



Health and Adult Social Care

Portfolio Performance and Resources
Mid-Year Report 2024/5



Ambitious Stockport, creating opportunities *for everyone*

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



I am pleased to present my mid-year PPRR to scrutiny. It includes updates on delivery projects, programmes and other initiatives set out in the portfolio agreement, together with performance measures where available.

Work continues on preventing ill-health, promoting wellbeing and tackling health inequalities, with multi-agency task and finish groups established, that are reporting to the Provider Partnership (a sub-group of the One Stockport Health and Care Board). The NHS lung health check programme has been introduced in Tame Valley, inviting residents at high risk of developing lung problems to attend a mobile unit, and to date over 5200 people have been invited and 3300 have attended. We have also revised our approach to general NHS health checks, focusing on those at highest risk, and have received funding for workplace "healthy heart" checks: over the next six months we aim to deliver 4000 checks.



We are in the process of commissioning a new provider for part of our sexual health screening services. New contracts are in place for elements of contraceptive services, and we are supporting the new women's health hub in the Victoria Primary Care Network. We are increasing public awareness of the benefits of vaccination, with a focus on MMR. And the local Stop Smoking and Support Grant is being used to increase capacity and enable more outreach, with greater focus on reducing inequalities and work with targeted populations. We will develop a Stockport specific plan based on the Greater Manchester Making Smoking History Framework during 2024/25.

Stockport Primary Care Networks (PCNs) and their teams have identified their local population health priorities and plans, and are starting to deliver on them. We are continuing to develop the "Making Every Contact Count Approach", which will be built into the induction programme for neighbourhoods and prevention. Partnership and community engagement continues to evolve through the Active Communities Implementation Plan. We are continuing to develop new ways of working with our most inactive residents, with a specific focus on older people, people with long-term conditions and children and young people with special educational needs or disabilities, looking in particular at behaviour and cultural change. This shows the benefit of thinking and working in innovative and collaborative ways: a future challenge is how to scale up this work across other neighbourhoods and priority groups. Our prevention and early intervention healthcare programme continues to enable vulnerable cohorts to access a wide range of health services. And an Age-Friendly Plan for Stockport is now out for wider engagement.

The One Stockport Local offer for Adult Social Care continues to develop, and the number of appointments is steadily increasing, with appointments on offer at libraries, leisure centres and council offices and elsewhere. The One Stockport Local Directory is now live, as is the Virtual House. A bid to the Greater Manchester Combined Authority for supporting people with multiple disadvantage was successful, and we anticipate a "go live" date in January 2025. We are implementing a Technology Enabled Care (TEC) first approach, with actions that will enable us to support independence.

In July 2024 we completed a LGA Peer Review, with one key action to engage with residents who draw on ASC and their family, friends and carers. People tell us that, rather than co-production, they prefer the term "Working in Partnership", and we have jointly developed an action plan with eight areas of work identified. Joint working has been supported across Learning Disability services, including hospital admissions. And the General Election was used to increase voting awareness and support for people with a learning disability and autism across Stockport.

Working with our Making it Real Board, we have developed our Adult Social Care Charter, which sets out how we will work with people and keep them at the heart of everything we do. We know that people want to work with

us in a different way, so we are undertaking further training and development with the national programme of “Gloriously Ordinary Lives”.

We have launched our “Think Carers Strategy 2024-2029”, developed jointly with Signpost for Carers: carers champions are helping to increase knowledge and awareness of the needs of carers, as will support workers for carers during hospital stays. Our Stockport Learning Disability Strategy has been produced through working in partnership with the Valuing People Partnership Board and the Speaking Out Group, supported by Stockport Advocacy, and the Board will oversee and evaluate strategy implementation.

A Building the Right Support peer review took place in late 2023, followed by implementation in a number of areas of ASC. Our commissioning strategy was agreed with stakeholders, and both the Home Care and Care Home markets remain robust. The implementation of our Provider Market Management System has enabled Stockport to have a consistent and measurable approach to quality and the provider market. The on-going need for appropriate supported living has been identified through our housing strategy, developed in partnership across council directorates. The Supported Housing Improvement Programme (SHIP) has generated demonstrable improvements in quality in the market. And the LGA Peer Review has helped us prepare for the CQC assurance process.

There has been good progress amongst system partners to improve out of hospital flow and discharge, through a wide variety of activities with partner agencies. A comparative assessment was made of people with a mental health issue placed out of area. A Mental Health Partnership Board has been established, co-chaired by a person with lived experience. Work is under way to forge closer relationships between social care and health services.

The Director of Adult Social Care and Deputy Place Leader are jointly leading the health and care pillar of the Neighbourhood and Prevention programme, with Area Leadership Teams (ALTs) aligned to each Primary Care Network driving change to address the needs of the local population. We recognise that Stockport is a highly polarised borough and so we must tailor our approaches to meet the diverse needs of different neighbourhoods. These population health plans are supported by the neighbourhood profiles presented to Local Area Committees during the September meeting cycle. In October a workshop was held bringing together stakeholders with an involvement in delivery of urgent and emergency care, recognising the complexity of our current offer, seeking to develop a system with a single point of access.

As with every local authority with ASC responsibilities, Stockport is facing financial pressures, with the end of year outturn position forecast at a £457,000 overspend (0.4% of budget). Significant savings have already been generated in year, but more are required. And Stockport’s 2024/25 Pooled Budget currently totals £42.140m.

May I put on record my thanks to officers across my portfolio who have continued to deliver high quality services to our most vulnerable residents, working in innovative ways to improve outcomes.

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

Revenue Budget (Forecast)		Capital Programme	
	£000		£000
Cash Limit	128,394	2024/25 Capital Budget	251
Forecast Outturn	128,851	2025/26 Capital Budget	40
(Surplus)/Deficit	457	2026/27 Capital Budget	0
<u>Reserves</u>		2027/28 Capital Budget	0
Approved use of reserves balance was £17.008m		2028/29 Capital Budget	0
Planned draw down at Q2 is £4.141m			

HEALTH AND ADULT SOCIAL CARE

1. DELIVERING OUR PRIORITIES



This report is based on the **2024/25 Portfolio Agreement**, considered by Adult Social Care and Health Scrutiny Committee on 13th June 2024 and approved by Cabinet on 25th June 2024. The link to the Agreement can be found by clicking [here](#).







This Quarter 2 (Mid-Year) report includes updates on all **delivery projects, programmes and other initiatives** set out in the portfolio agreement, up to the end of September 2024 where this is available.

Data is reported for all **performance measures** included in the agreement that have been updated since publication of the 2023/24 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 these can be [found here](#). They contain 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: Preventing ill-health, promoting wellbeing, and tackling health inequalities

Task and finish groups to prevent frailty, diabetes, alcohol-related harm and cardiovascular disease have been established, with each group including multiple partners across the health and care system. These groups are delivering programmes of preventative work on each priority topic and providing quarterly reports to the Provider Partnership (a subgroup of the One Stockport Health and Care Board).

Our grant funded community cancer workers, immunisation uptake workers, public health advisors and community capacity workers have collaborated to work with communities to reduce health inequalities and maximise uptake of the NHS lung health check in Tame Valley. This was the first time Stockport residents have been invited to take part in the lung health check programme. We are waiting for final uptake data, but so far we know that over 5,200 people were invited and 3,300 attended the mobile screening unit.

We have implemented a revised approach to NHS health checks, which focuses on those at highest risk and we have successfully bid for funding as part of the CVD (cardiovascular disease) workplaces health check pilot. Over the next six months we aim to deliver 4,000 healthy heart checks in Stockport workplaces, measuring staff blood pressure and supporting people to live healthy lives. We will be working with the economy team to extend this offer to as many local businesses as possible.

We are in the process of commissioning a new provider for our chlamydia and gonorrhoea screening service. We have received more than one acceptable bid in response to a tender completed jointly with Trafford and Tameside councils.

Contracts are now in place with GP practices who wish to provide the long acting reversible contraception service (LARC), and pharmacies who wish to provide the emergency hormonal contraception service. We are also supporting the new women's health hub in the Victoria Primary Care Network (PCN) around LARC provision.

In relation to the MMR uptake project, community engagement activities have taken place to increase community awareness of the benefits of vaccination, with a specific focus on MMR. Work is also currently underway to cleanse data that is held by GP practices, as incorrect coding of the MMR vaccination can impact on overall uptake figures. This is retrospective work but will prevent patients being called for vaccination when they are already protected.

The data above is also being used to ensure that anyone who remains unvaccinated or partially vaccinated is provided with the correct information about the vaccine and invited to special MMR clinics

Vaccination clinics have also taken place in both asylum seeker hotels

Whilst percentage uptake rates remain static, there have been very small improvements made in the numbers of vaccines given over this period.

In relation to drug and alcohol use, we have conducted a drug and alcohol needs assessment to gain an understanding of the needs of Stockport residents who are affected by drug and alcohol use. The needs assessment has identified 5 priority areas: -

- i. Increase the number of people accessing and engaging in structured drug and alcohol treatment
- ii. Improve drug and alcohol treatment outcomes
- iii. Enhance referral pathways and joint working
- iv. Strategic and operational work to address deaths and wider harms from drug and alcohol misuse
- v. Raise awareness of treatment service and patterns of substance misuse within residents and wider stakeholders.

An action plan to address these areas will be developed in quarter 3.

The Local Stop Smoking Service and Support Grant (£360,808 for 24/25) has been allocated to our local community stop smoking service (ABL Health) and to PaSH (a GM wide collaborative). The funding is being used to increase capacity and enable more outreach. There will be a greater focus on reducing health inequalities and work with targeted populations, including those with a serious mental illness, long term conditions, and/or drug and alcohol issues. The additional capacity will also enable more tailored support to people who are living in deprived areas, those who are unemployed, in routine and manual work, as well as engaging with LGBTQ+ communities and ethnic minority groups.

The GM Making Smoking History Strategic Framework is due to be formally launched following extensive consultation across Greater Manchester. The framework is underpinned by the GMPOWER model:

- Grow a social movement
- Monitor tobacco use
- Protect people from second-hand smoke
- Offer help to quit
- Warn people of the dangers of tobacco
- Enforce regulations
- Raise the price of tobacco

We will develop a Stockport specific action plan based on the framework during quarters 3 and 4. This will steer our local approach

The Tobacco and Vapes Bill did not complete its passage through parliament prior to the general election, but was included in the 2024 King's speech. A revised bill is expected to be introduced in parliament imminently.

Measuring Performance and Reporting Progress

Performance data on measures relating to this priority that have been updated since publication of the 2023/24 Annual Reports 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 1.1: Premature mortality rate due to all-causes	Low (contextual)	354.7	337.3	343.2 (30/06/2024)		N/A	N/A	↓
HASC 1.2: Premature mortality rate due to all-cause in most deprived quintile	Low (contextual)	629	618.4	625.5 (30/06/2024)		N/A	N/A	↓
HASC 1.7: Number of people accessing mental health self-care online resources	- (Partnership)	9456	7542	2,280 (30/09/2024)		Maximise	N/A	○
HASC 1.10: People completing a smoking cessation programme	High (Partnership)	635	564	198 (30/06/2024)		750	G	↓
HASC 2.7: People undertaking the National Diabetes Prevention Programme	High (Partnership)	651	1345	496 (30/06/2024)		1085	G	↑
HASC 2.8: NHS Health Checks completed	High (Partnership)	9217	6208	2,382 (30/06/2024)		5000	G	↓
NEW : Coverage of MMR1 vaccination for those aged 14 months-19 years	- (Partnership)			93.6 (30/09/2024)		95	N/A	○
NEW : Coverage of MMR1&2 vaccination for those aged 3.5-19 years	High (Partnership)			89.3 (30/09/2024)		95	R	○

Commentary on performance

In relation measure HASC 1.10 'people completing a smoking cessation programme', 198 people starting with the ABL service in quarter 1 have quit. There are 225 still in service and the current quit rate is 68%. Therefore the potential number of completers / quitters is 351 for quarter 1 plus an additional 36 spontaneous quitters. It is too early to accurately forecast the end of year position but for quarter 1 the service is likely to be ahead of target.

In relation to the new MMR measures, this is a challenging target, and despite Stockport having some of the best MMR vaccination rates nationally we are still seeing coverage well below the World Health Organisation (WHO) target of 95%. We have work underway to address this, but there are no quick fixes and we are likely to see gradual improvements.

Priority 2: Supporting communities and neighbourhoods to be healthier

Stockport primary care networks and their teams have identified population health priorities and plans and started to deliver on them.

The Stockport Making Every Contact Count approach continues to develop, and pilot work is progressing well. Around 270 people from different services were trained during the test phase in quarters 1 and 2, and feedback is being used to refine the content. The approach will be built into the induction programme for Neighbourhoods and Prevention.

In relation to Active Communities, partnership and community engagement continues to evolve through the Active Communities Implementation Plan. Governance and oversight of the plan continues to be driven by the Active Communities Strategic Network and the Active Communities Implementation Partnership.

In addition to the wider universal provision of opportunity and access for all, action research methodology continues to inform new ways of working where need for our most inactive residents and protected characteristic groups is not being met. This is focussed on differing need and implementation across neighbourhoods, with specific focus on older people, people with long term conditions and children and young people with special educational needs or disability.

Work is focusing on behaviour and culture change and includes: - creating a social 'movement for movement'; sustainability; delivery designed by local people; linking community assets and organisations; and increasing partners' understanding and awareness of the importance of being active. This work has become the catalyst for the wellbeing prescription model in Brinnington, as part of the expansion of physical activity within social prescribing work.

Progress to date has provided a much better understanding of how a willingness to think and work in more innovative and collaborative ways can lead to meaningful outcomes. This has been on a smaller scale. One of the key future challenges is how to scale up this work across other neighbourhoods and priority groups. Short-term funding will allow some expansion of the work into priority areas to support primary care networks (PCNs) to address key health challenges in those neighbourhoods. Longer term funding needs to be secured in order to carry out this work at scale.

Our prevention and early intervention focused healthcare programme, jointly commissioned with the Greater Manchester Integrated Care Board (GMICB), continues to enable vulnerable cohorts to access health services at Wellspring.

In addition our Public Health Inclusion team continue to deliver health protection, prevention and early interventions for asylum seekers. MMR vaccinations, optician and contraception sessions have been provided during quarters 1 and 2.

The Age-Friendly Partnership has developed a draft Age-Friendly Plan for Stockport which is now out for wider engagement – please visit:

[Action Plan for an Age-Friendly Stockport - Stockport Metropolitan Borough Citizen Space - Citizen Space](#)

Active ageing has been identified within the action plan, with eight priority actions agreed to support older people to be more active and less sedentary. Outcomes are focused through health and social interaction.

Measuring Performance and Reporting Progress

Performance data on measures relating to this priority that have been updated since publication of the 2023/24 Annual Reports 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		
CCS 4.1 - HASC 1.8: % “active” adults - reporting 150+ min physical activity/week (3yr ave)	High (contextual)	63.7 %	64.4 %	64.4 % (31/12/2023)		Null	N/A	→
HASC 1.9: People completing a weight management intervention	High (Partnership)	204	237	17 (30/06/2024)		220	R	↓
HASC 2.9: Number of referrals to Stay Steady	High (Council)		230	110 (30/09/2024)		N/A	N/A	↑
HASC 2.11: Number of referrals to PARiS	High (Council)		2418	1,356 (30/09/2024)		N/A	N/A	↑
PHOF C16 GMS: Percentage of adults overweight or obese	Low (contextual)	62.9 %	65.6 %	62.5 % (31/03/2023)		N/A	N/A	↑

Commentary on performance

In relation to measure HASC 1.9 ‘people completing a weight management intervention’, due to the nature of the programme (12 week duration) and some delay in people starting interventions in quarter 1, there are 17 completions currently. However the number who have started an intervention and are still in service at the end of quarter 1 is 48. Based on the programme target of 60% of those starting an intervention to complete it, the forecast number of completions for quarter 1 is 46 people. It is too early to accurately forecast the end of year position but for quarter 1 the service is likely to be slightly below target. The service has recently introduced a new digital app to provide additional support to people and free up capacity to support more people, and is confident the end of year target will be achieved.

Priority 3: Maximising prevention and independence in communities

The One Stockport Local offer for Adult Social Care continues to develop. A lead worker is in post, supporting the development of One Stockport local appointments and the number of appointments is steadily increasing. Assessment staff offer appointments at libraries, leisure centres, council offices and across the Borough. Therapy based One Stockport Local appointments are now also offered at Disability Stockport. We are working with the autism navigator from Disability Stockport to deliver weekly bookable appointments for autistic people.

The One Stockport Local Community Directory is now live and can be accessed here: [One Stockport Local - Stockport Council](#).

The Virtual House is live and can be accessed here: [Virtual house: a tour of assistive technologies and adaptations - Stockport Council](#) and we are currently undertaking further work on our Adult Social Care web pages to make information easier to find.

The bid to the GMCA for multiple disadvantage was successful and an initial project launch has taken place with cross directorate colleagues to agree the high-level road map as part of the Neighbourhood and Prevention work stream. The implementation phase is from September to December, ahead of an anticipated 'go live' date in January 2025. The next milestone is recruitment to the social work lead, alongside a pathways and capacity workshop.

We continue to implement a Technology Enabled Care (TEC) first approach. We have identified short and longer term actions that will enable us to embed technologies which support independence for people in Stockport.

The TEC strategy is now complete and a champions group has been established. TEC training is being developed and is included in Adult Social Care induction sessions. Plans are in development for a place that people can visit to test, try and buy equipment to sit alongside the Virtual House offer.

In June 2024 we completed an LGA peer review. A key action from the review was to develop a co-production action plan based upon residents' feedback. In response, engagement has taken place with residents in Stockport who draw on Adult Social Care and their family, friends and carers.

People told us they prefer to use the term 'working in partnership' instead of co-production - to show the importance of making decisions together and shared power. The findings from the engagement form the basis of our working in partnership action plan, which has eight areas of work. These include;

- The Making it Real Board and other partnership boards are now established with co-chairs with lived experience. In addition a person 'expert by their experience' has joined the Adults Safeguarding Partnership. These boards are being promoted with the voice of people amplified.
- 'Working in partnership, working with people' – ensuring that the service is using feedback and learning to improve and develop services. We are creating an annual report from feedback, evidencing the changes we have made to the service as a result. The report will be taken through governance processes.





- ‘Delivering as One Stockport, Working as One Team’ to contribute to the review of the Participation Charter. The Adult Social Care Working in Partnership Lead is working to drive the voice of adults with care and support needs and carers in wider council activities

We are increasing joint working between Opportunities Together, Learning Disability Social Work teams and Learning Disability Health teams. A joint managers meeting has taken place to identify practices in Opportunities Together that support learning disability care act reviews. Social workers can request access to individual sites to gather information and evidence for continuing healthcare (CHC) and Court of Protection. Joint working is progressing regarding CHC cases and Opportunities Together team managers have been supported with the completion of decision support tool (DST) training.

During the past two quarters, social workers and Opportunities Together officers have worked together to support people with specialist input when they are admitted to hospital. In addition partnership work has taken place to increase voting awareness and support for people who have a learning disability and autism. Communication of the Learning Disability Strategy and sessions on working in partnership have also taken place and ‘Lets Talk’ sessions are including people who access Opportunities Together.

Measuring Performance and Reporting Progress

Performance data on measures relating to this priority that have been updated since publication of the 2023/24 Annual Reports 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 1I: Percentage of service users reporting they had as much social contact as they would like	High (Partnership)	39.3 %	38.5 %	47.6 % (31/03/2024)	47.6%	40%		
ASCOF 2A: Percentage of people accessing short-term services who no longer need long-term care	High (Partnership)	94.3 %	88.4 %	87.71 % (30/09/2024) 314 / 358	87.71%	90%		

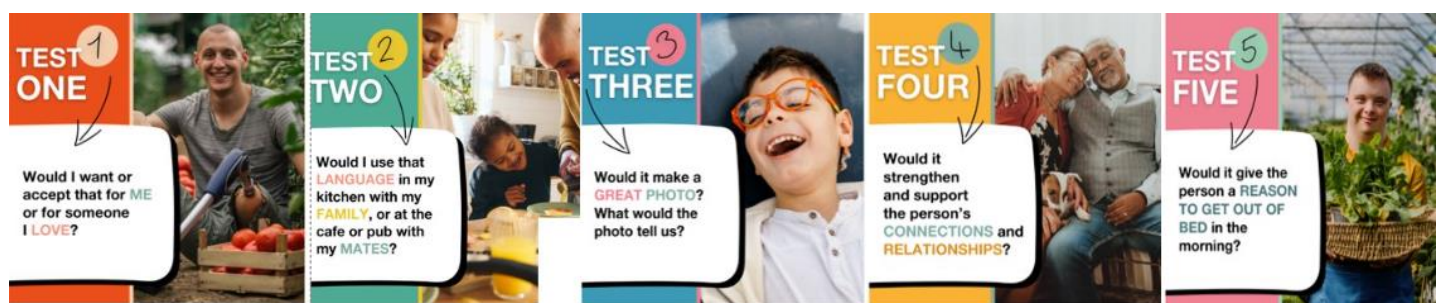
Priority 4: Delivering Adult Social Care to people with care and support needs in a timely way and supporting the valuable role of carers

We have worked with our Making it Real (MIR) Board to develop our Adult Social Care Charter. Aligned to the council values, it sets out how we will work with people, and keep them at the heart of everything we do.



We continue to work to embed strengths based working, but we know that based on feedback we have more to do, and that people want to work with us in a different way. As a result, and aligned with the ambitions described in the One Health and Care Plan, we are currently undertaking further training and development across adult social care with the national programme of 'Gloriously Ordinary Lives' (GOL)

We are also working with colleagues across the Neighbourhood and Prevention programme, and as part of our resident experience work, to align the five tests set out as part of Gloriously Ordinary Lives.



You can read more about Gloriously Ordinary Lives here: [Gloriously Ordinary Lives](#).

Earlier this year we launched our 'Think Carer Strategy 2024 – 2029'. Signpost for Carers led on the development of this co-produced strategy. We continue to work closely with Signpost for Carers. They are involved in the Stockport Local Offer, with opportunities in place to meet at local community facilities for carers assessment or for general information and advice. We continue to participate in the North West ADASS Carers Network and are promoting the consistent use of carers budgets. In addition carers champions have been identified in adult social care teams to increase awareness and knowledge across adult social care of the needs of carers.

A proposal has been agreed through the Greater Manchester Accelerating Reform Fund (ARF), for two carer support workers to support carers during hospital admission, discharge and post-discharge. The recruitment process for this is underway.

Our Stockport Learning Disability Strategy has been co-produced with partners, and informed by the priorities and wishes of people with learning disabilities. People have been consulted at a number of events about what is important to them, what they would like support with and to see changed. The strategy has been developed alongside the Learning Disability Partnership Board and the Speaking Out Group, supported by Stockport Advocacy. We have also produced the strategy in an easy read format.

The Learning Disability Partnership Board will oversee and evaluate the implementation of actions which fall out of the strategy. The strategy has been scheduled to come to scrutiny committee in early 2025.

The Learning Disability Conferences of 2023 and 2024 have shaped our vision for what a good life looks like for people with Learning Disabilities. Five 'pillars' have been identified as priority areas: -

- Pillar 1 – Living My Life
- Pillar 2 - Getting To Where I Need to be
- Pillar 3 – The people who work with me are wise and kind
- Pillar 4 - Living a Healthy Life
- Pillar 5 – Home, Family and Friends – where I Live

Our Building the Right Support action plan was developed in response to the Building the Right Support peer review which took place in late 2023. A number of areas have been successfully implemented within Adult Social Care, including:

- The development of the Learning Disability Partnership board and the introduction of a co-chair with lived experience to support co-production and partnership working between agencies and people who access services.
- We are working closely with health partners in Stockport ICB to support the local Dynamic Support Register process around avoidance and timely hospital discharge for people who have autism and/or learning disabilities.
- A Preparing for Adulthood sub-group of the SEND Board has been established with a co-chair appointed who is a young adult with lived experience. Going forward, it is intended that this group will provide valuable insight and feedback to support the development of the Local Offer and ensure partnership working.

Our Commissioning Strategy was agreed collaboratively with providers and other stakeholders* and is now in place. Action plans and priorities are being implemented iteratively with those stakeholders.

*(Health colleagues, people who draw on services, carers, housing, Voluntary, Community, Faith and Social Enterprise sector)

The home care market in Stockport remains robust with good availability and very short waits for support to be commissioned.

The care home market in Stockport is diverse and the implementation in the summer of a consistent approach to commissioning individual placements through a centralised brokerage service is working well.

The implementation of PAMMS (Provider Market Management System) has enabled Stockport to have a consistent and measurable approach to quality and the provider market. The system will enable SMBC to provide assurances against provision rated as below good by CQC to provide a more timely overview of regulated services.

The on-going need for appropriate supported living is identified in the Specialist and Supported Housing Strategy. The strategy has been developed in partnership across council directorates, this has included:

- Coproduction of priorities with carer and lived experience groups
- Specific Supported housing Joint Strategic Needs Assessment (JSNA) with public health
- Piloting of financial appraisal tool to ensure financial viability
- Draft strategy formation
- Draft 10 year development plan

Internal processes to manage current stock, voids and appropriate placements within established provision have reduced the number of void placements and provided essential information to enable appropriate planning for future developments.

The Supported Housing Improvement Programme (SHIP) has continued to work extensively with providers, landlords, housing standards and housing benefit. The programme has moved into its final years and has demonstrable outcomes in improving quality in the market and is working to ensure any new provision meets need and is value for money. The programme is on target to meet its objectives: -

- Enforcement of accommodation standards
- Review of support and safeguarding arrangements
- Scrutiny of Housing Benefit Claims
- Development of a gateway approach for new provision

To date the project has completed 101 property visits, 25 HHSRS (Housing and Health Safety Rating System) inspections, 61 tenant support reviews, 103 concern / complaints received, 426 accommodation issues resolved and 4 enforcement notices issued to properties.

The number of complaints received in relation to the quality of accommodation and support has reduced by 50% since the previous data submission to the Department of Levelling Up in March 2024. This shows the positive impact of SHIP in driving up standards. Other successes include: -

- Multi-disciplinary approach across Housing Benefit, Housing Standards and Strategic Housing
- Good practice guides developed for landlords and providers
- Customer journey documents produced (including easy read version)
- Development of a gateway approach
- Deep dive into partner agent charges and eligible service charges

- All red RAG rated properties have been visited, only three amber properties remaining.
- Landlord forums are held regularly and are very successful covering a wide range of topics, including Mental Capacity Act and Hoarding

The remaining areas for development are allocated and being actively worked on. These include: -

- Remainder of amber visits (only 3 remaining)
- Follow-up of all outstanding repairs
- Audit of initial RAG rating
- Tenancy support reviews
- Further escalation of eligible service charges/rent breakdowns
- Supported Housing Licensing
- Website updates in relation to Supported Living
- Landlord forums (ongoing)
- Impact analysis (surveys/questionnaires)
- SMT report and recommendations for 2025 and beyond in development.

In June 2024 Adult Social Care and the wider council and system partners took part in a Local Government Association Peer Review led by sector experts. This was a great opportunity to invite external challenge and support. The findings and recommendations have been widely shared and incorporated into our self-assessment for CQC assurance and our wider adult social care improvement plan. This has been shared with council and system wide partners and with people and carers and our provider networks in order to ensure transparency.

Measuring Performance and Reporting Progress

Performance data on measures relating to this priority that have been updated since publication of the 2023/24 Annual Reports 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.

Portfolio Performance and Resources - Mid-Year Report 2024/25

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)	558.3	503.32	236.56 (30/09/2024) 141 / 59604	473.1	560	G	↑
HASC 3.3: Number of high and medium priority DOLS referrals awaiting assessment	Low (Council)	357	84	(30/09/2024)		Minimise	N/A	○
HASC 3.4: Percentage of safeguarding cases where risk reduced or removed	High (Council)	82.02 %	90.57 %	96.34 % (30/09/2024) 316 / 328	96.34 %	80 %	G	↑
HASC 3.5: Percentage of safeguarding cases where client outcomes wholly/partially achieved	High (Council)	93.9 %	96.1 %	95.9 % (30/09/2024) 304 / 317	95.9 %	95 %	G	→
HASC 4.1: Number of Carers Assessments and Reviews carried out	High (Council)	796	614	523 (30/09/2024) 523 / 1	1046	Maximise	G	↑
HASC 4.2: Number of carers receiving carers payments	High (Council)	771	856	523 (30/09/2024) 523 / 1	1046	Maximise	G	↑
N1: Percentage of nursing beds in Stockport rated as good or outstanding	High (Partnership)	45.9 %	64.03 %	64 % (30/09/2024) 671 / 1048	64 %	70 %	R	→
N3: Percentage of home care agencies in Stockport rated as good or outstanding	High (Partnership)	91.8 %	84.6 %	84.6 % (30/09/2024) 44 / 52	84.6 %	90 %	R	→

Commentary on performance

In relation to measure N1 'the percentage of nursing beds in Stockport rated good or outstanding', this measure has remained the same as at the end of the 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 that are currently rated as requiring improvement are still awaiting re-inspection.

Our ongoing work with providers gives us a good overview of the quality of provision and provides some reassurance. We have recently rolled out the Provider Assessment Market Management System (PAMMS), through a combination of on-site evaluations, self-assessment, and quarterly data through provider returns. Provider returns are analysed to elicit information relating to themes,

trends and quality / contract monitoring trigger points. We are hopeful this will continue to drive improvement in performance, but mindful that due to the CQC's current low levels of inspections, local ratings may not fully reflect actual ratings of the homes.

In relation to measure N3 'the percentage of home care agencies in Stockport rated as good or outstanding', we have seen a good improvement in performance since previous reporting. This is mainly attributable to a change in the way this measure is now being reported. Previously, the total number of home care agencies operating in Stockport was included in the data, however a percentage of those had no rating or were dormant (not operating presently). Removing these agencies from our measure provides a more accurate reflection of performance - showing an increase to 84.6%, which is closer to the target of 90%. Similar challenges with timeliness of CQC inspections has impacted performance, but the aforementioned rollout of PAMMS, is a promising development in this area.

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

There has been good progress amongst system partners to improve out of hospital flow and discharge, ensuring people are receiving the right care and support to get them back home in a safe and timely manner.

Key activities and progress during the past two quarters include: -

- Enhanced home first process
- Social workers on the wards (Stroke and A Wards)
- Reablement offer and process strengthened through joint multi-disciplinary team leading the discharge process, with capacity to support 15 discharges a day.
- Usage of strength based assessments to reduce over-prescription of care and least restrictive outcomes.
- Streamlined discharge to assess process, providing more capacity to support people back home quicker.
- Hospital social workers are maintaining case management throughout the person's journey from hospital to final outcome, ensuring continuity of care and a positive experience for the individual and their families.
- A joint brokerage process with Age UK, enabling smoother accessing of placements in care homes when a return to a person's own home is not possible. This has freed up social workers' time to focus on statutory duties.
- Social workers and health staff are now fully co-located in the hospital (resuming pre-COVID levels).

In relation to the number of out of borough placements for people who are clinically ready for discharge but still in a mental health in patient bed, a comparative assessment of the number of people placed out of area has been carried out. This has established a relatively small number are placed out of area for adult social care. Most people are 'nominally' out of area, located in neighbouring boroughs. All individuals are receiving a review with respect to the out of area placement. This review process is ongoing. Additionally our commissioning team are reviewing the local resource to inform future commissioning intentions.

A Mental Health Partnership Board has been established, co-chaired by a person with lived experience which will strengthen co-production across the system. A piece of work has been initiated, supported at a GM level, around community mental health team transformation. A project plan has been developed and work has started between Pennine Care Foundation Trust and SMBC to see how we can forge closer working relationships and a more joined-up offer between social care and health services.

The Director for Adult Social Care (DASS) and Deputy Place Leader are jointly leading the collaborative health and care pillar of the Neighbourhood and Prevention programme. As part of this programme Area Leadership Teams (ALT) have been convened with a purpose of bringing together a single leadership team from the local area across health, social care, and wider partners to drive change in the neighbourhood and address the needs of the local population.

ALTs set the strategic direction, population health priorities and multi-disciplinary working through our Team around the Practice model. We have formed six Area Leadership Teams which are aligned to our Primary Care Networks. These are.

- Bramhall & Cheadle Hulme
- Cheadle
- Heatons

- Stockport East and South
- Tame Valley
- Victoria

Each ALT has regular meetings in place. They are working collectively to deliver against their population health plan and to build a proactive approach that will ensure our residents can access the most appropriate help early and prevent issues escalating into an urgent need.

Stockport is the eighth most polarised borough in England, this can be seen in different ways in each of our communities. To tackle these inequalities and support more people in the community we must engage with population groups facing inequality and tailor our approaches to address the wider determinants of health. We recognise that to successfully deliver a model of proactive care we need to adapt to meet the diverse needs of each of our neighbourhoods. The ALTs population health plans are supported by the work that has been undertaken by colleagues in Public Health and Business Intelligence to build individual neighbourhood profiles which were presented to Local Area Committees during the September meeting cycle.

Work is continuing to take place to develop the Out of Hospital Urgent Care model as part of our Collaborative Health Care pillar. This joined up offer will ensure that people receive the best possible outcomes at the point they are identified as having an urgent need.

How and when people use urgent and emergency care services are not the same across the Borough. People living in more deprived neighbourhoods, including our vulnerable residents, are far more likely to attend the emergency department, be admitted to hospital as an emergency, and have worse health outcomes.

In response, we have mapped our existing pathways and referral routes. This exercise has identified that we have a complex offer with multiple points of entry, multiple providers working towards differing service specifications. We recognise why accessing these services are confusing for both professionals and residents.

A workshop took place on 17th October 2024 to bring together key stakeholders from across the locality, including three people with lived experience. The session started with setting the scene, aligning our work to that of One Stockport, One Future – Best Health and Care and Wellbeing in Neighbourhoods. We then focused on building a shared understanding of the complexities of the system and ownership of how we can work together as One Stockport to tackle these issues.

The session involved facilitated conversations focusing on scenarios rather than systems. We are now working to review the key themes from the workshop and compare this to the national guidance which requires all systems who do not have a single point of access (SPoA) to meet, as a minimum, the SPoA foundation components for winter 2024/25, with full case management to be implemented by March 2025 at the latest. This includes;

- Clear pathways in place for provision of remote clinical assessment and advice through a SPoA prior to a decision to convey or attend Emergency Department.
- Ambulance services enabled to identify patients prior to dispatch for alternative pathways, as well as adopting 'call before convey'
- Direct referral pathways from SPoAs into community services such as UCR and VWs

- Priority access to clinical advice for paramedics/ambulance staff and extending this in time to other health and care professionals, care homes, primary care (in-hours and out-of-hours GP services), community and other services

Measuring Performance and Reporting Progress

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



HEALTH & ADULT SOCIAL CARE

1. FINANCIAL RESOURCES AND MONITORING

2.1 Revenue – Cash limit

The financial position for ASC and Public Health at Q1 was reported to Corporate, Resource Management and Governance Scrutiny Committee (CRMG) at the meeting held on the 3rd September 2024 and to Cabinet at the meeting held on the 18th September 2024. Please see link below to the Q1 report presented to Cabinet (agenda item 8). The outturn forecast for the Health and Adult Social Care portfolio was a deficit of £0.784m, with all the deficit aligned to ASC.

[Agenda for Cabinet on Tuesday, 18th September, 2024, 6.00 pm - Stockport Council](#)

Budget at Q2

	Previously Reported Q1 £000	Increase (Reduction) £000	Budget at Q2 £000
Adult Social Care	115,642	0	115,642
Public Health	12,752	0	12,752
Cash Limit	128,394	0	128,394

Forecast Outturn at Q2

Service	Budget at Q2 £000	Forecast Net Expenditure £000	Forecast Net appropriation (from) / to reserves £000	Forecast Outturn Variance Q2 £000	Forecast Variance reported Q1 £000
Adult Social Care	115,642	118,734	(2,635)	457	784
Public Health	12,752	14,258	(1,506)	0	0
Total	128,394	132,992	(4,141)	457	784

Service Detail	Current Budget Q2 £000	Forecast Outturn Q2 £000	Forecast Variance Q2 £000	Forecast Variance Q1 £000
Prevention Wellbeing & Independence	6,849	6,816	(33)	44
Enablement & Recovery	13,426	13,819	393	(265)
Support & Care Management	94,154	94,162	8	940
Practice Quality & Safeguarding	1,467	1,493	26	0
Commissioning & Infrastructure	2,105	2,105	0	(1)
DASS and Central ASC budgets	(2,359)	(2,296)	63	66
Total – Adult Social Care	115,642	116,099	457	784
Public Health	12,752	12,752	0	0
Total	128,394	128,851	457	784

The financial resources in this portfolio at Q2 total £128.394m. The forecast outturn position is a £0.457m overspend, which is 0.4% of the cash limit budget.

Adult Social Care

The service is reporting a deficit of £0.457m, against a budget of £115.642m.

Forecast information at Q2 continues to include financial risk and uncertainty as extrapolation is based on six months of staffing, care management expenditure and income analysis.

The current forecast assumes that all the ASC 24/25 savings proposals, which align to reducing current expenditure / maximising current income, of £2.110m will be achieved; to date £1.044m of savings have been achieved recurrently in year. This leaves a balance of £1.066m to be achieved recurrently in year.

As discussed in the Q1 FMR, the £1.000m investment the service has received for demand has been allocated to the underlying 23/24 financial pressure for the service and known anticipated pressures at Q2 24/25. Therefore, this investment cannot be used to offset against the £1.000m savings for future demand avoidance. The assumption at Q2 is that this saving will not be achieved while the service considers how this can be delivered recurrently to bring the service back into financial balance.

Winter Pressures

As we approach the winter period there will be increased financial challenges for Adult Social Care to continue to meet the demand of residents who require care and support. To date there has been no announcement of any additional winter funding from Government to support Local Authorities.

Prevention Wellbeing & Independence – underspend £0.033m

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

Variance from Q1

The change in forecast is £0.077m, from a previous forecasted overspend position, predominantly due to a reduced forecast on equipment services.

Enablement & Recovery – overspend £0.393m

The additional costs within the service of £0.6m align to the change in commissioning processes as the Active Recovery Community and Home service (ARCH) are now commissioning longer term packages of care. Commissioning of D2A unmet need bed-based placements by ARCH are being aligned to the overall discharge fund.

These costs are part offset by an underspend forecasted within Opportunities Together budgets of £0.4m, to meet complex individuals' needs as part of the In House Supported Accommodation provision.

Variance from Q1

The change in forecast is £0.658m, which aligns to the costs and future commitments from the ARCH service commissioning now being reflected within Enablement and Recovery services.

3.1.3 Support and Care Management – overspend £0.008m

Learning Disabilities – overspend £0.889m

There are financial pressures, when compared to the budgets set, in care management services including residential and nursing care and externally commissioned Supported Accommodation, to meet the needs of complex individuals, above annual fee uplifts given to providers.

Integrated Neighbourhoods – underspend £0.216m

Expenditure to date and anticipated future commitments have stabilised in bed-based residential and nursing care services, based on information taken from the Councils Adult Social Care case management financial system (ContrOcc).

There is an overspend forecast within Homecare services, which aligns to additional activity and cost to support individuals in their own home.

These additional costs are offset by additional external income for both residential and nursing care and non-residential care services when compared to the income targets set at budget setting.

Mental Health – overspend £1.414m

There has been a significant increase in demand for externally commissioned Mental Health services. This includes support for some very complex individuals, with challenging needs that have a high weekly cost.

The service is undertaking a review of the increase in activity aligned to current care pathways and opportunities for future commissioning at a reduced cost base.

Other contributions - £2.079m

The overspends described above are part offset by:

- £1.283m ASC iBCF grant – which was previously the winter grant
- £0.495m indicative net underspend for ASC staffing, collated and aligned to Support and Care Management.
- £0.301m residual grant balances included at Q2, aligned to price, demand and demographic pressures in care management services

Support and Care Management Variance from Q1

The overspend has reduced by £0.932m from what was reported at Q1.

There have been reductions in the overspend forecast in LD of £0.5m, due to forecasted additional external contributions. Within Neighbourhoods there has been reduced forecasts in Residential and nursing care of £1.1m and Direct payments of £1m (based on more recent payment analysis), part offset by increased costs in homecare of £0.7m. Mental Health has seen a significant increase from Q1 of £1.4m due to new demand for externally commissioned care management services. Also, from Q2 residual grant contributions have been included of £0.3m.

3.1.4 Practice Quality & Safeguarding – overspend £0.026m

The service is forecasting a minor overspend of £0.026m, aligned to potential pressures on the partnership budget. The service are exploring opportunities to increase external contributions. There are also minor non pay additional costs. There continues to be investment both recurrent and non-recurrent into managing the Deprivation of Liberty Safeguards (DoLS) waiting lists, through external commissioning of assessments and additional permanent recruitment.

Variance from Q1

The overspend has increased by £0.026m from the balanced position reported at Q1, due to the cost pressures outlined above.

3.1.5 Commissioning & Infrastructure – balanced

As reported at Q1 the service is reporting a balanced position.

3.1.6 DASS & Centralised ASC budget – overspend £0.063m

The overspend is due to additional non pay commitments including wider Greater Manchester contributions.

Variance from Q1

There is no material variation from Q1.

Public Health

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

There are forecast underspends of £0.040m in staffing and transport due to vacant posts and of £0.048m in the GM GUM (Genitourinary Medicine) cross-charging agreement for 2024/25. These are offset by a current forecast overspend in NHS Healthchecks of £0.018m and small miscellaneous forecast overspends of £0.003m.

However, there are underlying financial pressures with regard to some external contracts which it is anticipated will require a drawdown from Public Health reserves of up to £0.859m, to support a forecasted balanced position at outturn.

Although there has been a further increase to the Public Health grant allocation for 2024/25 of £0.374m a significant portion of this uplift may need to be aligned to cover Agenda for Change (AfC) pressures within external contracts. This includes the additional 2023/24 cost of AfC of £0.089m which forms part of the discussions for 2024/25.

Variance from Quarter 1

There is no material variance from Q1.

Grant and Reserves Funding

Investment Plan Post-Covid reserve (previously COMF)

Investment Plan Post-Covid reserve funding remains in place for 2024/25, with £0.485m aligned to Public Health investment plans.

Community Champions Grant

In 2020/21, a Community Champions grant allocation of £0.650m, received from the Department for Communities and Local Government, was allocated to Public Health. This funding is for expanding support for communities disproportionately impacted by COVID-19 and to boost vaccine take up.

Expenditure to the end of 2023/24 totaled £0.508m. The balance of £0.142m has been brought forward to be spent in 2024/25.

Controlling Migration Fund

It is anticipated that the remaining Controlling Migration Funding of £0.046m will be drawn down from the Revenue Grant reserve and utilised 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 which was spent fully in year. The allocation increased to £0.429m in 2023/24 and this was also spent in full.

For 2024/25 the Council's allocation has increased to £0.678m. Again, this is expected to be spent in full within the financial year.

Stop Smoking Services and Support Grant

In November 2023 DHSC announced 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.

For 2024/25 Stockport's allocation is £0.361m and this is expected to be spent in full.

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

Confirmation of funding for two years for IPS 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 is £0.158m for 2024/25 and this is expected to be spent in full.

Workplace Cardiovascular Disease Health Checks Pilot Grant

In September 2024, confirmation was received from OHID that the Council would receive £75,000 in 2024/25 to deliver workplace CVD checks as part of this pilot. The funding is to be spent in full this financial year.

2.2 Earmarked Reserves

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

The table below reflects planned use of reserves at Q2 and is after the review of the council's reserve policy which was presented to Cabinet on the 18th September 2024 (Agenda item 11) [Agenda for Cabinet on Wednesday, 18th September, 2024, 6.00 pm - Stockport Council](#)

Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Planned use of Reserves / "Approved Use" 2024/25 £000	Balance of Reserve / "Approved Use" £000
Corporate Reserves					
Strategic Priority Reserve	Adults Reserve	improved Better Care Fund balances	309	298	11
Strategic Priority Reserve	Adults Reserve	ASC (SNC balances) – Aligned to AoM	1,671	987	684
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	12,773	961	11,812
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	31	31	0
Strategic Priority Reserve	Investment Plan Post-Covid Reserve	ASC Schemes	282	177	105

Corporate Reserve	Revenue Grant	Hate Crime Funding	12	12	0
Corporate Reserve	Revenue Grant Reserve	Workforce and Assessment Grant	75	75	0
Corporate Reserve	Revenue Grant	Supported Housing Improvement Programme (SHIP)	94	94	0
		Adult Social Care - Subtotal	15,261	2,635	12,626
Corporate Reserves	Revenue Grant Reserve	Public Health	1,100	859	241
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund 2	46	46	0
Strategic Priority Reserve	Cabinet Positive Investments	Investment Plan Post-Covid reserve	485	485	0
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing – Supporting Mental Health & Addiction Services	116	116	0
		Public Health - Subtotal	1,747	1,506	241
		Total	17,008	4,141	12,867

2.3 Portfolio Savings Programme

Programme	Proposal	Risk Rating	Value (£000)	Value Achieved (Q1-Q2) (£000)	Forecast (Q3-Q4) (£000)	Balance (£000)
	2024/25 savings programme					
Demand Management	Future cost avoidance		1,000	0	0	1,000
Demand Management	Application of Care Act		1,000	511	489	0
Demand Management	Maximize Prevention and Independence		250	0	250	0
Value for money	Managing the external care market		250	33	217	0
Robust Corporate Governance	Better Care Fund investment		500	500	0	0
Robust Corporate Governance	Service Delivery Model – Provider Services		110	0	110	0
	Adult Social Care - subtotal		3,110	1,044	1,066	1,000
Robust Corporate Governance	Grant Maximisation		138	138	0	0
Robust Corporate Governance	Contract Reductions		20	20	0	0
Robust Corporate Governance	Health Promise Review		24	24	0	0
	Public Health - subtotal		182	182	0	0
	Total		3,292	1,226	1,066	1,000

Risk rating

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

Amber – progressing at a reasonable pace, action plan being pursued may be some slippage across years and/or the final position may also be a little unclear.
Red – Significant issues arising, or further detailed consultation required which may be complex/ contentious.

2.4 Pooled Budget

The 24/25 pooled budget from a revenue perspective totals £42.140m and includes:

- £27.558m - Better Care Fund
- £9.711m - improved Better Care Fund
- £2.269m - LA Discharge Funding
- £2.602m - ICB Discharge Funding

A Memorandum of Understanding (MoU) includes the continued transfer of other previous s.75 contributions totalling £5.829m. This includes an uplift of 0.6% from 23/24 contributions.

- £3.900m - Non-Acute Services to Older People
- £1.633m - Learning Disability Services
- £0.296m - Mental Health Services

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

The Section 75 agreement is currently being updated. It is proposed a final version is taken to Health and Wellbeing Board on the 27th November for approval.

2.5 Capital Finance Update and Outlook

Programme

Expenditure as at 30 Sep 2024 £000	Scheme	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000
0	IT Infrastructure	162	0	0	0	0
0	ContrOcc Billing Module	0	40	0	0	0
0	LL ContrOcc Modification Request	89	0	0	0	0
0	TOTAL	251	40	0	0	0

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

Resources

Resources	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000
Capital Grants	237	40	0	0	0
Revenue Contributions (RCCO)	14	0	0	0	0
TOTAL	251	40	0	0	0

Programme Amendments – Rephasing

Scheme	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000	Funding Source	Reason
ContrOcc Billing Module	(40)	40	0	0	0	Capital Grants	Scheme rephasing
TOTAL	(40)	40	0	0	0		

Progress against individual schemes

Adult Social Care places a strong emphasis on the use of technology to support its workforce and people who access its 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. The service will be working on the implementation of the mobile working application for its front-line practitioners. This will support with recording information in a more efficient and effective way when working in the community.

It was previously reported that the programme had experienced some delays due to a necessary server upgrade. This has now been completed and work with the software provider to configure and install the software on the IT infrastructure is ongoing.

Mobile working testing with front line teams will commence once the installation has been completed, with the purchase of the new equipment to support the full roll out of the new software to follow this testing.

ContrOcc Billing Module - To support themes one and two (digital communities and intelligent information) the Council is investing in the purchase and implementation of an additional module for the adult social care finance system (ContrOcc). The implementation of the billing module will improve the way in which the Council administers billing for Adult Social Care, making it easier for individuals to understand their charges. The configuration and testing of this system is now well progressed. It is anticipated that the system will launch later in the year.

LL ContrOcc Modification Request - The Council has invested in the purchase and implementation of two pieces of software aligned to its 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 software was launched for residential brokerage on 29th July 2024, the team is now working to fully embed the use of this software, support its external providers and to monitor the impact of the new service.

The implementation of Care finder will provide improved information, advice and guidance to individuals who fund their own care. Implementation of Care finder is scheduled for the second half of 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, with more demand for adaptations, greater complexity of works and higher costs.

A total of £1.309m for DFG has been spent up to Quarter 2 in 2024/25. Any DFG balances at outturn will be used to support the Academy of Living Well scheme within the Economy & Regeneration portfolio.

