



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Health

Portfolio Performance and Resources Final Update Report 2017/18



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HEALTH

PORTFOLIO OVERVIEW



Portfolio Summary

We've completed Quarter 3 of 2017/18 and again in terms of the broad Health Portfolio, there is nothing unusual to report at the three quarter point in the council's year.

Our current financial position shows a modest surplus for the year but we're predicting a breakeven position for year-end (in spite of an in year Public Health grant reduction of £0.4m) but overall this year we've had to use approximately £0.7m of reserves to maintain this position.



Leading on from that, one of the focus points currently is the financial budget for 18/19. This is the most challenging year since 2010/11 for the Council overall in terms of achieving a balanced budget and it equally impacts on the public health budget. This again sees a further reduction of £0.414m in public health grant for 18/19 and a predicted reduction of £0.414m for 19/20 - all this on top of unexpected budget reductions of approximately £1.7m over the past three years.

Currently we're consulting on a number of budget options - all of which will have an impact to some degree on what services we provide and contract. However, the aim is to minimise (wherever possible) the impact that this will have and to see whether our health economy partners can provide alternatives in some areas.

All this is being done in the context of our overall main priority which is still to try and reduce health inequalities across the borough and across all ages and communities.

Stockport has one of the highest older populations across GM so the development across GM and Stockport of a 'healthy ageing strategy' which is aimed not just at people living longer but more importantly living well into older age, is something that will have a significant impact over coming years.

We know for example, that (amongst other programmes) the Diabetes prevention programme is starting to make an impact and if we can maintain and accelerate that, then for some sections of the borough's population this will lead to improved health outcomes.

We're committed - in spite of the financial pressures we find ourselves in - to prevention and/or early intervention across a range of initiatives. In the longer term, the changes to behaviour and lifestyles will be the 'levers' to reduce if not eliminate for individuals some of the things that currently cause preventable ill health outcomes and reduce for some residents their quality of life.

Cllr Tom McGee, Portfolio Holder for Health

Revenue Budget (Forecast)

	£000
Cash Limit	16,404
Outturn	16,338
(Surplus)/Deficit	(66)

'Approved Use of Reserves' Total	766
Utilisation of 'Approved Use of Reserves' in the above forecast.	63
'Approved Use of Reserves' Balance	703

Capital Programme

There is no capital programme for this Portfolio.

1. HEALTH PRIORITIES, PERFORMANCE, RISKS AND OPPORTUNITIES



1.1. Priorities and Delivery Update

1.1.1. Integrating Health and Social Care

Caroline Drysdale has been appointed as the new Managing Director for **Stockport Neighbourhood Care (SNC)** and will take up her post in January 2018. An Alliance Agreement is now in place which has allowed the provider organisations to develop integrated services under a single line management: Stockport Neighbourhood Care.

Stockport Neighbourhood Care reports into a provider Alliance Board which has senior representation from the four provider organisations –the Foundation Trust, Stockport Council, Viaduct Care (Stockport GP federation) and Pennine Care NHS Foundation Trust. The joint future ambition to develop an Accountable Care Trust to deliver these integrated services remains unchanged.

Healthy Communities

Please see 1.1.2 below for a comprehensive description of the work being carried out within the Healthy Communities workstream.

Core Neighbourhoods

The Council and its partners are continuing to develop the neighbourhood model, working as eight teams with Primary Care at their centre. The design process with GPs explores how they will work together to integrate health and care services to deliver services in neighbourhoods in response to the specification shared with Viaduct in quarter 1.

This quarter has seen the arrival of the Interim Chief Officer for Viaduct, who has been driving forward implementation plans. Recruitment to General Practice Leadership posts for each neighbourhood has been undertaken this quarter. The workforce plan and service redesign implementation continues. New Social Care Officers are picking up cases, and the new Support Worker roles have been further rolled out across neighbourhood teams.

The Falls Service has commenced operating, and will be fully recruited by the end of December. The Enhanced Care Home Team is already intensively supporting a number of providers across the borough. The nursing posts for this team have an anticipated start date of January 2018. The Home Care project has commenced delivery of the WIRE (additional step up home care) and Better at Home additional hours, and intensive work is underway with the selected providers to optimise the number of hours being offered.

The period of wide-scale formal workforce consultation has concluded, and Unions and Leaders are working closely together to move forward with proposals to implement the extended operating hours model. Further work also continues on key job descriptions and person specifications. The Allied Health Professionals Review has been completed, and implementation plans are being finalised.

An Enhanced Case Management rapid deployment plan has been put in place to jointly drive forward the model implementation at pace. Staff training has commenced; multi-disciplinary meetings are happening on a fortnightly basis in each neighbourhood; and each neighbourhood has started to manage a number of cases using the new model. Interim information, management and technology systems continue to be refined, and work is underway to deliver longer term solutions to support the new model.

Recruitment to all posts in the All Age Psychological Medicines Service (AAPMS) has been successfully completed and the service has commenced in the most high-demand neighbourhoods of Victoria and Tame Valley. The team have moved to Hollins House to sit alongside the Marple Integrated Team, and are sourcing clinic space to be able to deliver services within neighbourhoods.

Boroughwide Services

Performance in terms of Delayed Transfers of Care (DToC) has improved due to the successful deployment of Transfer to Assess (T2A) and Active Recovery. T2A will continue to be rolled out to remaining pathways.

Notice has been served on the Mastercall contract for the provision of a Hub and Crisis Response Service. The Hub will become part of the Pathfinder contract and the clinical element of the Crisis Response Service will be provided in-house at Kingsgate from November.

Work with care homes to identify step up crisis response beds has been successful and contracts are being prepared. Work is continuing in a number of settings to ensure that people are placed appropriately according to their needs and that their length of stay is minimised where-ever possible. This means ensuring that care home beds are available, home care staff are in place, effective crisis interventions are available and access criteria to services are reviewed and adjusted as needed. For example, following the closure of the community unit at Stepping Hill Hospital, therapy staff were redeployed to support Intermediate Tier beds in a care home to reduce length of stay.

Active Recovery continue to have a presence with the Integrated Transfer Team to support the hospital discharge process and flow through the system. The trial of a dedicated Active Recovery team at Marbury is proving to be beneficial and the flow through the beds has improved.

Accommodation continues to be an issue across Boroughwide Services. Active Recovery is currently based across 3 different sites and although interim solutions are in place, discussions are ongoing with Estates to consider other sites for a long term base for the whole team.

Trusted Assessor training has been rolled out to all T2A in scope staff and has commenced in care homes in support of the short term recovery plan. Training will all be starting within the neighbourhood teams.

Acute Specialist Interface

EMIS viewer went live on November 1st and can now be used by staff to access the most up to date patient record. Staff are being encouraged and supported to use the new system to its greatest capacity. The system is already having an impact. For example, in

the Emergency Department (ED), staff can see the most up to date GP record for people who have given their consent on admission.

The new Integrated Care Business Group, part of Stockport Neighbourhood Care (SNC) aims to ensure that the hospital front door is outward facing and links effectively to resources in neighbourhoods. Although in the early stages, the move is towards an Urgent Treatment model, where the focus is on deflecting people from the ED, for example by phoning a person's GP for them.

1.1.2. Healthy Communities and reducing inequalities

We are now developing implementation plans for the Business cases working closely with colleagues in Viaduct Care to take forward those areas where they will be providing services.

The beta phase Community Investment Fund has been launched in early November, to invest £25k in community activities to improve health and wellbeing. Early signs are that there has been a good response.

Health Champions Pilot

Evaluation of the pilot of the wellbeing navigator has taken place in one locality and the pilot is being extended.

A future plan for roll out of health champions is being developed and an event for all health champions is being piloted.

Empowering patients in their communities vanguard

Discussions are progressing with a number of providers to support the development of this programme, and action plans are now emerging.

The Patient Activation Measure (PAM) is an evidence based assessment tool that is being piloted. It assesses a person's competence, motivation and skills to make changes and an intervention is then developed based on their score. It means that interventions can be tailored more closely to a person's needs. So if a person has a low activation score they will need more one to one support whereas if it's a high score, they can be directed to a website for self-care.

The PAM is currently being piloted with Life Leisure on the exercise on prescription scheme and they are finding it both useful and effective. It is also likely to be used by the Multidisciplinary Team in the new Enhanced Case Management programme.

Connecting and supporting carers

Latest data on the new Carers Connect website, funded by Stockport Together, shows there were 1200 visitors to the site in the last 6 weeks. The online carers' forum was launched in October and 11 volunteers have been recruited and trained to moderate the website and engage with users. The numbers using the forum are low so far but is expected that it will take a little time for usage to escalate and further promotion campaigns are planned. Signpost currently has around 440 followers on Facebook and its FB posts in the last month were seen by nearly 7.5k people.

232 'hidden' carers have been newly engaged by the project in the last year, exceeding the target of 200.

Voluntary Sector Support for Discharge

Now re-branded as Back Home, the project leads have been working to integrate the two elements of the project (WIN and TPA) into one team with streamlined processes. The activity levels rose in October, with 154 individuals supported, despite losing one of the WIN workers and continuing work to bed in the new ways of working. This post has now been filled but in doing so created a vacancy in the TPA part of the team. Part-month figures show that the number of referrals has increased again to 162 to 27th November, suggesting the changes are beginning to show positive impact.

According to the business case modelling, even at the lower level of activity delivered to date, the project is estimated to be delivering savings that significantly outweigh its costs. The team will continue to work as part of the Integrated Transfer Team and Active Recovery team to increase referrals and progress will be closely monitored.

Healthy Ageing Strategy

A series of events were held during in the first week of October to promote Age-Friendly Stockport. This included a workshop as part of different approaches to engage local residents in the strategy development process. The output from this workshop has been used to inform the strategy.

The Place Based Initiative in the Heaton has identified work to become an Age-friendly Community. One of the first steps in their approach has been to adopt the Take a Seat campaign and this is being linked with the wider Stockport campaign

The Steady in Stockport falls prevention and bone health service (as detailed above) has now been launched, and the prevention messages will be further promoted via the website.

A focus on malnutrition will be driven via a 'paperweight armband' project aiming to raise awareness of malnutrition in the over 65 population. This will be launched in the next quarter.

A competition is calling for amateur photographers to snap positive images of ageing. This contributes to the culture change theme of the strategy, seeking to work against ageism.

1.1.3 Behaviour change and lifestyle support

The Healthy Stockport family of lifestyle services are in place and provide a wide range of support. During this quarter, these services were reviewed as part of the Inclusive Growth and Reform Programme. This has led to a number of savings/service redesign proposals being made which are currently out for consultation. These include:

- the reduction of the wellness service contract by £400,000. This will focus on a number of key service elements that have been determined as critical.
- the cessation of the Food and Health budget (£10,000)
- the secondment of the Social Prescribing team to alternative mental wellbeing and self-care roles. Some programmes they currently deliver will cease.

The closing date for consultation is 22nd December 2017.

1.1.4 Protecting the health of the population

Key projects and programmes which will deliver this priority include **flu immunisation programmes and programmes to effectively manage outbreaks.**

Flu Immunisation – the programme has commenced and early indications are that take up is one or two percentage points up on last year's uptake data (at this point in the programme).

Flu vaccination sessions have taken place to ensure key services are protected. These include:

- School staff,
- NHS Stockport CCG,
- Police
- Fire & Rescue,
- Stockport Homes
- SK Solutions

Outbreaks – information has been provided to the Emergency Planning team at NHS England to inform them about the outbreaks that occurred during 2016 so that they assess the potential impacts for the winter season 2017.

Education continues with care homes and a flu outbreak exercise was included during a recent 2 day training event for care home managers. This was well evaluated and will be run again to continue this education.

Clostridium difficile - infections are closely related to the prescribing of antibiotics and proton pump inhibitors (PPIs), work is underway in general practice to reduce inappropriate antibiotics, however this is a long term programme.

Improving the health of young people

Work continues in ensuring that GP practices are accurately recording vaccines administered, and also acting on any waiting lists that are being generated if a patient misses an immunisation appointment

Flu immunisation data for children and young people is collected via the **immform** website and is now available on a weekly and monthly basis to ensure uptake is continually monitored and information fed back to GP's, the CCG and Public Health England.

1.1.5 Early Intervention

The Early Intervention and Prevention programme focuses on the identification of need and motivation of people to access preventive support and services by embedding prevention in every pathway approach. Key projects and programmes which will deliver this priority include:

'Find and Treat' risk modelling with GP practices through Stockport Together

The business case for 'Find and Treat' is now completed and is part of the Stockport Together neighbourhood business case. It is currently being considered alongside other business cases in the Viaduct review and implementation is now planned for April 2018.

The approach has been tested in Cheadle neighbourhood this quarter with an Atrial Fibrillation (AF) detection pilot running in September to November. Three practices engaged in the pilot, one screening for AF during their flu clinics and two partnering with local pharmacies to increase screening rates. The pilot evaluation will be available in quarter 4.

Prevent type 2 diabetes

By mid-November more than 4,478 invitation letters had been sent to people at risk of developing type 2 diabetes in Stockport, inviting them to join the new National Diabetes Prevention Programme. As a result so far 1,132 people have contacted Reed Momenta, the provider of the service, and 312 people have begun the 9 month programme with a further 123 ready to join. The earliest participants are now at week 8 of the programme, and the first evaluations will be done at session 14.

The first wave roll out in 5 neighbourhoods has been completed and patients from the Heatons will be invited to enrol after Christmas. It is anticipated that it will be rolled out to all Stockport by March 2018.

Healthy Living Pharmacy scheme

Registration for a national quality payment for achieving Healthy Living Pharmacy (HLP) status is reported by Greater Manchester LPC in Stockport at 58/68 pharmacies. This means that Stockport has 58 HLP pharmacy sites with at least 1 trained HLP Champion and at least 1 trained HLP Leader (pharmacist).

Further training for 15 champions was delivered by SMBC in September 2017. Training will be delivered by Greater Manchester trainers at sites across GM over the coming months. All sites must have at least 80% of staff dementia friendly trained.

A further 361 HLP interventions have been recorded by sites on the "Pharmoutcomes" system in this quarter, bringing the total 1,381. This quarter includes interventions concerning coughing/ respiratory symptoms. A key campaign is 'Stay Well this Winter'.




Community-based initiatives, e.g. 'Know your numbers'

Activity monitoring shows that 170 BP tests at 8 venues (including probation service, church based social groups (elderly), Stockport Council, play centres, high schools, roadshow events & community hubs) have been supported so far this quarter. Regular sessions have been available on a monthly basis for Stockport Council staff.

Joined-up local services: Heatons Second Early Adopter

The workshop for the Heatons health champions has taken place. This was a very popular workshop and the number of people expressing an interest in participating was far higher than could be accommodated. Therefore an event was held to invite those people who had expressed an interest to consider other volunteering opportunities offered in the Heatons. This network opportunity enabled many of the established groups in the Heatons to get together and discuss their work with potential volunteers.


1.2. Measuring Performance and Reporting Progress

PI Status	
	2017/18 actual / forecast is significantly below target
	2017/18 actual / forecast is below target but within acceptable tolerance range
	2017/18 actual / forecast is on or above target or within target range

Measures in bold are included within the Corporate Report.

In Priority 2 below, the Healthy Communities Investment Fund and carers online forums are part of the Neighbourhood Business Case Viaduct Review, which is due to report shortly. The review may change delivery plans and therefore initiation dates are unclear.

Priority 1: Integrating Health & Social Care									
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
BCF1	Non elective admissions per 100,000 population (Better Care Fund measure)	Quarterly	Low	13,765 (2015/16)	13,893 (2016/17)	data not yet available		Aim to minimise	
<ul style="list-style-type: none"> Data for Q3 not yet available 									




Priority 2: Healthy Communities									
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
NEW	Number of projects supported since launch of fund	Quarterly	High	-	-	Launched during Q3		6	-
NEW	Number of people engaged by Health Coaches	Quarterly	High	-	-	Viaduct review		1800	-
NEW	Number of people participating in training and development activities	Quarterly	High	-	30	57 (Q1 2017/18)		200	
NEW	Number of carers accessing online forums	Quarterly	High	-	-	Viaduct review		400	-
<ul style="list-style-type: none"> The Healthy Communities Investment Fund has been launched as part of the Community Investment Fund, and projects are currently out to public vote. We will know the number and nature of the projects funded in the first wave by Q4. 									

Priority 2: Healthy Communities

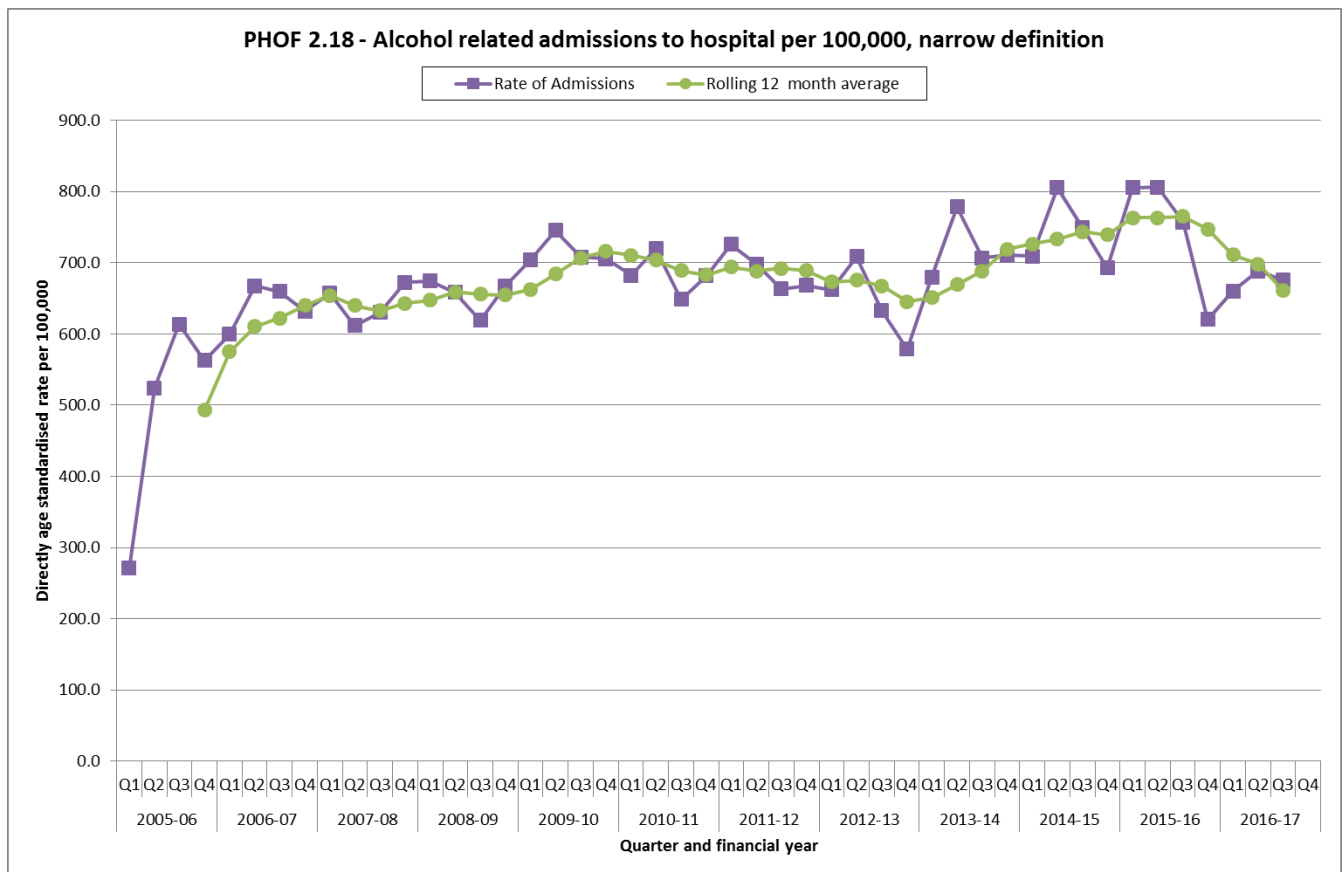
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status

- Health Coaches and carers online forums are part of the Neighbourhood Business Case Viaduct Review, which is now moving into implementation.
- 57 people attended the Living Well courses in Q1; Q2 data is not yet available

Priority 3: Behaviour change





PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
PHOF2.15i	Successful completion of treatment – opiate users	Quarterly	High	4.8% (Jan15-Dec 15)	4.8% (Sep15-Aug16)	5.3% (Apr16-Mar17)	-	6.7%	
PHOF2.15i	Successful completion of treatment – non-opiate users	Quarterly	High	44.3% (Oct14-Sept 15)	23.4% (Sep15-Aug16)	26.3% (Apr16-Mar17)	-	37.3%	
PHOF - LOC 1	Numbers of referrals to START (Stockport Triage Assessment & Referral Team)	Quarterly	High	N/A	2,433 (Oct16-Mar17)	918 (01Oct-06Dec17)	1000	Aim to maximise	






- Indicators for drug treatment successful completion for 2016 are not yet available on the NDTMS system, we will therefore continue to update this figure until 17/18 data is available.
- Indicators for drug treatment for non-opiate are below previous performance, due to the retendering of services and the new service model. The model for delivery substantially changed in October 2015 and changes are still bedding in, especially as this national data has significant lags (data is only up to August 2016). The service provider has put measures in place and is confident that performance is improving; this may take a while to become apparent in the national reporting.
- The indicator for Healthy Stockport has been replaced with one relating to START, reflecting the new service models introduced in October 2016. The volumes of referrals will be monitored throughout this year as indicators which reflect the outcome of interventions are established.



There has been no update to this graph because of data source issues.

The downturn in the rate of admission in the most recent quarters is promising but it is too early to say whether this is a true improvement.

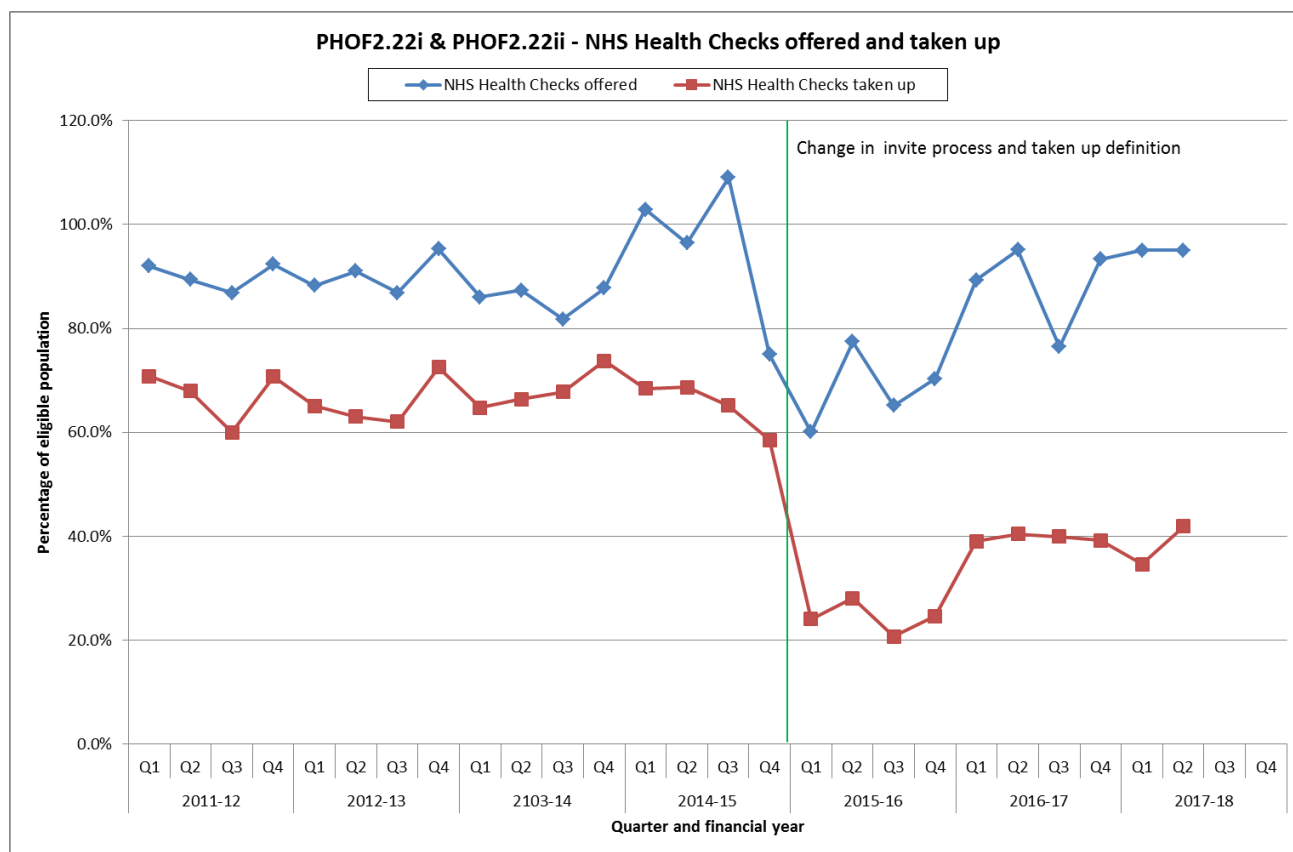
Priority 4: Protecting health									
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
PHOF 3.03xiv	Take up of flu vaccinations by over 65s	Quarter 3 and 4	High	76.8%	78.1%	67.5% (Oct-17)	-	78.1%	-
NEW	Uptake of flu vaccinations for those aged 6months - 64 years and at risk	Quarter 3 and 4	High	56.5%	61.2%	17.1% (Oct-17)	-	61.2%	-
NEW	Uptake of flu vaccinations for pregnant women	Quarter 3 and 4	High	63.7%	65.2%	58.8% (Oct-17)	-	65.2%	-
NEW	Uptake of flu vaccinations for 2-4 year olds	Quarter 3 and 4	High	41.2%	52.4%	35.2% (Oct-17)	-	52.4%	-
NEW	Uptake of flu vaccinations for 5-7year olds	Quarter 3 and 4	High	26.3%	31.7%	7.5% (Oct-17)	-	31.7%	-
NEW	Number of MRSA infections in Stockport	Quarterly	Low	-	4	0 (Oct-05Dec17)		0	
NEW	Number of C difficile infections in Stockport	Quarterly	Low	-	102	5 (Oct-05Dec17)		86	
NEW	Number of influenza outbreaks	Quarterly	Low	-	5	0 (Oct-05Dec17)		Aim to minimise	
NEW	Number of diarrhoea & vomiting outbreaks	Quarterly	Low	-	32	8 (Oct-05Dec17)		Aim to minimise	
<ul style="list-style-type: none"> The annual flu vaccination programme is underway, figures for October are similar to last year Data for the quarters months of 2017/18 shows that the number of outbreaks is as expected 									

Priority 5: Early Intervention and prevention									
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
PHOF2.22i	NHS Health Checks – offered	Quarterly	High	68.3%	88.5%	95% (Q2)	92%	90%	
PHOF2.22ii	NHS Health Checks – taken up	Quarterly	High	24.4%	39.7%	38.3% (Q2)	40%	45%	
PHOF - LOC 2	Number of Blood Pressure checks provided in the community	Quarterly	High	1,060 (2015/16)	1,224 (2016/17)	472 (01 Apr-30Nov17)	800	1,250	
PHOF - LOC 3	Number of behaviour change interventions delivered in pharmacies	Quarterly	High	-	723 (2016/17)	810 (01Apr-30Nov17)	1200	2,500	
NEW	Number of referrals to the National Diabetes Prevention Programme	Quarterly	High	-	-	1,184 (5 th Dec)	1500	1,500	
<ul style="list-style-type: none"> NHS Health Check data for 2016/17 has been updated and shows an improvement on 2015/16, over 7,500 NHS Health Checks were delivered in 2016/17. Q1 data shows good progress on invites, although with a slight fall in those taken up. 472 community blood pressures have been measured and recorded so far in 2017/18, slightly below the target rate The Healthy Living Pharmacy service was launched in June 2016; data has been collected from August with 18 pharmacies engaged so far. So far 723 brief interventions were offered in 16/17, with 810 so far in 2017/18. The first invites for the National Diabetes Prevention Programme were sent during Q2 2017/19, as a result of the 4,450 invite letter sent 1,184 eligible patients have so far contacted the service. 									


The number of NHS Health checks offered was greater than 100% in 2014-15 (Q1 & Q3). NHS Health Checks are a 5 year programme, and therefore although 1/20th of the eligible population in theory is called every quarter (5 years, 4 quarters) sometimes the actual invites can be more than this. In these time periods more than 1/20th of the population was called therefore the percentage of eligible population offered was greater than 100%.

Tightening in data quality rules resulted in a perceived drop in take up and offers of health check.

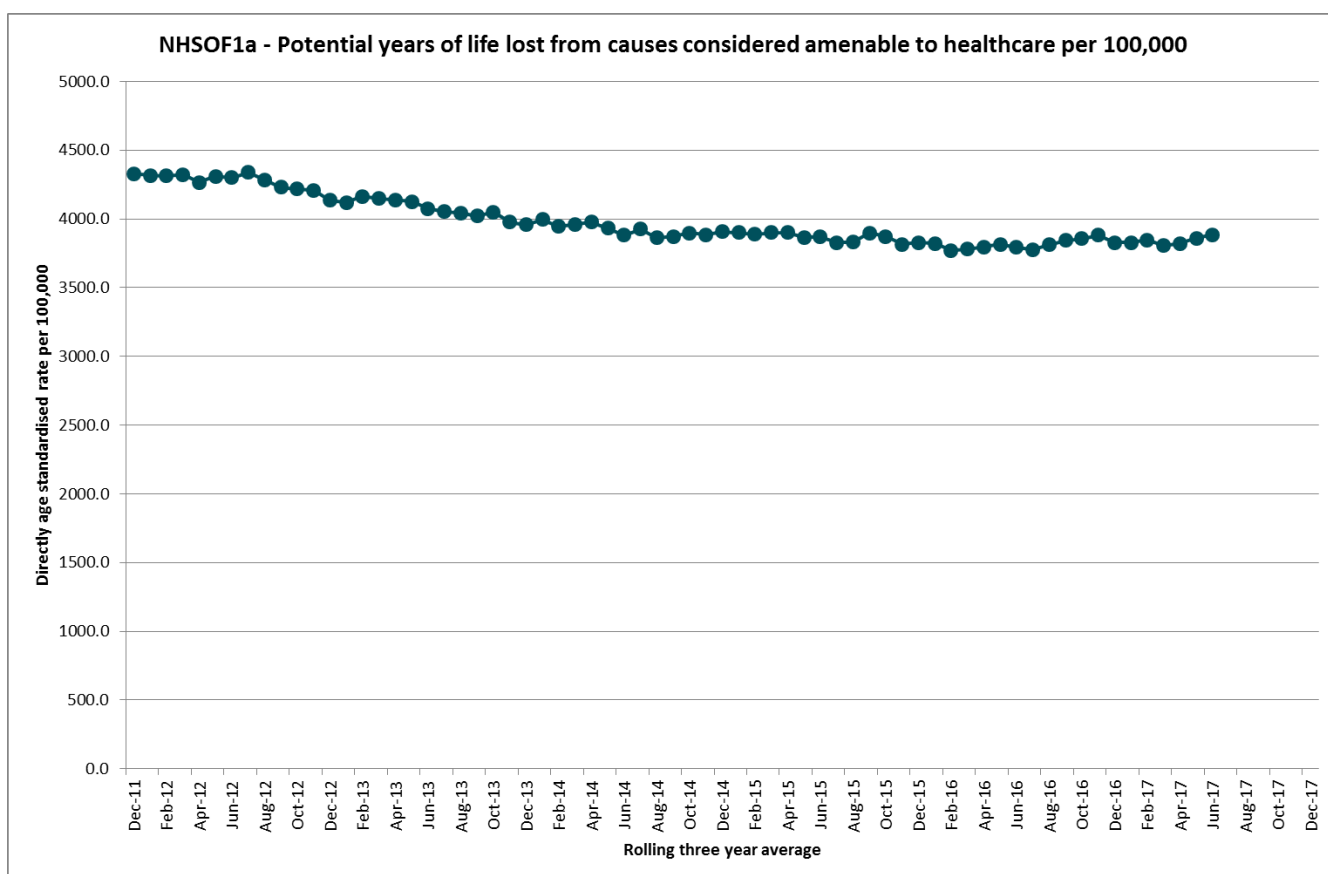
2017/18 is showing a sustained improvement over 2015/16.









Partnership Measures

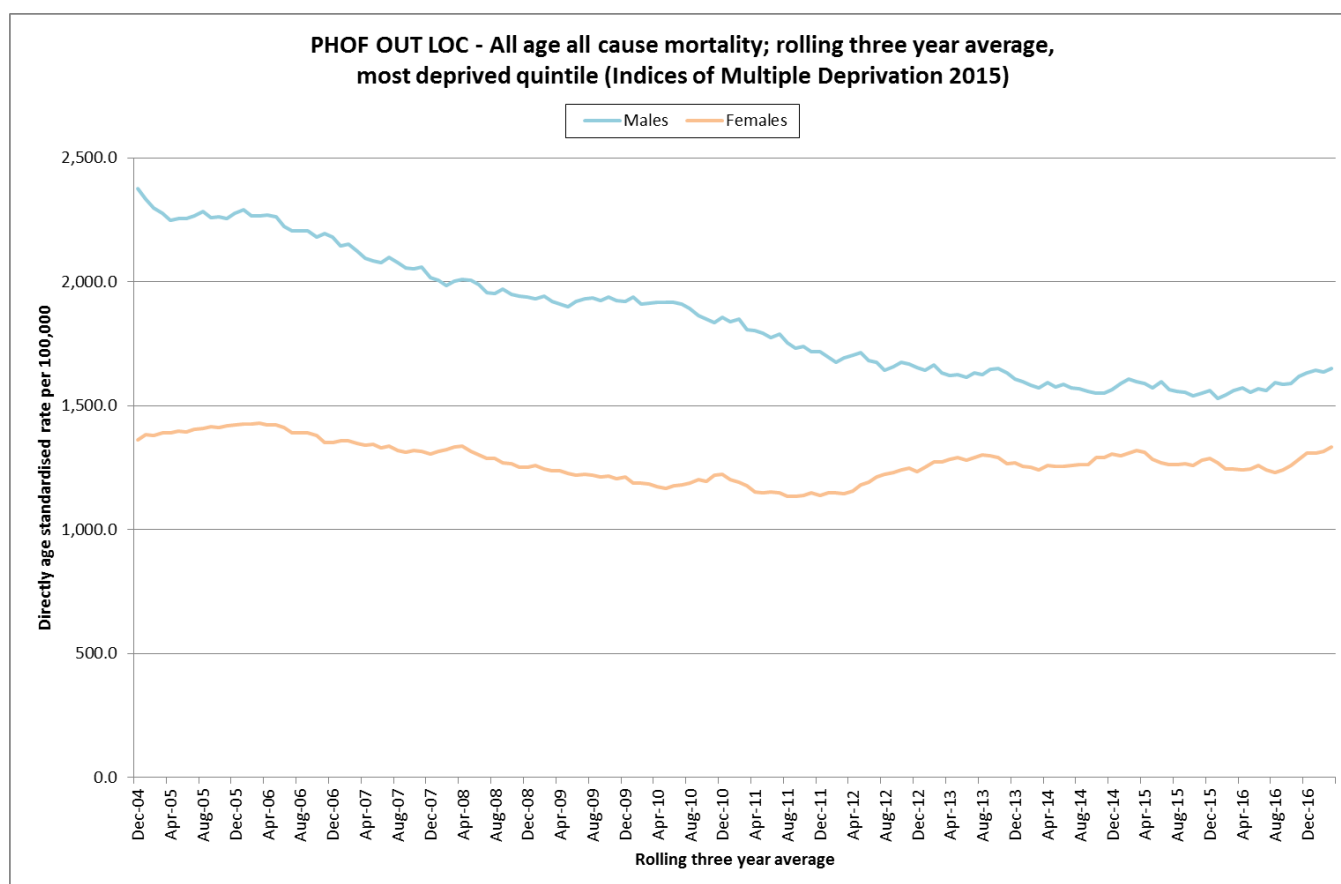
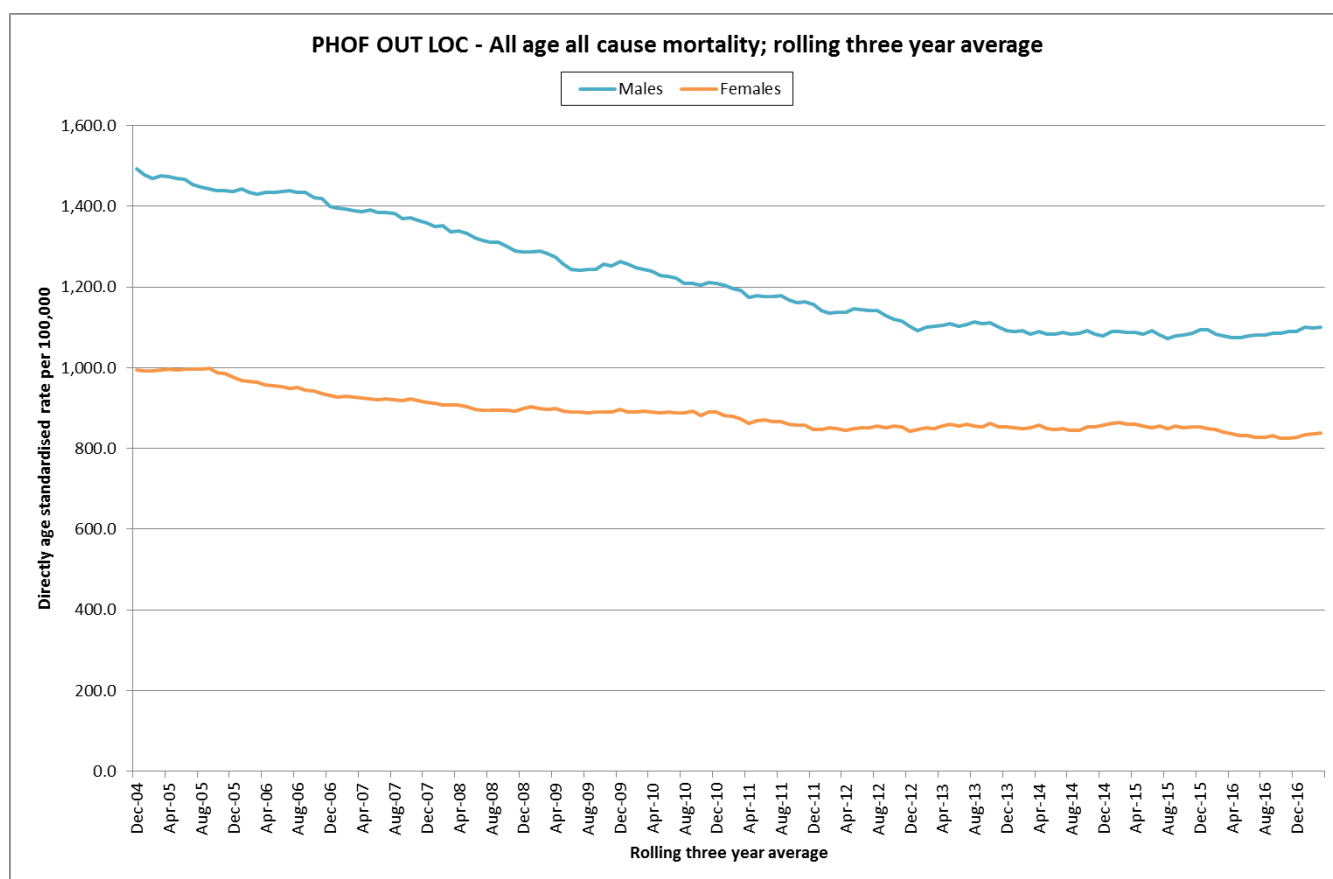
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
NHSOF2.3i	Unplanned hospitalisation for chronic ambulatory care sensitive conditions all ages per 100,000 - CCG	Quarterly	Low	1,066.6 (2015/16)	887.3 (Jan-17)	data not yet available		Aim to minimise	
NHSOF2.3ii	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s per 100,000 - CCG	Quarterly	Low	452.3 (2015/16)	366.8 (Jan-17)	data not yet available		Aim to minimise	
NHSOF1a	Potential years of life lost from causes considered amenable to healthcare per 100,000 – CCG	Quarterly	Low	3828.1 (2013-15)	3828.2 (2014-16)	3884.9 (Q2)		Aim to minimise	

Partnership Measures									
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
PHOF2.18	Alcohol related admissions to hospital per 100,000 (narrow)	Quarterly	Low	747.2 (2015/16)	675.3 (Jan-17)	data not yet available		Slow the increase	
PHOF2.24i	Injury due to falls in people aged 65+ - admissions to hospital per 100,000	Quarterly	Low	2,751.9 (2015/16)	2,584.5 (2016/17)	data not yet available		Aim to minimise	
<ul style="list-style-type: none"> There is a data source issue interfering with queries for NHSOF2.3i, NHSOF2.3ii and PHOF2.18 which has been referred to NHS Digital, data should be available by Q3. National methodology for NHSOF1a has changed, increasing the number of causes considered amenable to healthcare, as COPD related admissions are now included. 									

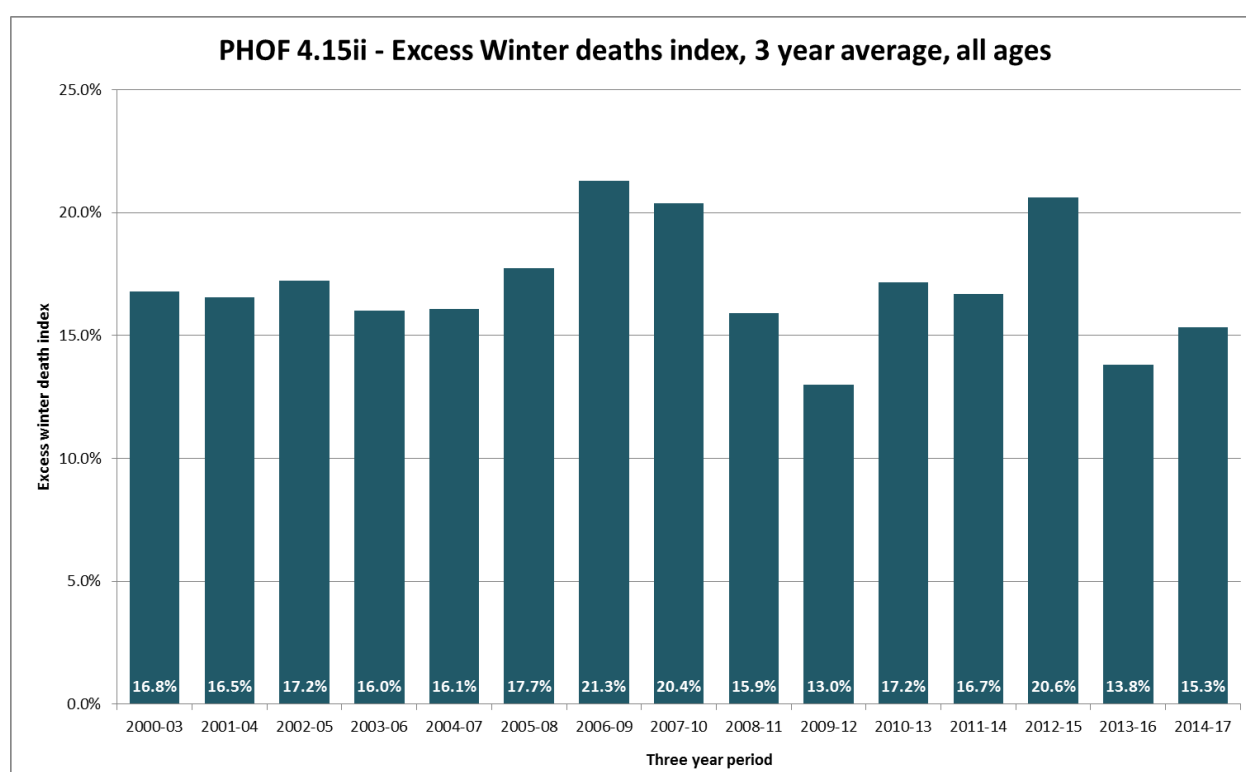
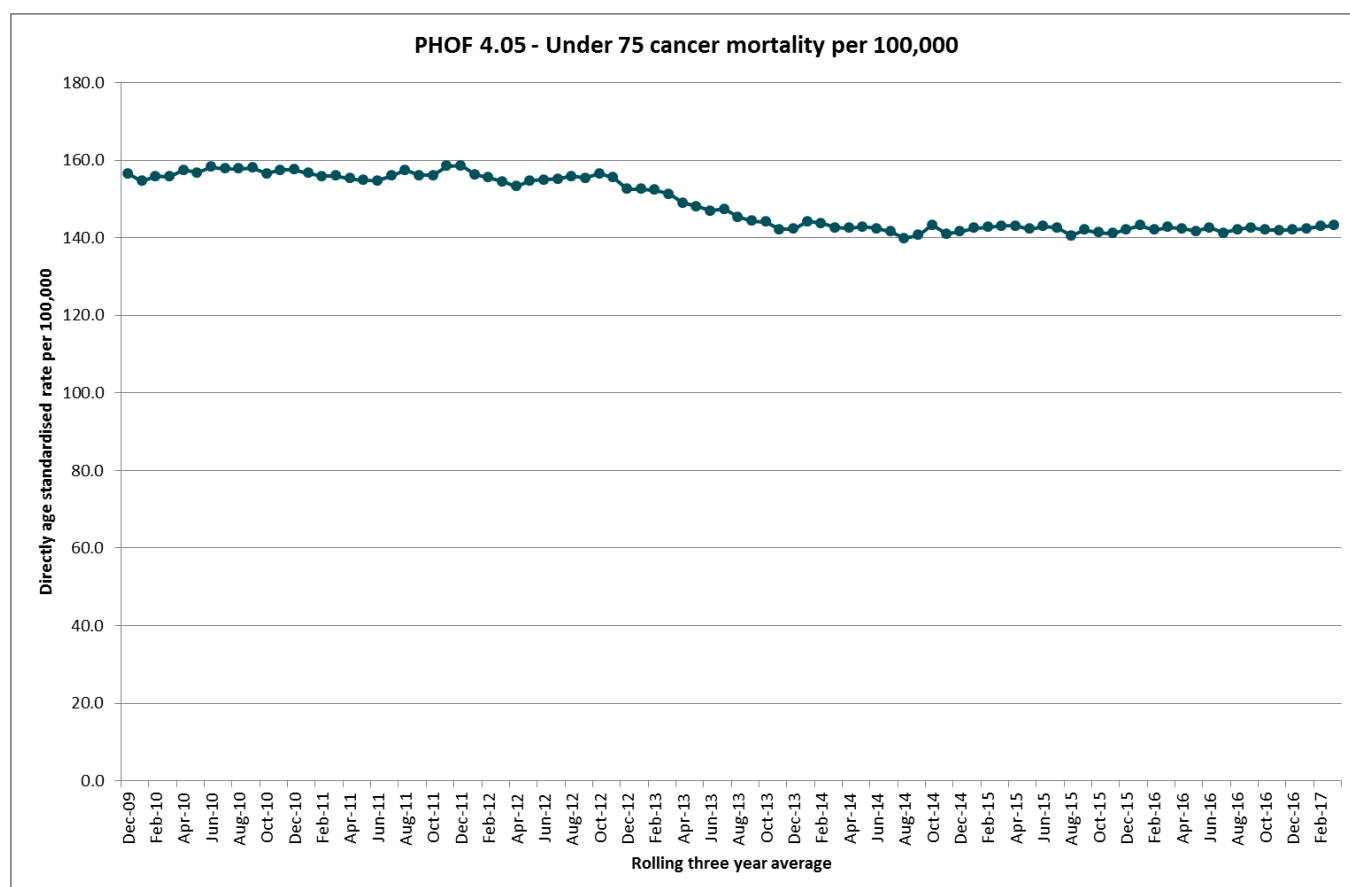


The national methodology for NHSOF1a has changed. The number of causes considered amenable to healthcare has increased as COPD is now included.

Contextual Measures									
PI Code	PI Name	Reported	Good Performance	2015/16 Value	2016/17 Value	2017/18			
						Q3 Value	Forecast	Target	Status
PHOF-OUT	Life expectancy in years – males (annual)	Annual	High	79.8 (2013-15)	79.8 (2014-16)	-	79.8	Aim to maximise	
PHOF-OUT	Life expectancy in years – females (annual)	Annual	High	83.1 (2013-15)	83.4 (2014-16)	-	83.4	Aim to maximise	
PHOF-OUT	Healthy life expectancy in years – males (annual)	Annual	High	65.9 (2012-14)	65.0 (2013-15)	-	65.0	Aim to maximise	-
PHOF-OUT	Healthy life expectancy in years – females (annual)	Annual	High	66.1 (2012-14)	65.9 (2013-15)	-	65.9	Aim to maximise	-
PHOF-OUT LOC	All age, all cause mortality – males	Quarterly	Low	1,094.5(2013-15)	1,090.2 (2014-16)	1,104.5 (Q2)	1,090	Aim to minimise	
PHOF-OUT LOC	All age, all cause mortality – females	Quarterly	Low	852.9 (2013-15)	827.1 (2014-16)	841.4 (Q2)	827	Aim to minimise	
PHOF-OUT LOC	All age, all cause mortality – deprived, males	Quarterly	Low	1,560.8(2013-15)	1,631.1 (2014-16)	1,654.6 (Q2)	1,631	Aim to minimise	
PHOF-OUT LOC	All age, all cause mortality – deprived, females	Quarterly	Low	1,285.9(2013-15)	1,308.8 (2014-16)	1,350.5 (Q2)	1,308	Aim to minimise	
PHOF4.06i	Under 75 mortality rate from liver disease per 100,000 (annual)	Annual	Low	22.5 (2013-15)	21.4 (2014-16)	-	21.4	Slow the increase	
PHOF4.05i	Under 75 cancer mortality per 100,000	Quarterly	Low	142.2 (2013-15)	142.0 (2014-16)	141.6 (Q2)	142.0	Aim to minimise	
PHOF4.15iii	Excess winter deaths index (3 years, all ages) (annual)	Annual	Low	20.6% (2012/13-14/15)	13.8% (2013/14-15/16)	-	15.3% (2014/15-16/17)	Aim to minimise	



The increase in female all age all-cause mortality in quintile 1 from late 2011 is not a significant increase and follows a period of lower than average deaths in the preceding years. This however will be monitored closely by the Public Health Team.



The increase in winter deaths in 2012-15 was due to a larger than average number of deaths at the beginning of 2015 which was experienced nationally, in 2016 rates have fallen to below previous levels and in 2017 have risen slightly, but are still below the national average of 20.9%.

1.3 National and Regional Policy Drivers

The Chancellors Autumn Budget on 22nd November included £2.8bn more day-to-day funding for the NHS in England, including £350m to address winter pressures on services and an extra £10bn in capital investment across the UK over the course of the parliament. However, there was no additional funding for adult social care and the Association of Directors of Adult Social Services commented that “The extra funding for the NHS will not be as effective without extra money for adult social care, which remains in a perilously fragile state. Adult social care needs to be tackled as urgently and at least as equally as the needs of the NHS, in a way which recognises the inter-dependency of these services and encourages a collaborative approach”.

However, £42m of additional funding for the **Disabled Facilities Grant** in 2017/18 was announced, increasing the total budget for the year to £473m. Details of how this additional funding will be allocated to local authorities has not been confirmed.

Ahead of the Budget, the First Secretary of State and Minister for the Cabinet Office, Damian Green, announced that the government will publish a **green paper on care and support for older people** by summer 2018, rather than this autumn as expected. An independent panel of experts will consult on proposals to improve care and support for older people and tackle the challenge of an ageing population and establishing "a long-term, sustainable solution to providing the care older people need". The consultation will only focus on older people, and will be subject to a full public consultation after it is published in summer 2018. A parallel consultation on how to fund care for younger disabled adults is expected to follow.

[The Care Quality Commission](#) has published its findings following a **local system review of Halton** in Cheshire. The report is the first of 20 targeted reviews of local authority areas, looking specifically at how people move through the health and social care system - with a focus on how services work together.

A number of organisations have published papers commenting on the **long term funding of social care**. These include:

NHS Digital [Adult Social Care Activity and Finance Report, England 2016-17](#)

The Voluntary Organisations Disability Group (VODG) has published '[True Costs: Why we cannot ignore the failure in social care funding](#)'.

iMPOWER [Mission:Possible – how to save £3bn and promote independence in adult social care](#)

ADASS [Autumn Short Survey of Directors of Adult Social Services 2017](#)

Independent Age [Will the Cap Fit?](#)

The Government has commissioned an independent review of the **Mental Health Act** which will take into account the Law Commissions review of the law on deprivation of liberty standards. The review is due to report in the autumn next years and may lead to new legislation. In the meantime, the government plans to respond in detail to the Law Commissions recommendations in spring 2018.

[The Social Care Institute for Excellence \(SCIE\)](#) has published several resources on the social care experiences of people with **disabilities who identify as lesbian, gay, bisexual, trans, queer, questioning, intersex** or who hold identities such as non-binary (LGBTQI+). The resources are based on research carried out by the University of Bristol, Regard, SCIE and Stonewall, funded by the National Institute for Health Research School for Social Care Research (NIHR SSCR). They include: a research report; briefings providing information for LGBTQI+ Disabled People who employ personal assistants or support workers, and for personal assistants, support workers, social workers and other social care staff working with LGBTQI+ Disabled People, and two films.

NHS England has announced the [appointment of Ray James](#) as its first **National Learning Disability Director** to drive improvement across the country on services to people with a learning disability, their families and carers. Ray is the former national president of the Association of Directors of Adult Social Services and the long-standing executive director of health, housing and adult social care at the London Borough of Enfield.

Greater Manchester Combined Authority launched its new Strategy, [Our People, Our Place](#). The Strategy was drawn up by the Mayor, all 10 councils, the NHS, transport, the police and the fire service after speaking with businesses, the voluntary and social enterprise sectors, and Greater Manchester residents. It includes 10 priorities:

1. Children starting school ready to learn
2. Young people equipped for life
3. Good jobs, with opportunities for people to progress and develop
4. A thriving and productive economy in all parts of Greater Manchester
5. World-class connectivity that keeps Greater Manchester moving
6. Safe, decent and affordable housing
7. A green city-region and a high quality culture and leisure offer for all
8. Safer and stronger communities
9. Healthy lives, with quality care available for those who need it
10. An age-friendly Greater Manchester

Each priority includes targets, outcomes and ambitions and Implementation Plans and each has a Portfolio leads. Stockport's Chief Executive leads on the Equality, Fairness and Inclusion Portfolio and has responsibilities across priorities 1, 2, 3, 4, 8, 9, 10.

Greater Manchester has been chosen by **Sport England** as a pilot area to work with on an exciting new approach to build healthier, more active communities across England. Around £100million of National Lottery funding will be invested in 12 pilot schemes over four years, to create partnerships that make it easier for people in these communities to access sport and physical activity. There will be a focus on:

- Children and young people aged 5 – 18 in out-of-school settings
- People out-of-work, and people in work, but at risk of becoming unemployed

- People aged 40 – 60 with, or at risk of, long-term conditions: specifically cancer, cardiovascular disease and respiratory illnesses
- Improving mental health and tackling inequalities

Greater Manchester Health and Social Care Partnership are working with health and social care partners across Greater Manchester to manage pressures on the health and care system this winter. A new urgent and emergency care hub has been set up to monitor activity across all the hospitals in the region. The hub will predict and respond to pressures building up in A&E departments, provide early warnings, and work with local teams to review staffing levels.

The Partnership has also approved a number of investments including a contribution of £45m for mental health transformation, £41m for primary care, and up to £30m for population health. £11m of our total investment in mental health will be spent on supporting the wellbeing of local communities and localities have been invited to apply for a funding allocation.

1.4 Portfolio Risks

This section provides an update by exception against risks identified within the Portfolio Agreement since the Mid-Year Report. Details of the some of the projects and activities which are helping to mitigate the Portfolio risks are also included in the Priorities and Delivery update in Section 1.1 of the report.

Risk Description	Update on controls and mitigating actions
Home Care capacity in long term private market impacting on ability of Active Recovery to transfer care, impacting flow.	Contracts awarded to private providers for additional dedicated home care hours. The contracts are called Better at Home and WIRE
Staff consultations constrain ability to fully deploy model and associated benefits impact.	To understand revised consultation timeline and assess impact on model
Utilisation of expanded crisis response team dependent on rollout of Enhanced Case Management (ECM)	Acceleration of roll out ECM within neighbourhoods
Challenges reporting against a number of KPI's due to poor data quality/collection	Business Intelligence looking at a solution
Active Recovery currently based across 3 different sites, interim solutions in place	Discussions ongoing with Estates to consider other sites for a long term base for the whole team.
Risk that following review and possible reductions in contract value, preventive services not able to meet expectations	Review governance and structures of preventive services to ensure effective service delivery

2. HEALTH FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

	Previously Reported (PPRR Q2)	Increase (Reduction)	Revised Budget at Q3
	£000's	£000's	£000's
Cash Limit	16,404	0	16,404

2.1.1 Quarter 3 2017/18 analysis

The financial resources deployed in this Portfolio total £16.404m. The net position for the Health Portfolio at Quarter 3 is a surplus of £0.066m. This equates to a 0.4% variance in terms of the total resources available. (see table below).

Service	Current Budget £000	Forecast Outturn for Q3 £000	Total Variation for Q3 £000	Variation Reported for Q2 £000
Public Health	16,081	16,081	0	0
Health and Wellbeing	323	257	(66)	(6)
Total	16,404	16,338	(66)	(6)

The Public Health service is forecasting a breakeven position at Q3. There has been an additional recurrent cut to the grant of £0.406m (2.5%) in 2017/18. This is in addition to an unexpected recurrent cut in 2015/16 of £0.966m and a further recurrent grant cut in 2016/17 of £0.350m.

The response from the service to these ongoing cuts was to create a revised staffing structure at a reduced cost base. It has also renegotiated the Sexual Health contract and is still in the process of renegotiating its remaining contracts with Stockport Foundation Trust (FT) for School Nursing, Health Visitors and Family Nurse Partnership.

Whilst these negotiations continue there is a pressure of £0.076m over preferred budgets in addition to a pressure of £0.096m of the grant cut still to find (£0.112m in Q2). The reduction of £0.016m is due to a budget saving found in the Sexual Health service. The ongoing pressures are currently being offset by forecast staffing underspends, due to vacant posts within the service, of £0.035m, and savings identified within the service areas, in year, of £0.074m. This leaves an overall remaining pressure of £0.063m.

It is currently anticipated that £0.063m of the Public Health reserve totalling £0.766m will be utilised in 2017/18 to mitigate the above pressures.

Agreed savings of £0.062m have been aligned and achieved within the Health and Wellbeing service. The savings came from staffing and non-pay surpluses.

Health and Wellbeing is forecasting a surplus position of £0.066m at Q3. This is due to minor underspends within staffing and non pay external contract commitments.

2.2 Earmarked Reserves

The Table below illustrates the balances in reserves carried forward into 2017/18 and anticipated in year commitments known/approved at Q3.

Reserve Category	Reserve Narration	To be used for	Reserve / 'Approved Use' Balance £000	Planned use of Reserves / "Approved Use" 2017/18 £000	Balance of Reserve / "Approved Use" £000
Corporate Reserves					
Corporate Reserves	Revenue Grant Reserve	Public Health: mitigate in year pressures	766	63	703
TOTAL			766	63	703

2.3 Portfolio Savings Programme

The Council's savings programme was agreed by the Council Meeting as part of the 2017/18 Budget on 23 February 2017. The Portfolios saving requirement for 2017/18 is £0.468m.

Proposal	Risk Rating	Value £000	Value Achieved £000	Additional Notes
Grant Reduction - Public Health	Amber	406	310	£0.096m savings still to find (£0.112m in Q2)
Commissioning, contracts and staffing – Health Policy	Green	62	62	Achieved in full
TOTAL		468	372	Savings still to be achieved £0.096m

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 s.75 pooled budget with Stockport CCG incorporating the Adults Social Care and Health Portfolio has a Council baseline resource of £86.243m at Quarter 3. This has changed from the £84.326m reported at Quarter 2 by £1.917m.

The current outturn forecast as at Quarter 3 is a deficit of £0.518m. An update will be provided to the next Health & Care Integrated Commissioning Board (HCICB) on the 27th February 2018.

The total pooled budget with Stockport CCG incorporating the £86.244m discussed above continues to be circa £200m.

Portfolio	Current 2017/18 Q3 Budget £000	Forecast Outturn Q3 £000	Forecast Variance Q3 £000	Forecast Variance Reported Q2 £000
Adult Social Care	69,839	70,423	584	849
Health	16,404	16,338	(66)	(6)
Total	86,243	86,761	518	843

2.5. Capital Programme

There are no capital schemes within the Portfolio.