour or our treatment from statutory services but also crucially by our social relationships and our physical environment. Good health and wellbeing begins in our neighbourhoods where we live, learn, work and play.

This priority describes the key programmes of work we will deliver during 2024/25 to help us support communities and neighbourhoods to be healthier.

This priority will be delivered by:

- We will support Stockport's approach to supporting communities through the One Stockport Neighbourhood and Prevention and Connected Communities work programmes:
 - We will provide Public Health leadership and expertise to our neighbourhoods, primary care networks, teams around the place, and family hubs, so that the system supports people to stay healthy, well and independent in their own homes and communities for as long as possible. We will particularly support the development of neighbourhood health plans, identifying priority areas of action in local areas
 - We will support community connectedness, building capacity and maximising the delivery of prevention programmes in priority areas within Stockport,
 - We will develop and deliver the Stockport approach to making every contact count (MECC); equipping our workforce to have supportive health conversations with residents.
- We will provide leadership for the One Stockport Active Community Strategy (Stockport Moving Together) to increase levels of physical activity and reduce levels of physical inactivity across all population cohorts, with a specific focus on the most inactive (this priority is shared with the Communities, Culture and Sports Portfolio).
- We will support those at risk of exclusion from the health system (including homeless, asylum seekers, and veterans) to access health and preventative services.
- We will develop a partnership wide age-friendly action plan.

Performance Measures and Targets:

PI Code	PI Name	Reported	Good Performance	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Target
Physical Activity and Healthy Weight – Partnership measures							
HASC 1.8 GMS	Percentage of adults who are physically active	Annually	High	66.3% 2020/21	68.7% 2021/22	68.6% 2022/23	n/a
-	Number of referrals to PARiS	Quarterly	High	-	-	2,418	2,500
-	Number of referrals to Stay Steady	Quarterly	High	-	-	230	250
<p>The two referral indicators were new in 2023/24 and we will aim to grow performance in 2024/25. The percentage of adults who are physically active is also reported and monitored through the Communities, Culture and Sport portfolio, and the target is set within the CCS.</p>							
PHOF C16 GMS	Percentage of adults overweight or obese	Annually	Low	62.9% 2020/21	65.6% 2021/22	62.5% 2022/23	n/a
<p>This measure is derived from the Public Health England (PHE) Annual Population Survey. Sample sizes at the Stockport level are relatively small, so are reported with 95% confidence levels and no specific targets are set for these measures. Data will be reported when updates are published, with key trends and comparative position monitored.</p>							
HASC 1.9	Number of people completing a weight management intervention (ABL lifestyle service).	Quarterly	High	188	204	203	220

Priority 3: Maximising prevention and independence in communities

Health and care in Stockport is all about creating a sustainable, person-centred system where professionals work together with local communities - recognising their strengths and assets to prevent ill health, proactively support people to remain independent and offer high-quality care when needed.

The Care Act requires local authorities to prevent, reduce and delay the need for long-term care. This priority describes the programmes of work we will deliver during 2024/25 to help us maximise prevention and independence in communities. It is supported by the following pillars of the Adult Social Care Commissioning Strategy.

- **Early Help:** The provision of support and assistance to prevent the need for statutory services, support to carers and tech enabled care.
- **Enablement and Independence:** Reablement and short-term support, Day Opportunities and Supported Employment, Community Equipment.
- **Housing with Support:** Specialist and Supported Housing, Respite, Shared Lives and Extra Care.

This priority will be delivered by:

- We will support Stockport's approach to maximising prevention and independence in communities through the One Stockport Neighbourhood and Prevention work programmes:
 - We will continue to develop and embed the Stockport Local Offer which is our neighbourhoods and prevention transformation programme that is about increasing the number of appointments that are available in Stockport Local Hubs and providing improved access to information, advice, and guidance.
 - We will develop our online offer for Adult Social Care through, including the launch of a new Stockport Local Community Directory and Virtual House.
 - We will develop integrated pathways to support individuals who are facing multiple disadvantages, as part of the Connected Communities programme.
- We will build on the Adult Social Care model of co-production, further developing our Making It Real Board and working with individuals with lived experience.
- We will increase joint working between Opportunities Together, Learning Disability Social Work teams and Learning Disability Health teams.
- We will develop our Technology Enabled Care (TEC) action plan, which supports the delivery of the TEC Strategy.

Performance Measures and Targets:

PI Code	PI Name	Reported	Good Performance	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Target
Partnership measures							
ASCOF 1I	Percentage of service users reporting they have as much social contact as they would like	Quarterly	High	39.3%	39.3%	38.5%	40%
ASCOF 1G	Percentage of clients with a learning disability living independently	Quarterly	High	81.3%	85.4%	93.2%	95%
ASCOF 2A	Percentage of people accessing short-term services who no longer need long-term care	Quarterly	High	63.5%	94.3%	88.4% (788)	90%

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

- We will report on the number of people who are accessing a Stockport Local appointment, our target for this measure will be to maximise.
- Percentage of contacts who do not progress to Adult Social Care having received Service at the point of contact or information, advice, and guidance.
- We will include a number of measures which describe the performance of our prevention contract with Stockport Support Hub.
- We will report on the number of people who are in receipt of Technology Enabled Care.
- Number of people leaving reablement with a reduced level of care or no care provision.

Priority 4: Delivering Adult Social Care to people with care and support needs in a timely way and supporting the valuable role of carers

We are proud of Adult Social Care services in Stockport and the positive contribution they make to the lives of people across the borough. However, we recognise the national and local challenges and the impact of this locally. We also know that there is more that we can do in Stockport to help individuals live the best lives they can, be happier, healthier and have greater independence.

We want people to be able to live in the place they call home with respect and dignity and have choices about their lives. We want to enable people to be as independent as possible, in control of their care and support, with access to their community, and living a life free from abuse.

We are committed to listening to feedback and making continual improvements, as we know this will help us to ensure that our services are inclusive, accessible services and meet the needs of communities in the neighbourhoods in which they live.

This priority is supported by the following pillars of the commissioning strategy:

- **Early Help:** The provision of support and assistance to prevent the need for statutory services, support to carers and tech enabled care
- **Housing with Support:** Specialist and Supported Housing, Respite, Shared Lives and Extra Care
- **Long Term Support:** Nursing and Residential Care, Long term home care

This priority describes work programmes we will deliver during 2024/25 to achieve our ambition. It is closely aligned with system-wide priorities described in Priority 5. We will work in partnership to deliver the collaborative health and care programme, focusing on integrated pathways, area leadership teams and a proactive care model that delivers teams around the practice.

This priority will be delivered by;

- We will embed the vision and role of Adult Social Care across the Stockport Locality.
- We will deliver the Learning Disability Strategy and 'Building the Right Support' action plan.
- We will enable Adult Social Care colleagues to grow and thrive through strengthened workforce development, 'supporting people to live gloriously ordinary lives'
- We will engage in sector-led improvement initiatives to support proactive and innovative strategic planning and driving ongoing self-assessment and improvement.
- We will continue to work in partnership with the care sector to deliver high-quality care and support services to ensure they meet regulatory responsibilities. This will enable us to deliver market sustainability and diverse, personalised services.
- We will continue to develop and implement a specialist supported housing strategy.
- We will deliver the final year of our Supported Housing Improvement Programme.
- We will launch the All Age Think Care Strategy and deliver the associated action plan.

Performance Measures and Targets:

Performance data and targets to be updated for 2024/25 when agreed

PI Code	PI Name	Reported	Good Performance	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Target
Council measures							
HASC 4.1	Number of Carers Assessments carried out	Quarterly	High	724	796	614	Maximise
HASC 4.2	Number of carers receiving carers payments	Quarterly	High	620	771	856	Maximise
The volume of recorded carers assessments and carer's payments steadily increased during 2021/22 and 2022/23. In the last quarter of 2022/23, we commissioned Signpost for Carers to deliver a co-produced Think Carers Strategy and delivery action plan.							
HASC 3.3	Number of high and medium priority DOLS referrals awaiting assessment	Quarterly	Low	290	357	84	Minimise
Partnership measures							
ASCOF 1A	Overall social care related quality of life score (out of 24)	Annually	High	18.8	18.7	19.23	18.8
ASCOF 2A.2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Quarterly	Low	627.8	558.3	503.3	560
HASC 3.4	Percentage of safeguarding cases where risk is reduced or removed	Quarterly	High	85.5%	78.5%	82.3%	80%
HASC 3.5	Percentage of safeguarding cases where client outcomes are wholly or partially achieved	Quarterly	High	94.9%	93.9%	96.1%	90%
N1*	Percentage of nursing beds in Stockport rated good or outstanding	Quarterly	High	66.2%	45.9%	64%	70%
N3*	Percentage of home care agencies in Stockport rated as good or outstanding	Quarterly	High	90.7%	91.8%	82.7%	90%

*These measures continue to be impacted by the backlog in re-inspections. Targets for 2024/25 are based on an increase in inspections resulting in care homes and home care agencies improving their rating or maintaining a 'good' rating or better. Providers with a 'Requires Improvement' rating are being supported by the Quality Team, and CQC will continue to take a risk-based approach to their inspection programme.

We will continue to develop our measures during 2024/25.

Priority 5: Providing safe, high quality integrated health and care services

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

Delivered by:

Working with our health and care partners across Greater Manchester within the Integrated Care System: -

- We will work together to improve urgent and emergency care and discharge from hospital, supporting people to get back to their usual place of residence in a safe and timely way:
 - we will maximise the community Discharge to Access the offer of intermediate care; ensuring Home First is the locality default offer
 - we will ensure there is a clearly identified budget for Intermediate Care and commission effective recovery support,
 - we will develop a surge plan to cater for demand and fluctuations throughout the year,
 - we will develop a brokerage function to provide efficient sourcing of community bed capacity at an agreed price and standard,
 - we will develop an integrated partnership model for the delivery of out-of-hospital services that meet same day demand and support people in the community.
- We will work together to ensure that people with Learning Disabilities and Autism are getting the support they need:
 - we will reduce the number of Out of Area Placements (OAPs) and reduce the number of people who are clinically ready for discharge still in a mental health in-patient bed,
 - we will implement Community Mental Health Transformation including the mental health living well model and we will strengthen co-production across mental health, learning disability and autism partnerships,
 - we will implement the recommendations from Building the Right Support Peer Review, and we will improve the Mental Health crisis offer.
- We will work towards integrated Elective Care, Cancer, and end of life services:
 - we will maximise the use of Surgical Hubs and make better utilisation of the independent sector,
 - we will better manage waiting lists,
 - we will improve the interface between primary and secondary care and harness digital innovations
 - we will improve diagnosis, operational performance and treatment variation and delivery of Cancer waiting times standards; and we will improve earlier detection of cancer and survival rates.

- We will ensure that people can access Primary Care services where appropriate rather than unnecessary attendance at Accident and Emergency:
 - we will ensure that people can access the right person at the right time - we will improve communication on integrated roles and functions within Primary Care at a local level and ensure people know how to navigate the different models of access within Primary Care.
 - we will ensure that there is enough Primary Care surge capacity to support the system during high periods of demand,
 - we will ensure that there are clear plans for community services.
- We will ensure Area Leadership Teams set strategic direction and population health priorities and multi-disciplinary teams are working in an integrated way through the Team Around the Practice.
- We will deliver a comprehensive out-of-hospital urgent care model
- We will develop a strengths-based approach and culture within our teams and continue to drive this approach through organisational training and development.

Performance Measures and Targets:

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

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

- Number of preventable emergency hospital admissions
- Number of people discharged to their normal place of residence.
- Number of people ready to leave hospital but not able to be discharged (number not meeting criteria to reside)
- 78% of patients seen in A&E within four hours.
- Number of people waiting more than 52 weeks from referral to treatment in elective care
- Reduce the number of people waiting more than 52 weeks from referral to treatment in elective care.
- Eliminate waits of over 65 weeks by September 2024.
- Increase the percentage of patients that receive a diagnosis test within six weeks compared to 2023/24.
- Improve performance against the headline 62-day standard to 70% by March 2025.
- Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025.



HEALTH AND ADULT SOCIAL CARE

3. FINANCIAL RESOURCES AND MONITORING

3.1 Resources

The resources available to the portfolio for 2024/25 include Cash Limit budget and Approved Use of Reserves. These funding sources are described in further detail in Sections 3.2 and 3.3 of this report.

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

3.2 Revenue Budget

The table below shows the revenue cash limit budget, which is £127.462m for this portfolio as at budget setting. The total expenditure is greater than the cash limit budget, this is because some of the expenditure is funded by income including ringfenced grants, sales, fees and charges and reserves.

Service	Employee Expenditure	Non-Employee Expenditure	Income	Grand Total
	£000	£000	£000	£000
Prevention Wellbeing & Independence	2,270	6,613	(2,313)	6,570
Enablement & Recovery	17,861	928	(5,296)	13,493
Support & Care Management	10,165	144,314	(60,946)	93,533
Practice Quality & Safeguarding	1,253	252	(79)	1,426
Commissioning & Infrastructure	1,710	775	(500)	1,985
DASS and Central ASC budgets	1,470	32,865	(36,632)	(2,297)
Total – Adult Social Care	34,729	185,747	(105,766)	114,710
Public Health	1,696	15,051	(3,995)	12,752
Total	36,425	200,798	(109,761)	127,462

Portfolio Performance and Resources - Agreement 2024/25

The table below shows the adjustments to the recurrent revenue cash limit budget for this portfolio since Quarter 3 2023/24. The indicative adjustments and savings were all agreed as part of the 2024/25 budget setting process.

	ASC	Public Health	Total
	£000	£000	£000
2023/24 Budget at Q3	109,106	12,378	121,484
Reversal of temporary MSIF budget 23/24	(1,952)		(1,952)
2023/24 Recurrent budget at Q3	107,154	12,378	119,532
Indicative Adjustment:			
Increased grant allocation	0	374	374
Price Inflation	9,235		9,235
Demographics	1,000		1,000
Demand	1,000		1,000
Market Sustainability & Improvement Fund (MSIF)	1,593		1,593
ASC client inflationary fee increases	(1,980)		(1,980)
Total Indicative Adjustment:	10,848	374	11,222
Applying Budget Choices, Savings:			
Demand	(2,250)		(2,250)
Radically Digital	0		0
Robust Corporate Governance - ASC	(610)		(610)
Robust Corporate Governance – PH (Health Promise)	(182)		(182)
Value for Money	(250)		(250)
Total Savings	(3,292)	0	(3,292)
2024/25 Budget	114,710	12,752	127,462

3.3 Key Investments – Budget Setting

Demographics

It is anticipated the Portfolio will continue to experience significant demographic pressures within its services, as individuals in receipt of care continue to live longer with additional and more complex care need requirements.

The council has invested £1m at budget setting into Adult Social Care to support these pressures. This relates to the full year impact of younger more complex individuals (with significantly higher package cost than standard placements), who commenced services part way through 2023/24, aligned to both internal and external provision. Alongside this are the costs relating to transitions from Children's Social Care into Adult Social Care. The total forecasted cost of these commitments in 2024/25 is £2.2m.

The indicative pressure of £1.2m will be part offset by an improvement to the ASC position aligned to discharge funding of £0.9m, described in the next section of this report.

This balance of £0.3m alongside the net underlying financial pressure from 2023/24 of a further £0.3m, a financial pressure of £0.6m in total, will be initially funded from the £1.0m demand allocation investment given to the service at budget setting.

Discharge to Assess (D2A) provision

The council is receiving an additional £0.907m of Discharge funding in 2024/25 to increase the allocation to £2.269m.

A D2A spend plan is currently being finalised for 2024/25, which includes 85 D2A beds (incorporating Bluebell) and associated General Practice costs to these beds.

From 2024/25 it is proposed that the costs the council is incurring from additional 1:1 support for higher acuity D2A individuals being discharged into bed-based provision, alongside a contribution to any spot purchase D2A beds the council commissions will be funded by this additional £0.907m allocation.

This will benefit the ASC's underlying financial position, as these costs in 2023/24 were charged to the service rather than to the Discharge fund.

The service continues to implement a home first approach with the intention for a reduced need for bed-based provision following hospital discharge and to only commission 1:1 support or D2A beds outside of the block booked provision in exceptional circumstances.

Social Care Grant funding

The service is receiving £4.6m of Market Sustainability and Improvement funding (MSIF) in 2024/25. This is a reduction of £0.4m compared to the total investment received in 2023/24. The reduction is due to the MSIF supporting non recurrent commitments in 2023/24 predominantly aligned to temporary investment into approved ASC business cases. MSIF council balances for 2024/25 have been aligned to the investment into workforce, demand for services and fee uplifts.

Price / Living Wage increases

The annual fee setting paper was presented to Adult Social Care and Health Scrutiny on the 29th February 2024 and to Cabinet on the 12th March 2024 (agenda item 16).

[Agenda for Cabinet on Tuesday, 12th March, 2024, 6.00 pm - Stockport Council](#)

The proposed investment by the council into ASC fee uplifts is over £9.5m, illustrated in the table below:

Service	Investment (£m)
Residential & Nursing Care	2.669
Homecare	1.636
Other Care Management Services and contracts including Personal Assistants	5.294
Total	9.599

Indicative uplifts proposed to residential and nursing care for ceiling rate bed increases average 8%. For beds that the council has commissioned at an enhanced rate (i.e. above ceiling rate) the proposed uplift is 7%.

Indicative increases to homecare rates are 8.9% to £23.00 per hour, for other care management services 8.3% and for Personal Assistant rates 9.9%. Indicative uplifts have also been considered for other contracts such as within Prevention, pending negotiation with providers.

The service has received £9.235m at budget setting with the balance to be included as part of 2024/25 Q1 adjustments.

The council will continue to engage with local care providers aligned to this investment to take account of inflationary pressures alongside ensuring local market sustainability and quality of care provided to individuals.

Fees and Charges

Alongside the fee increases to providers is the annual review of clients assessed financial contributions for 2024/25, based on revised levels of benefits and thresholds. Budget setting has assumed additional income of £1.980m from these increases.

3.4 2024/25 Financial Overview

Adult Social Care

Social Care Reform

There continues to be a pause of the national Social Care Reform programme of introducing a care cap of £86,000 and associated reforms of making the means test for care more affordable. The delay was initially to October 2025; the sector is awaiting further announcements from Government on any revised timeline of implementation.

The national delay and reallocation of funding aligned to Social Care Reform has significantly impacted on the progression of the national Cost of Care programme. However, the council continues to assess the work undertaken from Cost of Care and from its recent provider fee setting engagement as part of its fee setting process.

Service Transformation

Adult Social Care continues to transform its services to deliver and commission timely, cost effective, Care Act eligible care to its residents. Reviews of service structures to meet clients' outcomes most effectively, whilst also delivering significant financial savings (as set out in Section 3.6 of this report) are a key challenge and potential risk for the new financial year. However, the service is looking at a range of options to improve recruitment and retention, which for some job roles is a regional and national challenge. This will help support a more permanent staffing base to deliver the desired operating model.

The utilisation of business intelligence and financial analysis to support forecasting will be pivotal to ensuring cash limit investments are aligned most effectively to the wide range of services which ASC provides. It is also important that services record and maintain the systems effectively to support the robustness of this work.

Reassessments

Aligned to service transformation there continues to be a key workstream of reassessment of current clients' services to ensure they are delivering value for money while achieving the clients' required Care Act eligible outcomes.

In addition to this, new clients being considered for services alongside proposed changes of services to meet client's outcomes are discussed at the Quality Assurance Group (QAG). This ensures Care Act eligible needs are being met in the most cost-effective way possible.

Net to Gross – Residential and Nursing Care

The service is also working on a project that will commence part way through 2024/25 for the council to pay the care home provider gross of client contributions with the council collecting the client income, rather than the current arrangement of the council paying the care provider net and the provider collecting the client income.

A working group has been established to plan and implement this work programme, which includes various IT solutions to support effective debt management.

Public Health

2024/25 Grant Allocation

On 5th February 2024, the final grant allocations for 2024/25 were published with the council receiving an additional £0.374m of funding over and above the initial 2023/24 grant allocation.

Although indicative allocations for 2024/25 were published alongside the 2023/24 public health grant allocations to provide local authorities with greater certainty to forward plan, the Department of Health & Social Care (DHSC) has not given any indication of funding levels beyond 2024/25.

Temporary additional funding

A new grant agreement for additional substance misuse treatment was set up for three years starting in 2022/23. The council's allocations from the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant were £0.421m and £0.429m in 2022/23 and 2023/24 respectively, with an additional £0.054m for Inpatient Detoxification in each year.

Stockport's allocation of SSMTR funding for 2024/25 has been confirmed at £0.678m, with an additional £0.054m for Inpatient Detoxification.

It should be noted that eligibility for this supplemental funding is dependent on maintaining 2020/21 levels of investment in drug and alcohol treatment.

In November 2023, DHSC announced additional allocations for local authority led Stop Smoking Services and Support. The funding will be delivered through a new section 31 grant over the financial years 2024/25 to 2028/29.

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

Again, it should be noted that to receive the funding, local authorities must maintain their existing spend on stop-smoking services, based on the stop-smoking service data they have submitted for the year 2022 to 2023.

Confirmation of funding for Individual Placement and Support (IPS) in community drug and alcohol treatment was received from the Office for Health Improvement and Disparities (OHID) in November 2023. The aim of this funding is 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 up to £0.158m (indicative) for 2024/25, and 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.

Ongoing programmes using non-recurrent Community Champions funding, Investment Plan Post-Covid, Controlling Migration and Health & Wellbeing Positive Investments reserve funding will continue during 2024/25.

Pressures

A review of the NHS Health Check and Long-acting Reversible Contraception (LARC) agreements with GPs and Pharmacies has resulted in price increases which may lead to budget pressures in 2024/25. As these are demand-led services additional budgets have not yet been aligned; activity will be monitored in 2024/25 and any pressures arising will be mitigated in year from the Public Health reserve.

Stockport NHS FT contract pressure in Children's (PH) Service

A financial pressure around historic savings and funding for Agenda for Change (AfC) still remains in respect of the Co-operation Agreement proposed with Stockport NHS FT for the Healthy Child programme.

Accountancy continues to work with Finance colleagues at Stockport NHS FT to understand the in-year and recurrent financial position. Further collaboration is required by commissioners and providers to review and redefine the recurrent cost base of the service.

3.5 Earmarked Reserves

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

The reserve balances reflected in the table below are before any balances which may become uncommitted following the council’s next Reserves Policy update, being taken to Corporate Resource Management and Governance Scrutiny Committee (CRMG) on the 3rd September 2024.

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / “Approved Use” £000
Corporate Reserves			
Strategic Priority Reserve	Adults Reserve	improved Better Care Fund balances	309
Strategic Priority Reserve	Adults Reserve	ASC (SNC balances) – Aligned to AoM	1,671
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	12,773
Strategic Priority Reserve	Health and Social Care Integration Reserve	Liquidlogic development	14
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	31
Strategic Priority Reserve	Investment Plan Post-Covid Reserve	ASC Schemes	282
Corporate Reserve	Revenue Grant Reserve	Hate Crime Funding	12
Corporate Reserve	Revenue Grant Reserve	Workforce and Assessment Grant	75
Corporate Reserve	Revenue Grant	Supported Housing Improvement Programme (SHIP)	94

Portfolio Performance and Resources - Agreement 2024/25

Reserve Linked to Budget			
Reserve Linked to Budget	Transformation – Double Running Reserve	Reserves aligned to savings programme 23/24	320
		Adult Social Care - Subtotal	15,581
Corporate Reserves	Revenue Grant Reserve	Public Health	1,747
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	46
Strategic Priority Reserve	Cabinet Positive Investments	Investment Plan Post-Covid reserve	485
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing – Supporting Mental Health & Addiction Services	116
		Public Health - Subtotal	2,394
		Total	17,975

3.6 Portfolio Savings Programme

The savings aligned to this portfolio for 2024/25 are shown in the table below.

MTFP Driver	Proposal	ASC (£000)	PH (£000)	Total (£000)
Demand Management	Maximise Prevention and Independence	250		250
Demand Management	Care Act Application	1,000		1,000
Demand Management	Early advice & information on how to keep independent for longer (Future demand avoidance)	1,000		1,000
Value for Money	Managing the External Care Market	250		250
Robust Corporate Governance	Better Care Fund investment	500		500
Robust Corporate Governance	Service Delivery Model: Provider Services	110		110
Robust Corporate Governance	Grant Maximisation		138	138
Robust Corporate Governance	Contract Reduction		20	20
Robust Corporate Governance	Health Promise Review		24	24
TOTAL		3,110	182	3,292

3.7 Pooled Budget

The total opening pooled budget for 2024/25 including those funds which statutorily are required to be pooled is £42.140m. The funding sources include:

- £27.558m - Better Care Fund
- £9.711m - improved Better Care Fund
- £2.269m - ASC Discharge Fund
- £2.602m – NHS GM Discharge Fund

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

- £3.877m - Non-Acute Services to Older People
- £1.624m - Learning Disability Services
- £0.294m - Mental Health Services
- £0.216m - LDRC Premises costs
- £0.425m - Sexual Health Service premises costs

Some of these balances will be subject to an inflationary uplift from NHS GM, values are still to be confirmed.

3.8 Capital Programme

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

Capital Funding comprises non-recurring resources from a range of sources. The portfolio capital programme for 2024/25 and beyond is detailed below.

Scheme	2024/25 Programme £000	2025/26 Programme £000	2026/27 Programme £000
IT Infrastructure	162	0	0
ContrOcc Billing Module	40	0	0
LL ContrOcc Modification Request	89	0	0
TOTAL	291	0	0

Funding the Capital Programme:

Resources	2024/25 £000	2025/26 £000	2026/27 £000
Capital Grants	277	0	0
Revenue Contributions (RCCO)	14	0	0
TOTAL	291	0	0

Details of the programme:

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

Scheme	Description
IT Infrastructure	<p>To support the theme of digital employee it is necessary to ensure that colleagues across Adult Social Care have the appropriate hardware and software.</p> <p>The purchase of hardware to support mobile working will be undertaken in the first six months of 2024/25.</p>
ContrOcc Billing Module	<p>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).</p> <p>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).</p>
LL ContrOcc Modification Request	<p>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.</p> <p>The implementation of Care finder will provide improved information, advice and guidance to individuals who fund their own care.</p>
Disabled Facilities Grant (ER&H Portfolio)	<p>Disabled Facilities Grants are provided to facilitate the provision of major adaptations or changes to non-council owned housing (i.e. owner occupied, private rented and housing association) to meet the assessed needs of disabled people. Typical examples would include stair lifts, bathroom adaptations, door widening and substantial ramps.</p>

GLOSSARY

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

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

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