

Adult Social Care & Health Scrutiny Committee

Portfolio: Adult Social Care & Health

Strategic Intent

We are committed to supporting people to remain in their own homes, maximising independence and focusing on their strengths. People want to have a 'gloriously ordinary life' defined by personalisation, choice and control. We will achieve this through our prevent, reduce and delay model which is underpinned by One Stockport Local appointments and improved information, advice and guidance. Through our home first ethos and work with partners we will continue to reduce the number of people who are admitted into bed-based care. We will integrate our health and care services across Stockport through the new model of Integrated Health and Care and aim to reduce inequalities via early intervention and targeted support as well as delivering efficient services that provide value for money.

CP priority	Directorate and Service area	Proposal summary	Saving 25/26 (£000)	Lead Portfolio
Delivering for those who need it most	Prevention, Wellbeing & Independence Support & Care Management	<p>ASC Maximising prevention and independence We will continue to support people with greater independence and reduce reliance on traditionally commissioned models of care. This will include;</p> <ul style="list-style-type: none"> • The further roll out and embedding of Technology Enabled Care. • The continued development and embedding of One Stockport Local appointments within Adult Social Care. • The delivery of the Learning Disability Strategy. • The delivery of Care Act reviews. 	1,100	Adult Social Care & Health
Delivering for those who need it most	Commissioning & Infrastructure	<p>Managing the external care market We will continue to work with the external provider market to ensure that optimum levels of commissioning are achieved, and externally</p>	750	Adult Social Care & Health

CP priority	Directorate and Service area	Proposal summary	Saving 25/26 (£000)	Lead Portfolio
		commissioned support is appropriate to meet the assessed care and support needs of individuals.		
Delivering for those who need it most	Support & Care Management	<p>Fairer charging We propose to make seven changes to the Adult Social Care charging policy to ensure that it is fair and equitable as set out in the Care Act 2014. We propose to implement the changes from 1st April 2025.</p>	750	Adult Social Care & Health
Effective and Efficient Services		<p>Productivity The delivery of efficient and effective services is at the very heart of everything we do.</p> <p>Making sure that we deliver services that are the most efficient and effective they can be, focusing on the right things and doing them in the right way.</p> <p>Note that productivity runs across all portfolios.</p>	1,998	Adult Social Care & Health
		Total	4,598	

Project	ASC Maximising prevention and Independence (£1.110m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
Senior responsible officer	Sarah Dillon
Service	Prevention, Wellbeing & Independence
Proposal summary	<p>ASC Maximising prevention and independence</p> <p>We will ensure that we continue to meet people’s needs in the most effective way and ensure that we are providing best value in each package of care. We will ensure that the needs of individuals are met through the most appropriate and least restrictive means, supporting people to be as independent as possible, promoting lifelong learning and reducing reliance on traditionally commissioned models of care.</p> <p>This is one of the duties that is set out in the Care Act 2014 and will help us to manage demand within our care management budgets. This will include;</p> <ul style="list-style-type: none"> • The continued development and embedding of One Stockport Local appointments within Adult Social Care. • The delivery of the Learning Disability Strategy • The further roll out and embedding of Technology Enabled Care. • The delivery of Care Act reviews to ensure that we continue to meet people's needs in the most effective way demonstrating best value. <p>This will be enabled by our organisational development programme “Gloriously Ordinary Lives” which is helping us to challenge the way we deliver Adult Social Care and support people to be independent in their community.</p>
How will the saving be achieved 25/26	<p>We will continue to work to maximise prevention and improve outcomes for individuals, helping us to support people earlier, improve independence and therefore manage demand.</p> <p>The One Stockport Local appointments model was launched last year, we will continue to build and embed this approach across our teams and as part of the neighbourhoods and prevention programme. We will;</p> <ul style="list-style-type: none"> • Dedicate resource to deliver One Stockport Local appointments making this the first contact with Adult Social Care for most people. • Increasing the use of Technology Enabled Care to support independence. • Develop integrated pathways and aligned commission of packages of care for young people.

Project	ASC Maximising prevention and Independence (£1.110m)
	<p>We will continue to deliver Care Act reviews for individuals to ensure that their care and support needs are being met in a personalised way. We will ensure that individuals;</p> <ul style="list-style-type: none"> • Have the choice, control and support that they need to live independent lives. • Can access good quality and tailored care and support. • Find Adult Social Care fair and accessible. • Have the housing options to best meet their needs.
<p>Any benchmarking information available to compare Stockport with comparable authorities</p>	<p>Our Health of the population Joint Strategic Needs Assessment (JSNA) tells us;</p> <ul style="list-style-type: none"> • Stockport has more older people and fewer younger adults than the national or Greater Manchester average. The aged 65+ population has grown by 13% in the last 10 years and is projected to do the same over the next 10 years. (2011 – 2021 census data) • The population aged 85+ has grown by 23% in the same period and is projected to rise by 28% in the next 10 years. • There are around 1600 people at a GP in Stockport with a record of learning disability. The number of people diagnosed with a learning disability is increasing. • Stockport has a higher number of Education, Health and Care Plans (EHCP) than other areas. <p>Regional and National data tells us:</p> <ul style="list-style-type: none"> • Stockport continues to have a high reliance on bed-based placements. • Stockport has a high number of individuals who are supported by day services. <p>Our Stockport Local model is based on a community led support model for Adult Social Care. Benchmarking provided through the National Development Team for Inclusion (NCTi) and Local Government Association (LGA) tells us that this model can provide savings and reduce the reliance on formal commissioned care services. The LGA has also reported that as well as achieving savings that this model also improves the outcomes for individuals and improved satisfaction among people who access ASC.</p>
<p>Workforce impact. Outline any changes to the workforce because of this proposal</p>	<p>There will be no changes to staffing because of this proposal.</p>
<p>Outline any internal / organisational impact of the proposal</p>	<p>This programme of work is interdependent with the Neighbourhood and Prevention programme.</p>

Project	ASC Maximising prevention and Independence (£1.110m)
	Social work practitioners will continue to ensure that any proposals developed meet the individuals assessed care and support needs.
Outline any risks or changes to service delivery and impact this proposal may have on service users	<p>The following risks have been identified;</p> <ul style="list-style-type: none"> • The ongoing implementation of One Stockport Local is a cultural change, moving from a traditional support model to a community led support model. Risks are mitigated through a robust workforce development offer (Gloriously Ordinary Lives) and clear practice guidance. • One Stockport Local appointments require suitable community locations to be available in places close to residents. We continue to mitigate this risk by working with our library colleagues and expanding the locations we use to include Leisure centres and community centres. • Technology Enabled Care and digital capabilities continue to develop at pace. It is important to ensure our programme keeps pace with these developments. • Demand for Adult Social Care continues to grow, our proposals will help us to manage demand.
<p>Delivering the change</p> <p>List key milestones and delivery dates (where known)</p>	<p>The following milestones have been identified;</p> <ul style="list-style-type: none"> • Stockport local leads in place across social work teams – now complete. • Full roll out of digital booking for appointments – September 2024. • Increase the number of bookable appointments and pilot drop-in appointments and hospital-based pop-up appointments – autumn 2024. • Communication and engagement campaign to launch – autumn 2024. • Discovery programme for community equipment and Technology Enabled Care – autumn 2024.
Will reserves/ double running be needed to deliver this proposal?	Additional social work resources will be required to work alongside our existing teams to deliver this resource. It is estimated that this will cost £0.146m over 12 months.
Is public consultation needed?	No.
Is a separate EqIA (Equalities impact assessment) needed?	No EqIA required as the activities undertaken within this proposal are an expected requirement under Care Act legislation. Should any changes be identified to service provision an EqIA will be completed.
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Managing the external care market (£0.750m)
Lead portfolio	Adult Social Care & Health
Council Plan Priority	Delivering for those who need it most
Senior responsible officer	Sarah Dillon
Service	Commissioning and Infrastructure
Proposal summary	<p>Managing the external care market</p> <p>We will continue to work with the external provider market to ensure that optimum levels of commissioning are achieved, and externally commissioned support are appropriate to meet the assessed care and support needs of individuals.</p> <p>During 2024 we have implemented a new delivery model for our brokerage service, this will ensure that we have a comprehensive and streamlined function. In addition, we have refreshed our quality assurance framework to ensure that we are able to meet the needs of individuals whilst delivering best value.</p>
How will the saving be achieved 25/26	<p>Economy: minimise costs whilst ensuring quality – ongoing work with providers to understand costs, drive value and reflect fair costs in the fees that are paid.</p> <p>Efficiency: rationalise input of resources to maximise output of goods and services – ensuring that people entering residential and nursing care have exhausted the options for remaining independent in their own home.</p> <p>Effectiveness: ensure intended results match actual results of public spending (outcomes) – working alongside people in care homes and their loved ones to drive up quality in care homes.</p> <p>Equity: ensure services are available to and reach all people that they are intended to – ensuring that people can access all support and services equitably to build on their strengths and optimise independence.</p>
Any benchmarking information available to compare Stockport with comparable authorities	<p>When compared to our CIPFA nearest neighbours, Stockport has the 5th highest admission rate out of 16 local authorities.</p> <ul style="list-style-type: none"> • Stockport has a high reliance on the use of bed-based care. • Stockport has a high number of individuals who are supported by day services. <p>Regional MSIF data tells us;</p> <p>Care home 65+: Stockport has the highest fee rate in the region for individuals in a care home aged 65+. Our rate is higher than the national average.</p>

Project	Managing the external care market (£0.750m)
	<p>Nursing home 65+: Stockport has one of the highest fee rates in the region for individuals in a nursing home aged 65+. This rate is above the national average.</p> <p>Care home under 65: Stockport has a higher fee rate than the national average.</p>
Workforce impact. Outline any changes to the workforce as a result of this proposal	There will be no changes to staffing because of this proposal.
Outline any internal / organisational impact of the proposal	There is a natural turnover of people who reside in bed-based placements. As the cost of care increases, people who leave services on lower cost agreements will be replaced by those on higher cost arrangements.
Outline any risks or changes to service delivery and impact this proposal may have on service users	There will be no changes to service delivery because of this proposal.
<p>Delivering the change</p> <p>List key milestones and delivery dates (where known)</p>	<ul style="list-style-type: none"> • Enhanced governance and data reporting to ASC SMT – in place • Centralised residential brokerage service – went live on 29th July. • Paying care providers gross – phased implementation underway due to be completed by March 2025. • Refreshed set of strategic documentation including market sustainability plan and market position statement – March 2025 scrutiny committee • ASC 2025/26 fee setting paper to be taken to scrutiny committee and cabinet – March 2025 scrutiny committee.
Will reserves/double running be needed to achieve this?	No
Is public consultation needed?	No
Is a separate EqIA (Equalities impact assessment) needed?	No EqIA is required at this stage
Is a separate EIA (Environmental impact assessment) needed?	No EIA is required.

Project	Fairer Charging (£0.750m)
Lead portfolio	Adult Social Care and Health
Council Plan Priority	Delivering for those who need it most
Senior responsible officer	Sarah Dillon
Service	Care Management
Proposal summary	<p>We propose to make seven changes to the Adult Social Care charging policy to ensure that it is fair and equitable as set out in the Care Act 2014. We propose to implement the changes from 1st April 2025.</p> <p>In Stockport we have been able to subsidise the cost of care for our residents, unlike other areas we have capped the amount that individuals must pay towards their care. Due to the financial pressure on councils and the increasing cost of providing care we are no longer able to do this.</p> <p>The Care Act, 2014 provides a single legal framework for charging and permits a local authority to assess a person's ability to help to pay towards the cost of their care. Everyone receives a financial assessment to decide if they pay towards their care, and if they do how much this should be. All councils' complete financial assessments in the same way based on national practice. We will continue to do this.</p>
How will the saving be achieved 25/26	<p>The seven proposed changes to the Adult Social Care Charging policy are;</p> <ol style="list-style-type: none"> 1. We propose to charge people based on the full cost of providing their care. We will financially assess people against the full amount of care that they receive. Currently we have a 50% second carer discount, under this proposal that subsidy will be removed. 2. We propose to ensure that all people who receive funded care and support from the council will have a financial assessment. This may mean that people start to pay towards the cost of their care. The Care Act, 2014 provides a single legal framework for charging and permits a local authority to assess a person's ability to pay towards the cost of their care. There are currently some people who receive care and support from the council for their mental health that have not had a financial assessment. 3. Currently we subsidise care provided in peoples own home by having a cap of £485 per week on the amount that we charge. This is known as the maximum assessed charge. We propose to remove this cap to bring us in line with other councils. However, people will not be asked to pay more than the amount in their financial assessment.

Project	Fairer Charging (£0.750m)
	<p>4. Currently we apply a 10% discount to the value of any capital that people may have. Under this proposal this discount will be removed. This will impact people who receive care at home and people who receive care in a care or nursing home.</p> <p>5. We propose to introduce a charge for arranging care for people who are not eligible for council funding and fully pay for their own care.</p> <p>6. Currently we do not charge any interest on money owed to the council when a Deferred Payment Agreement (DPA) has not been signed. We are proposing to introduce interest charges on the money owed to the council (known as accrued debt). The Care Act 2014 allows us to do this and sets the maximum amount that councils can charge. The interest rate will change every six months on 1 January and 1 July to match the government borrowing rate (known as the gilt rate) plus 0.15%. The rate in April 2025 will be 4.25% (Gilt Rate 4.10% plus 0.15%).</p> <p>7. Currently we do not charge people for the protection of property. We are proposing to introduce charging for services related to the protection of property. The Care Act 2014 allows us to recover reasonable costs from people relating to protection of property.</p> <p>All individuals have a financial assessment, charging would be introduced based on the outcome of this financial assessment.</p>
Any benchmarking information available to compare Stockport with comparable authorities	<p>We have undertaken a benchmarking exercise across the North West region, 20 out of 24 local authorities responded.</p> <ul style="list-style-type: none"> • 8 of the 20 authorities have removed all subsidies in their charging policy (Stockport is not one of these). • We are the only local authority who does not undertake financial assessments for community mental health services for working age adults. • 17 of the 20 authorities who responded do not have a maximum assessed charge (Stockport are one of the three) • Of the three authorities who do have a maximum assessed charge Stockport's is the lowest. • The exercise identified that of the 20 authorities who responded, only Stockport applies any reduction to an individual's capital within its charging policy. • 7 of the 20 authorities have an administrative charge for full cost payers. • 7 of the 20 authorities already charge interest on accrued debt where there is no DPA signed.
Workforce impact. Outline any changes to the	There will be no changes to staffing because of this proposal.

Project	Fairer Charging (£0.750m)
workforce because of this proposal	
Outline any internal / organisational impact of the proposal	<p>Dedicated staffing resources will be required to support the delivery of the consultation, this will include both ASC and CSS colleagues.</p> <p>There is likely to be an impact to operational teams because of the consultation, an increase in the number of Care Act reviews and an increase demand for financial assessments to be conducted.</p> <p>It is anticipated that there will be an increase in demand for the Cost-of-Living Team, along with increased demand for support from Debt Management and Welfare Rights officers.</p> <p>There will be an increase in calls to both Adult Social Care and Social Care Charging because of this consultation. There may also be an increase in complaints because of the proposals.</p> <p>There could be an increase in complaints and feedback from several stakeholders including residents, elected members, MP's, Voluntary and Charity groups within Stockport.</p>
Outline any risks or changes to service delivery and impact this proposal may have on service users	<p>The following risks have been identified;</p> <ul style="list-style-type: none"> • Individuals may decide to cancel or reduce their care because of the proposals. This will be monitored closely, and social work reviews will be undertaken where necessary. • The scope of the consultation is significant and may be difficult for individuals to understand. This will be mitigated through a longer consultation period, with targeted activity to ensure that there is wide reach. • There may be insufficient staffing capacity within the teams to support the consultation process. This will be mitigated by prioritising the allocation of resources. • The demand for benefit advice may outweigh the capacity available. • There is significant reputational risk if the consultation is not handled in a sensitive way. • There is a risk of legal challenge from individuals because of the consultation. <p>The following impact on service users has been identified;</p> <ul style="list-style-type: none"> • A fair and equitable charging policy that is applied consistently across Stockport. • Some people will have to pay more towards their care and support. Several mitigating / supportive services will be offered, including utilising the Cost-of-Living helpline to assist with areas such as benefit checks, pension credits etc;

Project	Fairer Charging (£0.750m)
	<ul style="list-style-type: none"> The amount that people are asked to pay is based on the national financial assessment guidance so that those who cannot afford these increases in charges, will not be expected to pay. Some service users may be impacted by more than one of the proposed charge(s) but the modelling indicates that there appears to be no more than two (2) charges for any service user.
<p>Delivering the change</p> <p>List key milestones and delivery dates (where known)</p>	<ul style="list-style-type: none"> Scoping of options for the consultation – August 2024 (complete) Modelling of impact of each proposal by individual – August / September 2024 (complete) Development of the proposed new charging policy – September 2024 (complete) Draft proposals to scrutiny committee – November 2024 (complete) Formal consultation – 21st November 2024 to 8th January 2025 (complete) Final proposals to scrutiny committee – January 2025 (in progress) Cabinet and full budget council – February 2025 Communication with individuals directly impacted by the changes – February / March 2025 Financial Assessments to be undertaken when necessary – before implementation Implementation – from April 2025
<p>Will reserves/double running be needed in order to achieve this?</p>	<p>Yes – additional capacity will be required to deliver this saving. Estimated cost is currently £0.045m.</p> <ul style="list-style-type: none"> Programme Lead for 6 months - £0.035m (in place) Delivering the consultation - £0.010m Additional capacity for the cost-of-living team – modelling being undertaken to ascertain how much capacity will be needed for a period of six months - £0.019m to £0.042m
<p>Is public consultation needed?</p>	<p>Yes. A public consultation took place between 21st November and 8th January. The consultation report is included as an appendix to this report.</p>
<p>Is a separate EqIA (Equalities impact assessment) needed?</p>	<p>Yes An EqIA has been completed and is included as an appendix to this report.</p>
<p>Is a separate EIA (Environmental impact assessment) needed?</p>	<p>No EIA is required.</p>

Project	Productivity (£1.998m)
Lead portfolio	Adult Social Care and Health
Council Plan Priority	Effective and Efficient Services
Senior responsible officer	Sarah Dillon
Service	Corporate and Support Services (CSS)
Proposal summary	<p>Productivity</p> <p>The delivery of efficient and effective services is at the very heart of everything we do.</p> <p>Making sure that we deliver services that are the most efficient and effective they can be, focusing on the right things and doing them in the right way</p> <p>All Directorates and Services across the organisation will make efficiency savings.</p>
How will the saving be achieved 25/26	<p>The savings will comprise:</p> <ul style="list-style-type: none"> • Managing demand for our services through improved prevention and early help, maximising digital technology and automation. • Robust corporate governance, delivering value for money in our contracts and commissioning. • We will use the annual Better Care Fund uplift to support demand and demographics pressures within the service. • Grant maximisation within Public Health.
Any benchmarking information available to compare Stockport with comparable authorities	N/A
Workforce impact. Outline any changes to the	There are no staffing implications because of this proposal.

Project	Productivity (£1.998m)
workforce because of this proposal	
Outline any internal / organisational impact of the proposal	<p>The following organisational impacts have been identified;</p> <ul style="list-style-type: none"> • Managing demand – we will continue to manage demand to support individuals to access early help and prevention. • Robust corporate governance – we will seek to drive further efficiencies and value for money in our contract negotiations. • Better Care Fund - Consideration will need to be given to the 2025/26 BCF planning documents when they are released to ensure the Locality continues to invest its BCF to planning guidance priorities. • Grant maximisation - Achieving this saving while maintaining service delivery will require close partnership working with NHS providers.
Outline any risks or changes to service delivery and impact this proposal may have on service users	<p>The savings outlined in this saving are interdependent with other savings proposals</p> <p>If we do not invest the full grant allocation in public health improvements risks worsening population health outcomes, increasing inequalities, and will increase future demand in health and care services.</p>
<p>Delivering the change</p> <p>List key milestones and delivery dates (where known)</p>	<p>We are currently scoping milestones for the delivery of these savings;</p> <ul style="list-style-type: none"> • February 2025 – The adult social care budget will be set as part of the annual budget setting process. • June / July 2025 – commissioning savings to be achieved.
Will reserves/ double running be needed in order to deliver this proposal?	No
Is public consultation needed?	No

Project	Productivity (£1.998m)
Is a separate EqIA (Equalities impact assessment) needed?	Where required an EqIA will be undertaken as part of this proposal.
Is a separate EIA (Environmental impact assessment) needed?	Where required an EIA will be undertaken as part of this proposal.