

Health

Portfolio Performance and Resources Third Update Report 2018/19



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HEALTH – PORTFOLIO OVERVIEW



Portfolio Summary

This 3rd quarter report is the first one reflecting the newer style of reporting activity 'by exception', with the aim of making it easier to see where there are differences [both positive and negative] in performance and meeting targets across the portfolio.

It's clear that the significant changes to the model of providing specialist lifestyle services, that we had to introduce in June 2018 because of budget pressures to achieve savings, have demanding targets. Increasingly, the targeted prevention is aimed at people with more challenging, and often complex, lives, so achieving some of the performance measures is, in itself,



challenging. The referrals by GMP to the START programme are a good example of partnership working [which hopefully will lead to less demand on GMP resources] but equally less demand on the system overall if we can support people through lifestyle changes.

And in that vein of lifestyle changes, I was pleased that the government has announced a three-year extension to the Type 2 Diabetes Prevention Programme that will enable the work being done in Stockport to continue for a further three years from summer 2019. One lifestyle change that is having mixed results is smoking cessation. Whilst the overall number of people smoking in Stockport continues to fall there are very significant variations by geographical area in the numbers who smoke so more targeting of cessation programmes may need to happen.

Sadly, one area of performance that has been affected by national decisions is that of flu vaccinations. Normally flu vaccines are released in a 100% block to local areas in good time for the vaccination programme to be rolled out. For technical reasons, the roll out this year was divided on a 40:40:20 basis. So, whilst everyone now has the amount of vaccines requested, it has meant that in some areas there has been a delay in the ability of the system to vaccinate early - there still are however people in Stockport in the target/risk groups who don't avail themselves of the opportunity to make use of this programme.

That's made even more stark by the ONS announcement pre-Christmas showing a rise in excess winter deaths with Stockport following the national trends of an increase. But given that about one third of these excess deaths nationally are attributed to serious breathing difficulties including flu, asthma and bronchitis, we can see the importance of increasing our flu vaccination performance [and that doesn't detract from the fact that Stockport has been the lead LA in the country over past few years in vaccinations].

In terms of finances there is a minute surplus for Q3 [which goes nowhere near to offsetting the Public Health Grant reduction of £0.414M for 2018-19], so we're still anticipating at this stage having to use approx. £0.5M [or almost half] of the Public Health reserves to cover pressures.

CIIr Tom McGee - Cabinet Member for Health

Revenue Budget (Forecast)	Capital Programme
	£000	There is no capital programme for this
Cash Limit	16,035	Portfolio.
Outturn	16,013	
(Surplus)/Deficit	(22)	

1. HEALTH PORTFOLIO: DELIVERING OUR PRIORITIES



	PI Status - Key							
	2018/19 actual / forecast is significantly below target.							
	2018/19 actual / forecast is below target but within acceptable tolerance range.							
②	2018/19 actual / forecast is on or above target or within target range.							

Priority 1 - Integrating health and social care

Highlights and Exceptions from Q3

Delivery Projects

• Eleven Health Champions were recruited in Cheadle and further work was undertaken to increase number of recruits, as well as to identify other practices interested in adopting the programme.

Performance Measures

- PH1819-01 as this is the fourth practice to be recruited to, the initial trajectory was based on other practices. Recruitment took place in November, which can be a difficult time to recruit. Networks will continue to be used to recruit additional Health Champions in the New Year.
- PH1819-03 (Number of patients attending Find and Prevent Service): This service is rolling out during 2018/19 and is likely to begin recruiting patients in Quarter 4.

Wider Context and Challenges

• Social Care Green Paper: Government has delayed publication of this document several times since its first proposed publication date of "summer 2017". Latest word from Government is that it will be published "at the first opportunity in 2019" (with no suggestion as to when that might be).

Measuring Performance and Reporting Progress

		Good	2017/18	2018/19			
PI Code	PI Name	perform- ance	Actual	Q3 Actual	Forecast	Target	Status
PH1819-01	Number of Health Champions at GP Practices	Increase	66	52	100	125	_
PH1819-02	Number of patients attending Mental Wellbeing and Self Care Service.	Increase	0	906	1,750	800	Ø

Priority 2 - Promoting healthy communities and reducing inequalities

Highlights and Exceptions from Q3

Delivery Projects

- The redesigned A Better Life (ABL) lifestyle service is in place and savings targets achieved. Performance overall has started to improve although the service is still not achieving all key targets.
- Enable (adult weight management) programme: the target around the number of intervention starts has been achieved. Future work will include increasing referrals from priority areas.
- However, referral rates to FAB (child weight management programme) remain low. The new schools programme (universal offer) is now being rolled out and it is expected that this will boost numbers on the targeted programmes.
- Numbers enrolling in smoking cessation programme are increasing but are still below target.
- Over 50 primary care staff and 30 community staff received training regarding the SAFETool (suicide prevention resource).
- A new weight management peer support group has been established with residents of the Lancashire Hill flats.

Performance Measures

- PH1819-12 (Numbers of referrals to Stockport Triage Assessment & Referral Team (START)).
 This measures the numbers of referrals to START, the gateway to Stockport's specialist lifestyle services. There are significantly more referrals than previously (and well above the target set), largely due to the inclusion of police referrals. Trajectories will be revised for future target setting.
- PH1819-13 (people completing a weight management intervention): Following the introduction of a
 new service model for specialist lifestyle services in June 2018, performance data has begun to
 emerge. As the intervention consists of a 12-week programme however, this data is limited. The
 target for 2018/19 was for 180 people to have completed the programme. To give an indication of
 general activity the number of intervention starts are:
 - Quarter 1: 43 (11 have completed (24%) and 18 (40%) are still on the programme).
 - o Quarter 2: 84 (none completed but 61 (73%) are still on the programme).
 - Quarter 3: data will be available at the end of January 2019.
- PH1819-14 (people completing a smoking cessation programme): Similar to the weight management initiative above, this is a 12-week intervention and limited performance data has started to emerge (again, the 2018/19 target is 180 completions):
 - Quarter 1: 84 starts (25 completed (30%) and 53 (63%) still open to the service).
 - Quarter 2: 133 starts (11 completed and 70 (53%) still open to the service).
 - o Quarter 3: data will be available at the end of January 2019.
- PHOF2.18 (Alcohol related admissions to hospital per 100,000 (0-17 years) the projected figure
 is higher than the target. However, as this is based on just four months' data, it is rated as amber
 for now. This will need to be reviewed if the rate remains as high in the longer term.

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Measuring Performance and Reporting Progress

	Good 2017/18 201		2018/19				
PI Code	PI Name	perform- ance	Actual	Q3 Actual	Forecast	Target	Status
PH1819-12	Numbers of referrals to START (Stockport Triage Assessment & Referral Team)	High	1,316	889	4,000	1,400	②
PHOF2.15i	Successful completion of treatment – non-opiate users.	Increase	30.8% (Sep16- Aug17)	33.7% (May17- Apr18)	33.7% (May17- Apr18)	Aim to maximise	②
PHOF2.18	Alcohol-related admissions to hospital per 100,000 (narrow)	Decrease	671.1 (2017/18)	Not available	670.8 (12 month rolling average)	Aim to minimise	Ø
PHOF2.18i	Alcohol-related admissions to hospital per 100,000 (0-17 years)	Decrease	59.4 (2017/18)	Not available	67.1	Aim to minimise	_

Priority 3 - Protecting the health of the population

Highlights and Exceptions from Q3

Delivery Projects

• This year, the supply of flu vaccines nationally was staggered over three months (on a 40%: 40%: 20% basis). Though all providers did receive the amount of vaccines requested, phased supply affected the ability of the system to vaccinate early. Vaccine supplies for over 65s were particularly problematic, though this was anticipated and mitigation measures were introduced in Quarters 1 and 2. Some issues persisted however, particularly relating to GP practices. Across the health economy, vaccination rates are likely to be lower than in 2017/18.

Performance Measures

 PHOF3.03: This includes a range of measure relating to rate of uptake of flu vaccinations amongst a number of groups. Most of these are predicted to fall below target uptake levels. The difficulties with vaccine supply set out above have been a key factor in this. Stockport however, continues to be the best performing of the GM Districts, across all of these groups.

Measuring Performance and Reporting Progress

		Good	2017/18				
PI Code	PI Name	perform- ance	Actual	Q3 Actual	Forecast	Target	Status
PHOF3.03xiv	Take up of flu vaccinations by over 65s.	Increase	80.8%	74.2%	79.0%	81.0%	
PHOF3.03xv	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	Increase	62.2%	51.6%	60.0%	63.0%	
PH1819-04xvi	Uptake of flu vaccinations for pregnant women.	Increase	71.2%	64.1%	70.0%	72.0%	
PH1819-05xvii	Uptake of flu vaccinations for 5-9 year olds.	Increase	68.5%	66.9%	75.0%	70%	②
PHOF3.03xviii	Uptake of flu vaccinations for 2-4 year olds.	Increase	65.2%	53.1%	65.0%	66.0%	_
PH1819-06	Number of MRSA infections in Stockport.	Reduce	4	0	0	0	②
PH1819-07	Number of C Difficile infections in Stockport.	Reduce	95	24	70	Aim to minimise	
PH1819-08	Number of influenza outbreaks in care homes.	Reduce	10	0	0	Aim to minimise	②
PH1819-09	Number of diarrhoea & vomiting outbreaks in care homes.	Reduce	27	7	20	Aim to minimise	Ø

Priority 4 - Early intervention, living and ageing well

Highlights and Exceptions from Q3

Delivery Projects

- Consultation on Age Friendly Stockport has begun. This will inform the development of an action plan for 2019/20.
- Signpost Stockport is continuing to deliver activities to support carers and figures should be available in January. The project has underspent its budget despite delivering high levels of activity, and has asked permission to carry forward a small amount of grant to continue delivering this support in 2019-20, pending a decision on Lottery funding expected in the summer of 2019.
- Government has confirmed that the National Diabetes Prevention Programme will continue to July 2022 (a further three years after the current contract ends). An exercise to appoint the provider for GM is underway.
- Stockport Council are working with Public Health England and other partners to review the local Breast Screening Programme to try to reverse the declining rate of uptake. In addition, work resulting from the National Breast Cancer Screening incident is now complete.

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- Cancer prevention message were delivered alongside flu immunisations in a range of settings during Quarter 3.
- Various blood pressure measurement events ("Know Your Numbers") were delivered to local workplaces including Cheadle Police Station and Robinsons Brewery.
- The Paperweight Armband project helps professionals identify older people at risk of malnutrition -238 assessments have been completed. In November 2018, the programme featured on local television on "Granada Tonight".

Performance Measures

- PH1819-11 (Number of paperweight armbands brief interventions delivered): current projection is significantly below target. This is due to delays in recruitment to the post.
- PHOF4.15iii (Excess winter deaths index) This measure shows the level of excess winter deaths (EWD) in Stockport, averaged over a three-year period. The EWD rate in Stockport in 2017/18 was the highest it has been for 6 years (though this was mitigated by the lower rates in the previous 2 years). The increase in EWD rate in Stockport was lower than the increase nationally.

Wider Context and Challenges

 GM Winter Preparedness Improvement Plan: This winter planning approach focussed on ensuring systems across GM have the correct level of acute bed capacity and occupancy. The approach focusses on, four key work streams: Stay Well; Home First; Patient Flow; Discharge & Recovery. The plan is supported by a public communications promoting a range of services and is particularly targeted at identified "at risk" groups.

Measuring Performance and Reporting Progress

		Good	2017/18		2018/19		
PI Code	PI Name	perform- ance	Actual	Q3 Actual	Forecast	Target	Status
PH1819-10	Number of referrals to the National Diabetes Prevention Programme	Increase	1,887	682	2,000	1,250	
PH1819-11	Number of paperweight armbands brief interventions delivered.	Increase	-	78	400	1,500	
PHOF4.15iii	Excess winter deaths index (3 years, all ages) (annual)	Reduce	14.2% (2014-17)	14.4% (2015-18)	14.4% (2015-18)	Minimise	<u> </u>

2. HEALTH PORTFOLIO: FINANCIAL RESOURCES AND MONITORING



2.1 Revenue - Cash limit

	Previously Reported (PPRR Q2) £000	Increase (Reduction) £000	Budget at Q3 £000
Cash Limit	16,035	0	16,035

Quarter 3 Analysis

The financial resources deployed in this Portfolio total £16.035m. The outturn position is a surplus of £0.022m. This equates to a 0.14% variance in terms of total resources available.

Service	Current Budget £000	Forecast Outturn for Q3 £000	Total Variation for Q3 £000	Variation Reported for Q2 £000
Public Health	15,706	15,706	0	0
Health & Wellbeing	329	307	(22)	(26)
Total	16,035	16,013	(22)	(26)

Health Portfolio surplus £0.022m:

Public Health breakeven

The Public Health service is reporting a breakeven position at Quarter 3. There has been a recurrent cut to the grant allocation of £0.414m (2.5%) in 2018/19, with a further cut of £0.414m provisionally announced for 2019/20.

A savings plan was put in place to cover the 2018/19 £0.414m grant cut and deliver a further £0.946m of savings. The savings plan also included £0.204m retained within Public Health to cover anticipated in year pressures.

Agreement has now been reached on the remaining contracts with Stockport NHS Foundation Trust (FT) for School Nursing, Health Visitors and the Family Nurse Partnership, including further savings of £0.054m.

The planned drawdown from the Public Health reserve was £0.613m. However, it is currently anticipated that £0.495m of the Public Health reserve, totalling £1.129m, will be drawn down in 2018/19 to mitigate current pressures.

Variance from Quarter 2

The anticipated drawdown of reserves has changed from £0.548m at Quarter 2 to £0.495m at Quarter 3, a reduction of £0.053m. This is predominantly due to the FT contract saving (£0.054m), further staffing savings achieved (£0.066m) and various net forecast underspends (£0.004m), offset by an additional agreed contribution to pooled budget savings in Adult Social Care (£0.071m).

Health and Wellbeing Surplus of £0.022m

Health and Wellbeing is reporting a surplus position of £0.022m at Quarter 3. This is due to forecast underspend of around £0.013m in non-pay and external contract commitments and £0.009m anticipated additional income against pay commitments.

Variance from Quarter 2

The reduction in the surplus of £0.004m, from £0.026m in Quarter 2 to £0.022m in Quarter 3, is due to a further £0.010m contract commitment, offset by further forecast underspend in non-pay commitments.

2.2 Earmarked Reserves

Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Reserve / Approved Use Balance £000	Planned use of Reserves / "Approved Use" 2018/19 £000	Balance of Reserve / "Approved Use"
Corporate Re	eserves				
Corporate Reserves	Revenue Grant Reserve	Public Health: mitigate in year pressures and meet savings targets	1,129	495	634
Corporate Reserves	Revenue Grant Reserve	Controlling Migration Fund	23	23	0
		Total	1,152	518	634

The majority of Earmarked Reserves are kept at a corporate level and services bid for the use of them. This strategic approach is designed to provide financial resilience for the council. The exceptions to this are the Directorate Reserves and ring-fenced reserves.

Listed above are the reserve transfers proposed against the Corporate and Directorate Reserves for Health in the third quarter of 2018/19.

2.3 Portfolio Savings Programme

Proposal	Risk Rating	Value £000	Value Achieved £000	Additional Information
Funding Formula GM	Red	50	0	£0.042m saving to be achieved in
Public Health Network				2019/20
Total		50	0	

Commentary

For 2018/19 the savings requirement consisted of inbuilt financial pressures for the Adult Social Care and Health portfolios and a cash limit reduction aligned to the entirety of the pooled budget.

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The financial saving aligned to Health was the £0.414m grant cut. In addition, £0.946m further savings were identified, of which £0.883m will be transferred to Adult Social Care in year. The position at Quarter 3 means an additional £0.071m will be transferred, to achieve the Public Health share of the unallocated pooled budget saving. The total transfer to Adult Social Care will therefore be £0.954m in year. All other savings have been achieved in year, apart from the Funding Formula GM Public Health Network saving.

The table above illustrates only those savings totaling £0.050m, which are not currently anticipated to be fully achieved in 2018/19.

2.4 Pooled Budget

Portfolio	Current Budget	Forecast Outturn Q3	Total Variation for Q3	Variation Reported at HCICB for Q2 £000
	£000	£000	£000	
Adult Social Care	69,679	70,435	756	233
Health	16,035	16,013	(22)	(26)
Total	85,714	86,448	734	207

Note: HCICB - Health and Care Integrated Commissioning Board

Commentary

The s.75 pooled budget with Stockport CCG incorporating services that can be pooled within the Adults Social Care and Health portfolios has a Council baseline resource of £85.714m at Quarter 3.

The Quarter 3 outturn forecast is a £0.734m deficit. An update will be provided to the next Health & Care Integrated Commissioning Board (HCICB) on the 5th February 2019.

The total pooled budget with Stockport CCG incorporating the £85.714m discussed above continues to be circa £200m.

2.5 Capital Programme

There are no capital schemes within the Portfolio.