



# Adult Care and Health

## Portfolio Performance and Resources Annual Report 2019/20



[www.stockport.gov.uk](http://www.stockport.gov.uk)

Date:	3 June 2020	Version	1.0	Approved by	JW
-------	-------------	---------	-----	-------------	----

# ADULT CARE AND HEALTH – PORTFOLIO OVERVIEW



## Portfolio Summary

I am pleased to present the Annual PPR report for 2019/20. This report briefly covers the month of March when the Covid-19 pandemic lockdown was enforced but this is not significantly reflected in the 2019/20 performance and finance information in this report.

It's to officers' credit that they have responded to these challenges (which are all the more acute in this portfolio) so robustly and efficiently within an ever-changing policy landscape.



The core principle of my portfolio is to protect, support and safeguard local residents, and officers have delivered this with exceptional care and commitment. I am sure you will join me in thanking all our officers and our partners across the sector for their work over the last few months. Their professionalism has shone through over this period and everyone has gone the extra mile to protect and support our residents.

This PPR report combines cumulative information and statistics about performance for the whole of 2019/20. As outlined, it is focused on outturn performance and financial data rather than the usual more detailed portfolio priorities. This is the first annual joint report following the merger of Adult Social Care and Health. The alignment of the portfolios has created significant opportunities to develop stronger partnership working and a coordinated approach across ASC and PH.

Together they have delivered the new operating model in adult social care focused on early intervention and prevention and have capitalised on opportunities to collaborate across the teams to provide a more seamless service for local residents focusing on population health and the social determinants of health.

The overarching priority for the portfolio is to ensure we continue to offer early support and care for residents and address the health inequalities we know exist in Stockport. All these are delivered in a challenging and volatile financial envelope with unprecedented levels of need.

Addressing health inequalities will be one of our key themes this year as we move forward into the recovery phase of the Covid-19 pandemic. There is emerging evidence that long term health conditions may have deteriorated over the lockdown period due to the cessation of health screening programmes, non Covid-19 health provision and by people not seeking medical attention within symptoms such as strokes and heart attacks. These may well be reflected in our data reports through 2020/21.

Public health will be a key player in our recovery phase and will underpin many of our delivery programmes across the Council. Stockport is well placed to escalate this with our robust public health offer, for example in our immunisation programmes where we are an exemplar performer.

I look forward to working with the committee over the coming year.

**Cllr Jude Wells, Cabinet Member for Adult Care and Health**

**Revenue Budget (Outturn)**

	<b>£000</b>
Cash Limit	90,438
Outturn	90,527
(Surplus)/Deficit	89

Reserves

Approved use of reserves balance was £11.295m; actual draw down in 19/20 was £9.581m.

At outturn, £2.087m was taken into reserves.

Opening reserves balance in 20/21 is £3.801m.

**Capital Programme**

	<b>£000</b>
2019/20 Capital Budget	559
2020/21 Capital Budget	499
2021/22 Capital Budget	0

# ADULT CARE AND HEALTH PORTFOLIO

## 1. DELIVERING OUR PRIORITIES









This report is based on the **2019/20 Portfolio Agreement**, approved by Cabinet on 23 July 2019. The link to the Agreement can be [found here](#)

Due to the current situation and unprecedented levels of demand, this report focuses on out-turn performance and financial data for 2019/20, rather than the usual, more comprehensive round-up of progress against portfolio priorities.

Highlight and exception commentary is provided for specific areas of performance, and this is linked where possible to specific projects, programmes and activities.

Consideration is currently being given to the future reporting framework in the light of the Council's response to COVID19, reflecting the impact of the pandemic and associated measures on key areas of performance in addition to recovery plans for 2020/21 going forward.

### Key to symbols used in tables











	Red; Indicator is performing significantly below target		Getting worse; This indicator has worsened when compared to previous period
	Amber; Indicator is performing below target		Stable; Indicator value has changed by less than 1% when compared to previous period
	Green; Indicator is on track or performing above target		Getting better; This indicator has improved when compared to previous period

**Bold measures** are included in the Greater Manchester Strategy outcomes framework and/or suite of 'headline' measures included in Corporate Report  
*Data in italics is provisional / forecast*





**Priority 1: Promoting healthy communities and reducing health inequalities**

*We will work with our neighbourhoods and communities to develop an integrated approach to improving health and wellbeing, focusing on those residents 'at risk' of developing health problems through behaviour change programmes.*



**Measuring Performance and Reporting Progress**

PI Code	Short Name	Good Performance	2017/18	2018/19	2019/20			
			Actual	Actual	Actual	Target	Status	Trend
PHOF 4.04i GMS	Premature mortality due to cardiovascular disease (per 100,000 population)	Low	65.0 (2015-17)	68.3 (2016-18)	68.9 (2016-18)	67.0 (2017-19)		
PHOF 4.05i GMS	Premature mortality due to cancer (per 100,000 population)	Low	136.7 (2015-17)	131.0 (2016-18)	131.3 (2016-18)	130.0 (2017-19)		
PHOF 4.07i GMS	Premature mortality due to respiratory disease (per 100,000 population)	Low	30.9 (2015-17)	30.7 (2016-18)	30.9 (2016-18)	30.0 (2017-19)		
PHOF GMS	Healthy life expectancy (years) – males	High	63.6 (2014-16)	61.7 (2015-17)	65.0 (2016-18)	62.0 (2016-18)		
PHOF GMS	Healthy life expectancy (years) – females	High	66.0 (2014-16)	64.7 (2015-17)	64.7 (2016-18)	65.0 (2016-18)		

Whilst overall male life expectancy is still below female life expectancy (by 3 years), the measure for healthy life expectancy is a self-reported health element from a small sample survey, which leads to large year on year fluctuations and very large confidence intervals. The male rate has jumped up and is now comparable to the female rate - this is a known Public Health trend - that men on average die earlier but that women have more years of life in poorer health.











ACH 1.1	Number of people undertaking the National Diabetes Prevention Programme.	Low	659 (Aug 17 – Mar 18)	1,070	1,223	840 (Aug 19 - July 20)		
ACH 1.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	High	5,028	4,315	3,996	4,300		

This measure was on target to exceed referrals in 2018/19, but was impacted by the start of the pandemic and subsequent lockdown measures in March.

ACH 1.3	Number of people completing a weight management intervention (ABL lifestyle service).	High	N/A	121	95	180		
---------	---	------	-----	-----	----	-----	---	---

Whilst the number completing the programme reduced from 2018/19, there were still 55 people yet to complete as of March 2020, which would bring the figure up to 150. This would still be below the target figure, but an increase on the previous year.

## Portfolio Performance and Resources - Annual Report 2019/20















ACH 1.4	Number of people completing a smoking cessation (ABL lifestyle service).	High	112	130	288	180		
ACH 1.5 GMS SS 4.1	Percentage of adults who are active or fairly active (3-yr rolling average)	High	79.5% (2016-18)	78.0% (Nov 2016-18)	76.1% (Nov 2017-19)	80.0% (2017-19)		
Whilst the 3-year average is slightly lower, the latest survey results remain within the overall confidence interval, suggesting there is little change in the Stockport figure.								
PHOF 2.12 GMS	Percentage of adults classed as overweight or obese (BMI >25)	Low	61.1% (2016/17)	60.6% (2017/18)	63.3% (2018/19)	60.0% (2018/19)		
PHOF 2.14 GMS	Percentage of adults who smoke	Low	12.2% (2016)	14.3% (2017)	13.3% (2018)	14.0% (2018)		
ACH 1.6 GMS	Percentage of residents reporting high levels of anxiety	Low	18.3% (2016/17)	19.8% (2017/18)	15.2% (2018/19)	19.0% (2018/19)		













**Priority 2: Early intervention, living and ageing well**

*Our Early Intervention and Prevention programme will focus on identifying need and motivating people to change behaviour, access support and services, embedding prevention at every step. The Council will implement an Ageing Well strategy.*

**Measuring Performance and Reporting Progress**









PI Code	Short Name	Good Performance	2017/18	2018/19	2019/20			
			Actual	Actual	Actual	Target	Status	Trend
<b>PHOF 4.15iii</b>	<b>Excess winter deaths index (over 3 years, all ages)</b>	<b>Low</b>	<b>14.7% (2014-17)</b>	<b>14.4% (2015-18)</b>	<b>N/A (avail Sept 20)</b>	<b>14.0% (2016-19)</b>		
ACH 2.1	% of eligible women screened for breast cancer in last 3 years	High	72.0%	72.9%	73.5% (2019)	73.5%		
<b>ACH 2.2 GMS</b>	<b>Percentage of deaths occurring at usual place of residence</b>	<b>High</b>	<b>47.3% (2017)</b>	<b>45.6% (2018)</b>	<b>46.3% (Jun 19)</b>	<b>46.0% (2019)</b>		
<b>PHOF 3.03xiv</b>	<b>Take up of flu vaccinations by over 65s.</b>	<b>High</b>	<b>80.8%</b>	<b>79.9%</b>	<b>79.6%</b>	<b>81%</b>		
PHOF 3.03xv	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	High	62.2%	60.8%	56.7%	62%		
ACH 2.3	Uptake of flu vaccinations for pregnant women.	High	71.2%	70.1%	65.5%	72%		
PHOF 3.03xviii	Uptake of flu vaccinations for 2-4 year olds.	High	74.8%	62.9%	59.4%	65%		

Although slightly below the target levels for the above indicators, vaccination rates have all increased since Q3 and continue to reflect some of the highest rates in the country.

ACH 2.4	Uptake of flu vaccinations for 5-9 year olds.	High	68.5%	76.2%	77.6%	78%		
ACH 2.5	No. of MRSA infections in Stockport.	Low	4	1	2	0		
ACH 2.6	No. of C difficile infections in Stockport.	Low	95	87	94	90		
ACH 2.7	No. of influenza outbreaks in care homes.	Low	10	9	4	10		
ACH 2.8	No. of diarrhoea & vomiting outbreaks in care homes.	Low	27	20	31	20		

Whilst the number of outbreaks reduced from 11 in Q3 to just 5 in Q4, the full year figure represents an increase of 11 on 2018/19. Public Health continue to support care homes with infection control procedure and regularly undertake audits with the homes. The impact of the advice and training to care home staff on infection control will hopefully help mitigate some of the impact of COVID19 on the local sector.

## Portfolio Performance and Resources - Annual Report 2019/20











ACH 2.9	Number of people who have accessed The Prevention Alliance (TPA)	High	3,340	2,926	3,686	3,000		
ACH 2.10	Proportion of people engaging with TPA who fully achieved their goals	High	N/A	52.1%	74%	Aim to maximise		
<p>In Quarter 4 958 people engaged with the Prevention Alliance, which represents a 15% increase, some of which is likely to be due to the lockdown from late March. The Positive Relationships service has seen a 50% increase in the amount of advice offered and a 75% increase in one to one work started .</p> <p>Of those undertaking one to one work 74% achieved their goals in Quarter 4 – an increase of 6% from Quarter 3. There was also an increase in people achieving personal growth and improving their social networks.</p> <p>The Prevention Alliance and all three WIN services have responded to the COVID-19 emergency very creatively and are delivering their core services in very different ways, focusing on ensuring people are able to obtain food and medication without difficulty and assisting people to stay connected, whilst managing social isolation and mental health issues</p>								
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	High	6.1%	6.5%	8.3%	7.0%		
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently with or without support	High	85.6%	85.9%	89.9%	87.0%		



**Priority 3: Supporting a person and community-centred approach to well-being**

*We will work closely with partners in the third and independent / private sectors to develop targeted preventative services where support to adults and children can be provided better in the community, including schools and GP surgeries (shared with Outcome 2).*







**Measuring Performance and Reporting Progress**

PI Code	Short Name	Good Performance	2017/18	2018/19	2019/20			
			Actual	Actual	Actual	Target	Status	Trend
<b>ASCOF 1C(1A)</b>	<b>The proportion of people who use services who receive self-directed support (actual number)</b>	<b>High</b>	<b>96.7% (4,395)</b>	<b>94.9% (3,410)</b>	<b>87.6% (3,209)</b>	<b>96.7%</b>		
Latest data shows a decrease in the number of service users in receipt of Direct Payments at year-end. Data quality is being reviewed to see if this may be due to a change in recording systems, rather than a fall in performance, so the out-turn remains provisional and status has been rated as Amber for the time being.								
ACH 3.1	Number of people using self-care online resources	High	N/A	N/A	451 visits 848 page views (since Oct 2019)	Aim to maximise	N/A	N/A
ACH 3.2	Number of carers assessments carried out	High	N/A	1,275	1,128	Aim to maximise		
ACH 3.3	Number of carers in receipt of direct payments	High	N/A	890	915	Aim to maximise		
<b>ASCOF 1A</b>	<b>Overall social care related quality of life score (out of 24)</b>	<b>High</b>	<b>18.7</b>	<b>18.5</b>	<b>18.5</b>	<b>Aim to maximise</b>		
<b>ASCOF 1I(1) GMS</b>	<b>Proportion of people who use services reporting that they had as much social contact as they would like</b>	<b>High</b>	<b>41%</b>	<b>43%</b>	<b>39.9%</b>	<b>44.5%</b>		
Results from the 2020 survey show a slight reduction to around 40%. Whilst this is within the same range as 2019, it remains below the GM average. Addressing loneliness is a priority, and a range of services are working with VCS organisations including a focus in the Heaton's Early Adopter work alongside the Stockport Local Fund and Signpost for Carers. This work has been even more critical during the current lock-down and the disproportionate impact on social care users, with referrals for befriending and social support being made via the Prevention Alliance.								

**Priority 4: Integrating our health and social care services**

*We remain committed to the Stockport Together programme, building on our work with health partners to create a more sustainable health and care system driven by improved health outcomes, reduced health inequalities and less reliance on bed-based care. Our shared ambition includes development of a Single Commissioning Function, enabling prevention-focussed, whole population commissioning.*












**Measuring Performance and Reporting Progress**

PI Code	Short Name	Good Performance	2017/18	2018/19	2019/20			
			Actual	Actual	Actual	Target	Status	Trend
ASCOF 2C(1)	Delayed transfers of care from hospital (all) – <i>defined as average number of people whose discharge is delayed per day</i>	Low	34	26.8	34.4	25.0		
Performance on this measure has declined during the year and is significantly off-target, though relates to all DToC for Stockport patients, including those from hospitals outside the borough (largely Wythenshawe). As can be seen below, those attributable to ASC reduced and are ahead of target for the year, including those from Stepping Hill Hospital.								
ASCOF 2C(2)	<b>Delayed transfers of care from hospital that are attributable to adult social care</b>	Low	26.6	16.4	14.4	15.0		
ACH 4.1 NEW	Delayed transfers of care from Stepping Hill hospital that are attributable to adult social care	Low	N/A	11.0	8.4	Aim to minimise		

**Priority 5: Strengthening and reviewing the way we protect vulnerable adults at risk**

*We will continue to improve the way we protect vulnerable adults - and those entering adulthood - from harm, pro-actively reviewing cases where agencies could work closer together to prevent harm occurring, and strengthening our complex safeguarding arrangements.*













**Measuring Performance and Reporting Progress**

PI Code	Short Name	Good Performance	2017/18	2018/19	2019/20			
			Actual	Actual	Actual	Target	Status	Trend
ACH 5.1	Total number of Deprivation of Liberty Safeguards (DoLS) referrals awaiting assessment	Contextual	969	862	961	N/A	N/A	
ACH 5.2	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Low	107	110	186	80		
This measure continues to reflect pressures around DoLS, with the backlog of High and Medium priority referrals increasing since Q3. The number of signatories has been increased to help tackle this issue, although numbers are likely to have increased further since the start of the pandemic. The introduction of the new Liberty Protection Safeguards to replace DoLS is also likely to be delayed beyond autumn.								
ACH 5.3	Safeguarding outcomes - Percentage of safeguarding cases where the risk has been reduced or removed (number of cases)	High	75.6% (101)	80.3% (106)	81.8% (121)	82%		
ACH 5.4 NEW	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (from Making Safeguarding Personal)	High	N/A	81.7%	82.5%	Aim to maximise		
PHOF 2.18 GMS	Alcohol related admissions to hospital per 100,000 (narrow).	Low	681.7	679.6	646.1 (Q2)	660		
PHOF 2.15i	Successful completion of treatment – non-opiate users.	High	30.8% (Sep16-Aug17)	26.8% (Sep17-Aug18)	41.3% (Sep18-Aug19)	29.0% (Sep18-Aug19)		

## Priority 6: Providing support and care to help people remain independent for longer

*We will develop our new operating model to focus on prevention and customer engagement, ensuring holistic support plans are in place which provide early, up-stream provision of step-up support along with re-ablement and recovery to help people stay in their own homes.*

















### Measuring Performance and Reporting Progress

PI Code	Short Name	Good Performer	2017/18	2018/19	2019/20			
			Actual	Actual	Actual	Target	Status	Trend
ASCOF 2A(2) GMS	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population ( <i>actual number</i> )	Low	624.7 (357)	644.0 (368)	657.9 (376)	659 (390) BCF		
ASCOF 2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services ( <i>actual number – based on Q4 only</i> )	High	96.1%	92.4% (122)	95.5% (220)	95% BCF		
ASCOF 2B(2) NEW	Proportion of older people (65 and over) who received re-ablement / rehabilitation services after discharge from hospital	High	2.0%	1.3%	N/A	Aim to maximise		
As reported at Q3, this figure is low compared to the national figure of 2.8%, although the reduction for 2018/19 reflects an increase in the number of hospital discharges rather than a reduction in re-ablement. As it relies on data from the Foundation Trust, the final figure for 2019/20 is not yet available, but will be included in the mid-year report.								
ASCOF 2D	The outcome of short-term services: sequel to service. Proportion of people accessing short-term services that no longer require long-term packages of care ( <i>actual number</i> )	High	85.2% (1,862)	85.5%	85.1% (564)	86%		
ASCOF 1E	Proportion of adults with a learning disability in paid employment ( <i>actual number</i> )	High	10.6%	9.6% (72)	4.2% (28)	10%		
ACH 6.1 NEW	Proportion of adults with autism in paid employment ( <i>actual number</i> )	High	N/A	8.8% (8)	3.0% (3)	Aim to maximise		

Provisional data for the number of adults with a learning disability and the sub-set of those with autism who are in paid employment indicates that both have reduced significantly. This appears to have been an

## Portfolio Performance and Resources - Annual Report 2019/20

issue with previous data, where records hadn't been updated to reflect employment ending. The revised figures for 2019/20, whilst significantly lower than 2018/19 are in line with the NW average of 4.4%, so have been rated as Amber. The figure for ASCOF 1E remains provisional pending the final result from the SALT return, and data is being checked with the LD service and Pure Innovations so may increase on both elements. This measure will be reviewed for 2020/21, with a new baseline for performance. This will also reflect additional investment at a GM level into employment support.

<b>ASCOF 1G</b>	<b>Proportion of adults with a learning disability who live in their own home or with their family (<i>actual number</i>)</b>	High	92.9%	92.0% (690)	95.3% (669)	95%		
ACH 6.2 NEW	Proportion of adults with autism who live in their own home or with their family ( <i>actual number</i> )	High	N/A	93.4% (85)	97.9% (97)	Aim to maximise		
N1	The proportion of <b>Nursing</b> bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	86% (842)	81.3% (878)	79%	85%		
N2	The proportion of <b>Residential</b> bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	55% (728)	74.5% (903)	96%	80%		
N3	The proportion of <b>Home Care Agencies</b> in Stockport with an overall CQC rating of good or outstanding (number)	High	75% (21)	91.2% (31)	95.0% (38)	95%		
N4	Number of <b>Home Care hours</b> in Stockport with an overall CQC rating of good or outstanding (number per week)	High	N/A	98.2% (13,757 p/w)	99.5%	98%		
<b>GMS</b>	<b>Percentage of Adult Social Care facilities rated 'Good' or 'Outstanding' by CQC</b>	High	72.4%	80.2%	87.2%	Aim to maximise		
<b>PHOF 2.24i</b> <b>GMS</b>	<b>Hospital admissions of over-65s due to falls (per 100,000 over 65s)</b>	Low	2,674	2,809	2,666	2,800		

## 2. ADULT CARE AND HEALTH PORTFOLIO FINANCIAL RESOURCES AND MONITORING



### 2.1 Revenue – Cash limit

	Previously Reported (Q3 PPRR) £000	Increase (Reduction) £000	Budget at Outturn £000
Adult Social Care	80,077	179	80,256
Public Health	10,091	91	10,182
<b>Cash Limit</b>	<b>90,168</b>	<b>270</b>	<b>90,438</b>

The Portfolio cash limit budget increased by £0.270m since the Q3 PPRR. This was due to the following changes:

Description	Movement(s) £000
Corporate funding of redundancy costs	270
<b>Total</b>	<b>270</b>

#### Outturn Analysis

The financial resources deployed in this Portfolio total £90.438m. The outturn position is a deficit of £0.089m; this equates to 0.1% variance in terms of the total resources available.

Services	Outturn Budget £000	Outturn £000	Variance £000	Forecast Variance reported Q3 £000
Neighbourhood Services	41,071	41,185	114	65
Boroughwide Services	34,804	35,169	365	789
Commissioning and Infrastructure	6,145	5,733	(412)	(411)
Practice Quality and Workforce Strategy	(1,764)	(1,742)	22	54
<b>Total – Adult Social Care</b>	<b>80,256</b>	<b>80,345</b>	<b>89</b>	<b>497</b>
<b>Public Health</b>	<b>10,182</b>	<b>10,182</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>90,438</b>	<b>90,527</b>	<b>89</b>	<b>497</b>

#### Interim service descriptions:

**Neighbourhood Services:** Integrated Neighbourhood Services (INS) and Mental Health Services (MHS).

**Boroughwide services:** Intermediate Tier (IT), Equipment and Adaptations (E&A), Learning Disabilities (LD) and other Preventative based services.

**Commissioning & Infrastructure:** REaCH service, Commissioning & Support services and Health Policy.

**Practice Quality and Workforce Strategy:** Adults Safeguarding, Central ASC services and the



holding accounts for external funding sources including; BCF, iBCF, Stockport Neighbourhood Care and Winter Pressures.

## **Adult Social Care**

### **Neighbourhood Services (NS) – Deficit £0.114m**

#### **Integrated Neighbourhoods Care Management - Deficit £0.211m**

There was an overspend of £0.211m predominantly within non-residential services due to additional demand, in part as a result of further availability within the local care market.

A significant proportion of residential and nursing care beds continued to be commissioned with an enhanced rate, however the position has stabilised. A new tiered commissioning structure aligned to bed placed payments is in the process of implementation.

The current care market is in unprecedented times due to the COVID-19 outbreak. Adult Social Care continues to take a proactive response to support providers from an operational and financial perspective, as well as sharing information and advice to support the local care sector.

#### **Integrated Neighbourhoods Staffing, Prevention and ECH – Deficit £0.108m:**

The overspend of £0.108m was mainly due to the balance of the saving target from management and central costs review and average staffing costs being marginally above midpoint. This was part offset by in year costs within the new Extra Care Housing (ECH) service, which was recently retendered at a reduced rate than initially budgeted for.

#### **Mental Health - Surplus of £0.205m**

##### **Mental Health Care Management (includes Drug and Alcohol Services):**

An underspend of £0.115m at outturn was due to a reduction in demand across care management, part offset by an overspend within Drug and Alcohol services.

##### **Mental Health Staffing and Prevention**

An underspend of £0.090m was due in part to in year vacancies and reduced commitments within preventative services.

##### **Neighbourhood Services variance from Q3**

The overspend has increased by £0.049m from the Q3 position, due to a minor increase in care management expenditure part offset by the reduced commitment within ECH.

### **Boroughwide Services – Deficit of £0.365m**

#### **Intermediate Tier - Surplus of £0.120m**

An underspend of £0.120m at outturn was due to in year vacancies. This was in part aligned to the transitional workforce arrangements of the Adults Operating Model (AoM).

The outturn position included a £0.387m contribution from the Winter Plan funding to support temporary intermediate tier beds and an extension to the Meadway beds contract, than initially envisaged.

#### **Equipment & Adaptations - Deficit of £0.258m**

An overspend of £0.258m was in part due to increased equipment costs in complex aids, simple aids and associated delivery costs aligned to hospital discharges. This was reported during each quarterly PPRR. Additional recurrent budget provision from corporate resources has been provided to ASC aligned to 20/21 budget setting. There were also increased costs within the Telecare contract, aligned to the new universal service offer with Stockport Homes, commencing from January 2020.

#### Learning Disabilities - Deficit of £0.256m

##### Learning Disabilities Care Management:

The overspend at outturn was £0.416m. This was mainly due to additional external support provided to in House Tenancies, aligned to increased complexity of clients in receipt of services and additional staffing costs to cover required rotas. A review is currently being undertaken aligned to the new operating model.

##### Learning Disabilities Staffing:

An underspend of £0.160m was achieved at outturn, due to in year vacancies and reduced charges from partners. This in part offset the additional care management pressures.

##### Other Budgets (Prevention) – Surplus of £0.029m

There was a minor underspend of £0.049m within Stockport Local Assistance Scheme (SLAS) at outturn, due to in year vacancies and non-pay expenditure. This was part offset by a minor overspend predominantly aligned to the Domestic Abuse service contract.

#### Boroughwide Services variance from Q3

The overall position improved by £0.424m from what was reported at Q3. This was predominantly within Learning Disabilities with a reduced overspend at outturn by £0.372m compared to the Q3 position. This was predominantly due to £0.300m of additional income being received by the Council from a backdated Continuing Healthcare reclaim, with an out of borough CCG. The balance was due to other minor reductions in care management commitments.

The balance is within Intermediate Tier, due to the Winter Pressures grant funding an initial financial pressure presented within the Q3 position for Intermediate Tier beds.

#### Commissioning and Infrastructure – Surplus of £0.412m

##### REaCH – Surplus of £0.256m

An underspend of £0.256m at outturn was due to in year vacancies, partly held to support transition to new Adults Operating Model.

##### Other Commissioning & Support services – Surplus of £0.156m

The underspend of £0.156m at outturn was due to in year vacancies and service restructures creating redundancies which were funded corporately, this underspend offset the saving target balance within Integrated Neighbourhoods Staffing.

##### Variance from Q3

No material variance from Q3 position.

#### Practice Quality and Workforce Strategy – Deficit of £0.022m

The overspend of £0.022m was in part due to additional central ASC non pay commitments.

### Variance from Q3

The overspend reduced by £0.032m which predominantly relates to a minor improved financial position within Safeguarding, due to in year vacancies and receipt of external income.

## **Public Health**

The Public Health service is reporting a breakeven position at outturn. There was a further recurrent reduction in the grant allocation of £0.414m (2.6%) in 2019/20. This was in addition to significant cuts in previous years.

The 2018/19 savings target and grant cut have now been fully achieved recurrently. However, the further reduction in the grant allocation of £0.414m in 2019/20 was not achieved recurrently.

Although some further savings were identified, the majority of the budget was committed to contracts that were not due for recommissioning in 2019/20. Pressures in other demand led areas were also recognised at budget setting and some budgets were increased. There was also further investment in preventative programmes. Therefore, at budget setting £0.385m was identified for planned use of the Public Health reserve in 2019/20.

At Quarter 1 a budget of £5.238m was transferred to the Children, Family Services & Education Portfolio. This included a £0.300m savings target related to the Stockport NHS Foundation Trust (FT) contract for School Nursing, Health Visitors and the Family Nurse Partnership for 2019/20, which the FT have achieved. At Quarter 3 there was also a pressure of £0.056m within this contract identified for planned use of the Public Health reserve.

At Quarter 3, it was anticipated that £0.293m of the Public Health reserve, totalling £0.826m, would need to be drawn down in 2019/20 to mitigate the above pressures. At Outturn, the actual draw down was £0.075m.

The reduction in the need to draw down the full £0.385m from reserves is due to in year staffing cost reductions of £0.070m, savings in non-pay and minor programme budgets £0.154m and savings in demand-led, volatile services in particular in NHS Healthchecks £0.086m.

Within the Controlling Migration Funding received in 2018/19 £0.107m was transferred to the Revenue Grant Reserve and was drawn down in Quarter 1 to be utilised in 2019/20. £0.079m was utilised in 2019/20 and the remaining £0.028m was transferred back to the Revenue Grant Reserve at Outturn, to be utilised in 2020/21. Further Controlling Migration Funding of £0.050m, received in 2019/20, was also transferred to the Revenue Grant Reserve at Outturn, to be utilised in 2020/21.

### Variance from Q3

At Quarter 3 it was anticipated that £0.293m would need to be drawn down from the Public Health reserve, including the £0.056m pressure within Children & Family Services. At Outturn, the drawdown was £0.075m; a reduction of £0.218m.

The reduced drawdown at Outturn was due to £0.046m reduced commitments in demand led, volatile services such as out of area sexual health services, Pharmacy and GP Local Enhanced

Services (LES) in Lifestyles and Healthcare, and the emergency outbreak funding in Health Protection. There was also a £0.145m reduction from non-pay and minor programme budgets not being fully spent. In addition, there was a further £0.027m underspend in staffing costs due to vacant posts.

## 2.2 Earmarked Reserves

### Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Planned use of Reserves / "Approved Use" 2019/20 £000	Balance of Reserve / "Approved Use" £000
<b>Corporate Reserves</b>					
Budget Resilience Reserve	Adults Reserve	Learning Disability Sleep ins; increased hourly rates	24	0	24
Budget Resilience Reserve	Adults Reserve	Support of new ASC target operating model (reduced from £0.300m at Q3)	273	273	0
Budget Resilience Reserve	Adults Reserve	Senior Management Support	197	165	32
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	3,874	2,131	1,743
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC Grant balance	325	168	157
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC Schemes) – Phasing of reserve contribution* (increased from £0.500m at Q3)	3,740	1,765	1,975
Strategic Priority Reserve	Health and Social Care Integration Reserve	Additional Contribution to Non-Acute Services for Older People**		3,808	(3,808)

## Portfolio Performance and Resources - Annual Report 2019/20

Reserve Linked to Budget	Transformation - Invest to Save Reserve	Implementation of the Liquid Logic System across Children's and Adults	662	662	0
Reserve Linked to Budget	Transformation - Invest to Save Reserve	Further support to ASC Operating model and other services support	600	0	600
Reserve Linked to Budget	Transformation – Double Running reserve	To fund delay in implementation of charging policy 19/20	367	367	0
Corporate Reserve	Legislative and Statutory Requirements Reserve	Domestic Homicide Review (no draw down at Q3)	6	6	0
Corporate Reserve	Revenue Grant	NESTA Co Production	23	0	23
Corporate Reserve	Revenue Grant	Hate Crime Funding	18	18	0
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	36	36	0
Corporate Reserve	Revenue Grant	European Funded Schemes	217	0	217
		<b>Adult Social Care - Subtotal</b>	<b>10,362</b>	<b>9,399</b>	<b>963</b>
Corporate Reserves	Revenue Grant Reserve	Mitigate in year pressures and other contributions	826	75	751
Corporate Reserve	Revenue Grant Reserve	Controlling Migration Fund and Controlling Migration Fund 2	107	107	0
		<b>Public Health - Subtotal</b>	<b>933</b>	<b>182</b>	<b>751</b>
		<b>Total</b>	<b>11,295</b>	<b>9,581</b>	<b>1,714</b>

\* Stockport Neighbourhood Care balances – It was anticipated the SNC balances would be provided via a cash limit budget transfer, however at outturn this was transacted via a transfer into reserves. The £3.740m funding available is an increase on the £3.313m reported at Q3, as funding earmarked for the 19/20 risk share agreement has now been transacted as part of 19/20 outturn.

\*\* An additional £3.808m reserve contribution to Non-Acute Services for Older People is only for 19/20, following a reduced contribution from Stockport CCG to the same value. This will be returned to Council reserves in 20/21, as Stockport CCG will make an additional £3.808m contribution in 20/21 to the same pooled fund.

**Transfer to reserves:**

Reserve Category	Reserve Narration	To be used for	Transfer to Reserves at Outturn £000
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances (19/20)	1,810
Corporate Reserve	Revenue Grant	Hate Crime Funding	19
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	24
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC Schemes) – Additional	156
		<b>Adult Social Care - Subtotal</b>	<b>2,009</b>
Corporate Reserves	Revenue Grant Reserve	Controlling Migration Fund and Controlling Migration Fund 2	78
		<b>Public Health - Subtotal</b>	<b>78</b>
		<b>Total</b>	<b>2,087</b>

## 2.3 Portfolio Savings Programme

Proposal	Risk Rating	Value	Value Achieved	Additional Information
<b>Proposal 3 – Support Funds</b>		<b>£000</b>	<b>£000</b>	
SLAS – contribution from Council Tax discount	Green	175	175	
Further capitalisation of equipment to DFG	Green	150	150	Achieved in addition to £0.300m in 18/19, on basis appropriate provision was available to capitalise.
Review of wider Direct Payments / ISFs / SDS	Amber	350	350	Achieved non recurrently via CHC reclaim and DP returned funding
<b>Proposal 3 – subtotal</b>		<b>675</b>	<b>675</b>	
<b>Proposal 6 – Support &amp; Governance</b>				



## Portfolio Performance and Resources - Annual Report 2019/20

Payments Administration	Green	39	39	Saving achieved within the wider Payments and Brokerage service
Information Management Review	Green	48	48	
Management and central costs review	Amber	163	163	£0.074m balance achieved non recurrently. Reviewed as part of new AoM.
<b>Proposal 6 – subtotal</b>		<b>250</b>	<b>250</b>	
<b>Proposal 8 – Balancing the cost of services</b>				
ASC - Balancing the Cost of Services	Green	46	46	
<b>Proposal 8 – subtotal</b>		<b>46</b>	<b>46</b>	
<b>Adult Social Care - Subtotal</b>		<b>971</b>	<b>971</b>	
Public Health Grant allocation reduction	Amber	414	395	£0.029 savings found recurrently in staffing establishment. £0.366m of remaining £0.385m balance found non recurrently in year
<b>Public Health - Subtotal</b>		<b>414</b>	<b>395</b>	<b>£0.019m balance drawn down from reserve</b>
<b>Total</b>		<b>1,385</b>	<b>1,366</b>	

### 2.4 Pooled Budget

The s.75 pooled budget with Stockport CCG incorporating services which can be statutorily pooled within the Adult Care and Health portfolio, had a Council baseline resource of £90.307m at outturn.

The outturn position for the Council was an overspend of £0.089m. An update will be provided to the next Health & Care Integrated Commissioning Board (HCICB) with the date of this meeting to be confirmed.

It is understood the total pooled budget with Stockport CCG incorporating the £90.307m discussed above is circa £218m.

## 2.5 Capital Finance Update and Outlook

### Programme

Outturn 31 Mar 2020 £000	Scheme	2019/20 Programme £000	2020/21 Programme £000	2021/22 Programme £000
419	Case Management System	419	14	0
0	Residential Care Sector Support	0	49	0
140	Grant allocations - remaining balance	140	436	0
<b>559</b>	<b>TOTAL</b>	<b>559</b>	<b>499</b>	<b>0</b>

### Resources

Resources	2019/20 £000	2020/21 £000	2021/22 £000
Capital Grants	296	485	0
Revenue Contributions (RCCO)	263	14	0
<b>TOTAL</b>	<b>559</b>	<b>499</b>	<b>0</b>

### Programme Amendments – Rephasing

Scheme	2019/20 £000	2020/21 £000	2021/22 £000	Funding Source	Reason
Case Management System	(14)	14	0	RCCO	Rephased to 2020/21
Grant allocation - remaining balance	140	(140)	0	Cap Grants	Rephased to 2019/20
<b>TOTAL</b>	<b>126</b>	<b>(126)</b>	<b>0</b>		

### Progress against individual schemes

- Case Management System** - During Quarter 4 work focused around detailed “go live” preparations and final training. The final testing of data migration and system configuration took place in March 2020 and the sign off of both was achieved mid-March. Following the announcement of COVID-19, social isolation and the service working from home during the late stages of the project meant it was necessary to change the “go live” plan to focus on remotely supporting the workforce. The new “go live” plan was signed off 23<sup>rd</sup> March ready for “go live” on 1<sup>st</sup> April.
- Residential Care Sector Support** - Capital allocation allocated to residential care providers to support adaptations in care homes. This programme has been rephased to 2020/21 and will be used to incentivise providers that meet the yet to be agreed criteria for enhanced payments.
- Grant allocations - remaining balance** - £0.325m has been allocated from the remaining grant balance to fund the purchase of new IT equipment for the service. This investment is being made as part of the implementation of the new adults operating model and is one of the ways the service is using technology differently to enable service delivery. Spend of £0.140m was incurred in 2019/20, relating to the purchase of new laptops and smart phones deployed

across the service. The remaining investment will be incurred during 2020/21.

Adults Social Care are giving consideration to utilisation of the remaining capital grant allocation of £0.251m, to effectively support the development of the service.

- **Disabled Facilities Grant (DFG) (Sustainable Stockport Portfolio)** - Capital grant administered through the Better Care Fund (BCF) to provide adaptations to disabled resident's homes to meet eligible assessed needs.

Demand through Quarter 4 remained consistent with levels seen in Quarter 3, translating to an outturn at year-end of £2.589m. This represented £1.143m on disabled residents who qualify for mandatory DFG and a further £0.873m on Children's/Care Act eligible disabled residents who do not meet/works exceed the mandatory DFG criteria. Additionally, £0.573m has been rephased from the 2020/21 programme and transferred to the Economy and Regeneration Portfolio and relates to the Council's acquisition of the former St Thomas Hospital site from Homes England. It is anticipated that this will support the council's strategy aligned to the Academy of Living Well and delivering an exemplar approach to carer provision.

The 2020-21 capital allocation for mandatory DFG work has been announced by MHCLG and remains at £2.543m, the initial level set for 2019-20.