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Adult Care and Health

Portfolio Performance and Resources Agreement 2020/21



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ONESTOCKPORT

Date	21 Sept 2020	Version	1.0 (Cabinet)	Approved by	JW
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ADULT CARE AND HEALTH

PORTFOLIO HOLDER'S INTRODUCTION

I am pleased to present the Adult Care and Health Portfolio Performance and Resource Agreement for 2020/21 as the cabinet member for Adult Care and Health.



This Portfolio Agreement sets out the key responsibilities in relation to services and budgets. It also details the range of activities, projects and programmes that will support delivery of the priority outcomes and the measures that will reflect progress over the year.

To say we are living in challenging and difficult times would be an understatement. Adult Social Care and Public Health teams have been at the forefront of Stockport's response to the Covid 19 pandemic. Working collectively with partners across health, the voluntary sector and with our local providers, all have worked at pace with care and attention, reacting to the ever-changing situation and policy landscape robustly and effectively.

As I write this introduction, we are seeing an increase in infection rates across the UK, we know that one of our key duties is to protect and safeguard citizens and engage and support a collective approach to tackle the virus by working collaboratively with our communities and the fabulous mutual aid response. One of the key focuses of this year's portfolio has to be on responding to Covid-19 to support and protect public health and to help people live safely at home by safeguarding our residents.

Supporting our care sector with specific targeted support to our care homes will continue to be a priority over the coming year. Assuring the market whilst supporting our ambition to deliver new models of care for independent living to help more people live at home for longer will be a portfolio priority.

Alongside this, we are delivering an ambitious programme of service transformation to ensure our services are fit for purpose and meet the needs of our residents. These key aspirations are highlighted across the 5 priorities in the report.

Tackling Health inequalities remains a key ambition for us and is now even more important given the stark reality people are facing with the impact Covid-19 is having on our communities.

Targeting an early intervention and prevention approach based on a population health model of care which is focused on collaborative neighbourhood working with

partners across the sector will be at the heart of the delivery model.

Adult Social Care and Public Health teams are supporting the delivery of lifestyle services, health screening programmes and health protection work alongside the further development of the new person-centred operating model.

Our health protection is even more crucial this year with flu immunisation, smoking cessation and alcohol and drugs services part of an ambitious delivery programme.

It is important to note and is referenced in the body of the report that some of the portfolio targets and milestones for delivery have been significantly impacted by Covid 19, progress on these will be reported and updated throughout the coming year.

The financial climate that the portfolio is currently operating in is both challenging and uncertain with lack of clarity about demand, any additional funding and no long-term funding solution in sight for Adult Social Care.

The Adult Care and Health portfolio is reporting a forecasted overspend at Q1.5 of £6.340m. This position includes the forecasted financial impact of Covid-19 on the portfolios services in 20/21. National Covid-19 funding provided to the Council is being maintained corporately and will in part offset this forecasted overspend position.

I would like to conclude by thanking all staff and partners for their commitment, dedication and professionalism over these incredibly difficult times. I am sure that colleagues will join me in this vote of thanks

I welcome your feedback and comments on this Agreement and look forward to reporting back to the Committee over the forthcoming year.

Cllr Jude Wells, Cabinet Member for Adult Care and Health

Revenue Budget (Forecast)

	£000
Cash Limit	93,949
Forecast Outturn	100,289
(Surplus)/Deficit	6,340
<u>Reserves</u>	
Approved use of reserves balance was £7.609m;	
Planned draw down at Q1.5 is £4.333m	

Capital Programme

	£000
2020/21 Capital Budget	197
2021/22 Capital Budget	302
2022/23 Capital Budget	0

ADULT CARE AND HEALTH – PORTFOLIO SUMMARY					
The outcomes we want for Stockport are...	<ul style="list-style-type: none"> • People able to make positive choices and be independent, and those who need support get it • Stockport will be a place people want to live 				
Our Portfolio Priorities are...	1. Promoting healthy communities and reducing health inequalities	2. Leading and managing the Stockport response to the Covid-19 pandemic	3. Early intervention, living safely and ageing well	4. Supporting a person and community-centred approach to well-being	5. Providing support and care to help people remain independent for longer
	Cross-cutting priority - Collaborating across our Health and Social Care partners to achieve the best outcomes for residents				
We will deliver these Priorities by...	<p>Whole system approach to improving population health and health inequalities.</p> <p>Health promotion, improvement and behaviour change.</p> <p>Wider determinants of health</p> <p>Lifestyle determinants of health</p>	<p>Establishing management structures to coordinate Covid-19 activity and leadership</p> <p>Developing Test and Trace capacity and processes</p> <p>Responding to Covid-19 outbreaks, with particular focus on care homes and other complex settings</p> <p>Responding to the impact of the pandemic on Adult Social Care</p>	<p>Protecting vulnerable people from harm</p> <p>Developing an all age approach to disability and vulnerability.</p> <p>Preventative programmes, supporting the development of healthier communities.</p> <p>Flu immunisation, outbreak and infection control and screening.</p>	<p>Community connection and capacity.</p> <p>Promoting a strengths-based approach to support.</p> <p>Integrated commissioning across health and social care</p>	<p>All-age approach to care and support</p> <p>‘Front door’ to high quality support</p> <p>Customer journeys enabling people to regain their independence</p> <p>Continually improving the quality of provision</p> <p>Embedding digital technologies and innovation across the service</p>
We are changing the way we work by...	Getting more out of our spending				
	Improving citizen experience				
	Making sure we have the right property in the right places				
	Sharing services with other organisations				
	Creating an organisation that is fit for the future				
We will work with GM partners to ensure...	Healthy lives with quality care available for those that need it				
	An Age Friendly Greater Manchester				
	Delivery of the GM Population Health Plan				



1. ADULT CARE AND HEALTH PORTFOLIO SUMMARY

This Portfolio Agreement sets out the key responsibilities in relation to services and budgets. It also details the range of activities, projects and programmes that will support delivery of the priority outcomes and the measures that will reflect progress over the year.

Our vision for Adult Care and Health is...

“To help the people of Stockport live their best lives possible through promoting independence within our communities, working with our partners and empowering our staff to use an asset-based approach to provide high quality support for residents that is appropriate for their level of need.

We will also continue to improve the health of our local population through behaviour change and preventative programmes, supporting the development of healthier communities, tackling health inequalities and protecting the health of our population.”

The vision for the Portfolio is closely aligned with the long-term vision set out in Stockport’s partnership Locality Plan for Health and Care (November 2019);

“Over the next five years, we aim to reform health and care in Stockport to create a sustainable, person-centred system where organisations work together to improve population health, reduce health inequalities, and deliver better outcomes for local people. To do this, partners will work together in the following three broad areas:

Addressing population health and health inequalities

Building and integrating new models of person-centred care

Ensuring the best outcomes from hospital & mental health services

Since the Locality Plan was published, the Covid-19 pandemic has focused huge national attention on health and social care. Priorities such as infection control, urgent care, care homes and inequalities are at the centre of a highly-charged debate. Major system changes and funding reforms seem likely over the coming months and years. Stockport’s own findings and analysis from a Covid-19 Joint Strategic Needs Assessment (JSNA) will inform the priorities within this agreement and will also inform the refresh of the Locality and Borough Plans later this year.

The Portfolio will work closely with other Portfolios, notably in relation to:

- transitions from Children’s Services as part of an ‘All Age’ Model (Children,

Families & Education)

- complex safeguarding (including domestic abuse) of vulnerable adults across the Safer Stockport Partnership (Inclusive Neighbourhoods)
- support funds – including the SLAS (Inclusive Neighbourhoods)
- delivering the One Stockport Communities Programme (Resources, Commissioning and Governance, Inclusive Communities)
- developing new commissioning models (Resources, Commissioning and Governance)
- delivering the GM (Greater Manchester) Clean Air Plan (Sustainable Stockport)
- delivering the Active Communities Strategy (Sustainable Stockport)

The key services and functions within the Portfolio which contribute towards this vision are:

Adult Social Care

- Prevention Wellbeing and Independence
- Enablement and Recovery
- Support and Care Management Practice Quality and Safeguarding
- Commissioning and Infrastructure

Public Health

- Behaviour Change
- Health Protection, Immunisations and Control of Infection
- Healthy Communities
- Ageing Well
- Mental Wellbeing
- Public Health Intelligence
- Early Intervention and Prevention
- Sports and Physical Activity

Measures and Targets used within the Agreement

For 2020/21, a full review of measures has been completed, with a number of new measures linked to priorities proposed for inclusion across Portfolios.

Measures are categorised to reflect Council responsibility:

- **Council** - these measures are largely under the Council's direct control (eg Council Tax collection, highway conditions, re-ablement)
- **Partnership** – these measures are influenced by the Council with partners (eg youth offending, lifestyle services)
- **Contextual** – these are measures illustrating context but that the Council has little or no control over or those without a clear polarity (i.e. where it is not apparent whether higher or lower is better) (eg children in care, children on a child protection plan)

A differential approach to target-setting taking into account responsibility and the impact of the Covid-19 pandemic has been applied:

- **Numerical** - fixed target. Aim is to reach a specific level of performance by the end of the year. Most commonly applied to Council controlled measures.
- **Comparator** - no fixed target. Measure is benchmarked against available comparators and target reviewed during the year as comparator data becomes available. Aim is for performance to match or better comparators.
- **Direction of Travel** – an aspirational target is set to maximise, minimise or maintain adequate performance.
- **No Target** (N/A) – no target is set. This applies to contextual measures or where the impact of Covid-19 has made robust target setting difficult.

Reporting progress during the year

The Performance and Resource Reporting Framework (PPRF) was reviewed over summer 2020, taking into account the impact of the pandemic and reduced committee cycles on reporting. There will now be three four-month reporting periods over the year, as shown below, along with the option to report by exception on any specific financial or performance issues.

This agreement incorporates an update on performance and budget forecasts for the first quarter, and up to the end of July wherever data is available. A Mid-Year Portfolio Performance and Resources Report (PPRR) will be produced for consideration by the December meeting of the Committee, covering updates and forecasts to the end of October 2020.

Our financial and performance monitoring controls will continue to keep track of progress, with further in-year reporting on an exception basis to the January and April Committee cycles. The 2020/21 Annual Reports are then due to be considered by all Committees in June 2021.

Adult Care and Health Portfolio		
Time Period	Report	Committee Date
April to July 2020	Portfolio Agreement (update)	24 Sept 2020
August to October 2020	Mid-Year Portfolio Report	10 Dec 2020
November 2020 to February 2021	Update report (by exception)	28 Jan 2021 15 April 2021
November 2020 to March 2021	Annual Portfolio Report	17 June 2021

Policy Drivers

This section summarises key legislative and policy developments likely to influence the work of the Portfolio during 2020/21. Updates on these will be included in the in-year reports.

Coronavirus Act 2020

The Coronavirus Act 2020 came into force from the end of March and includes a number of provisions relating to social care. These make changes to the Care Act 2014 to enable councils to prioritise services in order to ensure the most urgent and serious care needs are met, even if this means not meeting everyone's assessed needs in full or delaying some assessments.

The new act replaces the duty to assess needs for care and support, and to meet those needs with a power to meet needs for care and support, underpinned by a duty to meet those needs where not to do so would be a breach of an individual's human rights, and a power to meet needs in other cases. Government now has power to remove the statutory duty on authorities to carry out needs assessments on anyone 'who appears to require care and support'.

Covid-19 and public health

Public health is at the forefront of the local response to the pandemic in terms of new regulation, health protection and PPE, infection control, outbreak management, testing, contact tracing and promoting key messages to the community. Some of the most challenging areas for central and local government have been understanding the evidence on how Covid-19 is spread, its differential impacts and what the most effective measures are to manage this. This did not become any easier as with the easing of measures and arguably became more difficult with moves toward local lockdowns and the return of some restrictions across GM and other areas.

The Government published its recovery plan in May, with a conditional timetable for moving out of the most stringent aspects of lockdown, provisionally setting out the next three phases of the response to the pandemic. The variation in approach across the UK along with the need for a local response led to much debate and a call for greater clarity. The complex array of statistics on Covid-19 has become open to a wide variety of interpretation and controversy. This was notable in relation to the increase in deaths in care homes, the impact on specific communities and the bases for introducing or relaxing measures locally.

The Health Secretary announced in August that **Public Health England** (PHE) is to be abolished and merged into a new National Institute for Health Protection (NIHP) alongside NHS Test and Trace and the Joint Biosecurity Centre. This move has met with widespread criticism from stakeholders, given PHE's key role in tackling the pandemic.

Covid-19 and Adult Social Care

The Association of Directors of Adult Social Services (ADASS) produced a report on the impact of Covid-19 on adult social care and its finances in England. This highlights the range of problems for social care in responding to Covid-19, including care home deaths due to rapid discharge, inequalities leading to vulnerable people being disproportionately affected and the courage of staff in continuing to support people throughout.

Report recommendations highlight the key issue of ensuring safe hospital discharge. Longer-term ADASS recommendations on future of adult social care include sufficient ring-fenced finance (over the next two years) to create stability and allow transformation with the NHS to continue; a new employment deal for care workers; care market reform; and full engagement on a cross-party basis to design a sustainable future for social care. This would essentially be a bridging period for essential reforms to take place until a long-term solution can be agreed.

2. ADULT CARE AND HEALTH DELIVERY PLAN & PERFORMANCE FRAMEWORK



Priority 1: Promoting healthy communities and reducing health inequalities

We will work with partners to focus on a whole-system approach to improving population health and health inequalities. We will do this by:

- developing the health and wellbeing pillar of One Stockport and the Stockport Borough Plan
- refreshing the Health and Social Care Locality Plan
- finalising the JSNA (Joint Strategic Needs Assessment) 2020 – with an additional focus on the impact of Covid-19 on health and health inequalities in Stockport

We will work with our neighbourhoods and communities to develop a combined approach to health promotion and improvement; encouraging positive healthy living attitudes and behaviours, particularly for those residents in 'at risk' of poor health. We will do this by:

- developing and delivering the One Stockport Communities Programme
- implementing the Stockport Active Communities Strategy which will create the conditions for residents and communities to be as physically active as possible
- continuing the Migrant and Community Wellbeing programme
- working in neighbourhoods to support and empower people to self-care and embedding prevention into clinical pathways for long-term conditions

We will work on the wider determinants of health - such as employment, housing, education and community safety. We will do this by:

- ensuring Public Health priorities are embedded into the wider Borough Plan and Local Plan
- working with colleagues across Greater Manchester to develop a Clean Air Plan to improve the air we all breathe
- building on work around social connectedness as part of the Mayoral Development Company developments

We will work on the lifestyle determinants of health – such as supporting residents to be active, smoke free, and healthy. We will do so by:

- implementing changes to the National Diabetes Prevention Programme
- implementing the CURE Programme for smoking cessation
- developing a Food Strategy, with reference to the emerging national & GM food strategies, to address the broader impacts of poor diets on health outcomes (including obesity)

Performance Measures and Targets:

Measures in bold are included in the Corporate Report and Performance Dashboard

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

PI Code	PI Name	Reported	Good Performance	2016/17 Actual	2017/18 Actual	2018/19 Actual	2019/20 Actual
Contextual Measures – reported annually							
PHOF 4.04i GMS	Premature mortality due to cardiovascular disease (per 100,000 population)	Annually	Low	66.0 (2013-15)	62.3 (2014-16)	65.0 (2015-17)	68.9 (2016-18)
PHOF 4.05i GMS	Premature mortality due to cancer (per 100,000 population)	Annually	Low	142.3 (2013-15)	141.5 (2014-16)	136.7 (2015-17)	131.3 (2016-18)
PHOF 4.07i GMS	Premature mortality due to respiratory disease (per 100,000 population)	Annually	Low	29.1 (2013-15)	32.1 (2014-16)	30.9 (2015-17)	30.9 (2016-18)
PHOF GMS	Healthy life expectancy (years) – males	Annually	High	65.0 (2013-15)	63.6 (2014-16)	61.7 (2015-17)	65.0 (2016-18)
PHOF GMS	Healthy life expectancy (years) – females	Annually	High	65.9 (2013-15)	66.0 (2014-16)	64.7 (2015-17)	64.7 (2016-18)

These measures, all three-year rolling averages, are reported annually. They will be reported when new data is published and within the Annual Report. 'Premature Mortality' is defined as under 75 years old. Whilst the direction of travel and comparative position against national and GM data will continue to be monitored, they all reflect long-term trends and have a significant time-lag in reporting, making them unsuitable for setting targets against.

GMS	One-year cancer survival rate	Annually	High	72.2% (2013 diag.)	73.0% (2014 diag.)	74.0% (2015 diag.)	74.9% (2016 diag.)
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This measure is based on the survival rate of patients in the 12 months following a cancer diagnosis. There is a significant time-lag in publication of this data, which makes it unsuitable for target setting. Data will be reported when updates are published, with key trends and comparative position monitored.

PHOF 2.12 GMS	Percentage of adults classed as overweight or obese (BMI >25)	Annually	Low	62.4% (2015/16)	61.1% (2016/17)	60.6% (2017/18)	63.3% (2018/19)
PHOF 2.14 GMS	Percentage of adults who smoke	Annually	Low	12.2%	14.3%	13.3%	13.4%
ACH 1.6 GMS	Percentage of residents reporting high levels of anxiety	Annually	Low	21.0% (2015/16)	18.3% (2016/17)	19.8% (2017/18)	15.2% (2018/19)

The 3 measures above are derived from the Public Health England (PHE) Annual Population Survey.

Sample sizes at Stockport level are relatively small, so are reported at a 95% confidence level (ie within a range of + or - 5%).

Due to time-lags in data availability, no specific targets are set for these measures. Data will be reported when updates are published, with key trends and comparative position monitored.

Partnership Measures – reported quarterly							
PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
ACH 1.1	Number of people undertaking the National Diabetes Prevention Programme.	Quarterly	Increase	N/A	1,070	1,223	500
<p><i>This measure is impacted by Covid-19</i></p> <p>This measure shows the number of people starting the NDPP. The national target from NHS England for the 3-year programme is unlikely to be met due to the low number of referrals during Q1 (120), which is reflected in the lower local target figure.</p>							
ACH 1.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	Quarterly	High	3,910	4,315	3,996	2,500
<p><i>This measure is impacted by Covid-19</i></p> <p>This measures the numbers of referrals (either via GP, digital channels [Healthy Stockport] or self-care) to the START team, the gateway to Stockport's specialist lifestyle services. Referrals were down significantly during Q1 (532) due to the lock-down, and this is reflected in the lower target figure for 2020/21.</p>							
ACH 1.3	Number of people completing a weight management intervention (ABL lifestyle service).	Quarterly	High	N/A	121	127 (+13 still on prog)	90
ACH 1.4	Number of people completing a smoking cessation (ABL lifestyle service).	Quarterly	High	101	130	316	180
<p><i>These measures are impacted by Covid-19</i></p> <p>The ABL lifestyle service launched in 2018/19. It is also worth noting GP practices also offer smoking cessation interventions. Access to these services has been severely impacted by the lock-down during Q1, and this is reflected in the Q1 figures – 3 (+3 still on programme) for weight management and 90 for smoking cessation - and the targets for the year.</p>							
ACH 1.5 SS 3.1 GMS	Percentage of adults who are active or fairly active	Annually	High	79.5% (2016-18)	78.0% (Nov 2016-18)	76.1% (Nov 2017-19)	74.0%
<p>The Sport England Active Lives Survey for adults, relating to November 2018 to November 2019 were published in April 2020 and results from the next survey (which relate to May 2019 to May 2020) will be available in October 2020. As with the PHE survey (see above) due to the small sample size, a three-year rolling average is used, and will be reported alongside relevant confidence intervals.</p> <p>It is difficult to set a meaningful target for 2020/21. Activity levels for adults are widely believed to have to have reduced over lockdown, but as this measure uses a three-year rolling average, these effects will be mitigated somewhat, so the target reflects a slight decrease in activity levels. These may have to be reviewed however when the survey results are published and the true impact of restrictions on activity levels is known.</p>							

Priority 2: Leading and managing the Stockport response to the Covid-19 pandemic

We will work with partners to establish management structures to coordinate Covid-19 activity and leadership. We will do this through;

- developing and managing Stockport's Covid-19 Outbreak Management Plan
- establishing a Health Protection Board for Covid-19
- establishing an Outbreak Management and Engagement Board for Covid-19
- supporting Silver and Gold command structures as needed
- developing intelligence and reporting to share learning about the Covid-19 pandemic

We will develop 'Test and Trace' capacity and processes for Stockport, to include:

- establishing and safely managing testing locations that are accessible to the people of Stockport
- working with partners across GM to develop Contract Tracing processes

We will respond to Covid-19 outbreaks, with particular focus on protecting vulnerable people, including those in care homes and other complex settings. We will do this through;

- establishing reporting and managing procedures and systems for Covid-19
- preventing and managing outbreaks in partnership with lead officers
- working with partners, especially in the VSCE (Voluntary, Community and Social Enterprise) sector, to support those especially vulnerable to Covid-19 including those with long-term health conditions, from BAME (Black, Asian and Minority Ethnic) communities and older people.

We will continue to develop our service offer in response to the impact of the pandemic on Adult Social Care services. We will do this through;

- supporting both in-house and external care providers in Stockport to respond to the challenges brought about by the pandemic and to help them to transition to the 'new normal' for service delivery.
- continuing to provide a personal protective equipment (PPE) hub which will source and distribute necessary equipment across the council and its health and care providers
- supporting our workforce to ensure that our frontline services are Covid-19 secure. working with partners to respond to legislative changes, and embedding these into our care pathways.
- Contributing to the economy-wide Health and Social Care Recovery Plans.

Performance Measures and Targets

A range of measures are provided on a daily basis by Public Health England, which are monitored and reported on a regular basis to the Health Protection Board and the Covid-19 Outbreak Management and Engagement Board. Latest figures for the end of each month on the rate per 100,000 population and tests conducted over the last 7 days will be included within the Portfolio Reports in order to illustrate long-term trends.

Priority 3: Early intervention, living safely and ageing well

We will continue to strengthen the way we protect vulnerable people from harm, working with partners to identify risks to prevent harm occurring, supporting people to keep themselves safe, and having complex safeguarding arrangements in place. We will do this by;

- Working in partnership with our statutory partners to review our current multi-agency policies and procedures to ensure they are embedded in our pathways and reflect the goal to 'Make Safeguarding Personal'.
- Preparing for the transition from the existing Deprivation of Liberty Safeguards to the new Liberty Protection Safeguards which have been introduced following The Mental Capacity Amendment Act May 2019. This is a new model to safeguard and protect individuals who lack capacity and may be deprived of their liberty during their care. There has been a significant delay in the implementation of the Act due to Covid-19, with a revised date of April 2022 this however remains a priority for the council.
- Working with our colleagues in Stockport Family and other partner agencies to ensure that we have an all age Complex Safeguarding Strategy that is embedded in practice and links in with both the local drivers in GM and nationally.
- Reviewing healthcare in the homeless community to support Stockport's wider strategic approach to homelessness.
- Implementing the GM Substance Misuse Strategy to address alcohol-related harm and substance misuse.
- Working across GM to understand the impact of gambling on local populations.

We will work together across children's and adult's services to ensure an all age approach to disability and vulnerability. We will do this by...

- embedding an Age-Friendly approach into One Stockport, the Communities programmes, and the Borough Plan
- working in partnership to develop improvements in mental wellbeing and care across the life-course
- contributing to the review of Special Educational Needs and Disabilities (SEND)

We will continue to improve the health of our local population through preventative programmes, supporting the development of healthier communities, by:

- delivering the breast cancer screening programme recovery plan
- reviewing commissioning of the NHS Health Check Programme
- delivering the Suicide Prevention Strategy

We will continue to increase our programme of flu immunisation, plan effectively to deal with outbreaks of other infectious diseases and provide support and challenge to the vaccination and screening services commissioned by other parts of the public health system, by:

- delivering the flu vaccination programme for winter 2020/21
- working to achieve measles elimination
- preventing and managing outbreaks in care homes
- Supporting providers and commissioners to deliver the most appropriate screening services locally

Performance Measures and Targets

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
Contextual Measures – reported annually							
ACH 2.2 GMS	Percentage of deaths occurring at usual place of residence	Annually	Contextual	48.6%	45.2%	48.3%	N/A
PHOF 4.15iii	Excess winter deaths index (3 years, all ages) (annual).	Annually	Low	10.8% (16/17)	31.9% (17/18)	4.0% (18/19)	N/A
<p><i>This measure is impacted by Covid-19</i></p> <p>The EWD Index is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. It is expected that Covid-19 will have a significant impact on data for 2020/21, but as there is a significant time lag in publication of this data, no target has been set.</p>							
Partnership Measures							
PHOF 2.18 GMS	Alcohol related admissions to hospital per 100,000 (narrow).	Quarterly	Low	681.7	679.6	646.1 (Q2)	660
Latest data is not yet available, so the 2020/21 target is based on data from Q2 (Sept 2019). This will be reviewed in light of more recent data.							
ACH 2.1	% of eligible women screened for breast cancer in last 3 years	Annually	High	72.0%	72.9%	73.5%	TBC
<p><i>This measure is impacted by Covid-19</i></p> <p>The service has been paused for 6 months due to Covid-19, therefore no target has been set. This will be re-assessed once the service resumes.</p>							
PHOF 3.03xiv	Take up of flu vaccinations by over 65s.	Q3 & 4	High	80.8%	79.9%	79.6%	81.0%
PHOF 3.03xv	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	Q3 & 4	High	62.2%	60.8%	56.7%	62.0%
ACH 2.3	Uptake of flu vaccinations for pregnant women.	Q3 & 4	High	71.2%	70.1%	70.0%	72.0%
PHOF 3.03xviii	Uptake of flu vaccinations for 2-3 year olds.	Q3 & 4	High	74.8%	62.9%	59.4%	65.0%
ACH 2.4	Uptake of flu vaccinations for 4-10 year olds.	Q3 & 4	High	68.5%	76.2%	63.0%	78.0%
The flu vaccination programme starts in September. An update will be provided in the mid-year report, with performance against target for the full programme will be reported in the Annual Report in June.							
PHOF 2.15i	Successful completion of treatment – non-opiate users.	Quarterly	High	30.8% (Sep16-Aug17)	26.8% (Sep17-Aug18)	41.3% (Sep18-Aug19)	TBC

<p>This measure shows the proportion of patients who successfully complete their drug treatment programme (i.e. are free of drug dependence) who do not re-present within 6 months.</p> <p>Latest data is not yet available to inform a 2020/21 target but will be included within the mid-year report.</p>							
PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	Quarterly	High	6.1%	6.5%	8.3%	8.3%
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently with or without support	Quarterly	High	85.6%	85.9%	89.9%	90.0%
<p>Data for these measures is supplied by Pennine Care Foundation Trust. Performance at Q1 has held up well, with 8.8% (42) of clients in paid employment and 90.5% (418) of clients living independently.</p> <p>Targets have been set to maintain the level achieved for 2019/20, given the disruption caused by Covid along with the planned changes within mental health services.</p>							
ACH 2.9	Number of people who have accessed The Prevention Alliance (TPA)	Quarterly	High	3,340	2,926	3,686	3,500
ACH 2.10	Proportion of people engaging with TPA who fully achieved their goals	Quarterly	High	N/A	52.1%	74%	Aim to maximise
<p><i>These measures are impacted by Covid-19</i></p> <p>All of the preventative services (the Prevention Alliance and the three Wellbeing and Independence Networks) completely suspended their normal way of working and repurposed their service offer during the lockdown and maintained this for the whole of Q1. All services made a significant contribution to the humanitarian offer including food and medication deliveries, social contact and mental health support.</p> <p>As a result, data for the TPA measures for Q1 is not directly comparable to that reported previously. The 1,035 people who accessed the Alliance is higher than in previous quarters, but a large number of these contacts will have been one-off requests for assistance during the lockdown. The target level therefore reflects the likely drop in numbers accessing the Alliance over the second half of the year.</p> <p>The number of people recorded as achieving their goals is significantly lower than usual – 28 people as opposed to 188 in Q3 and 156 in Q4 of 19/20. It is unlikely that the Alliance will hit normal levels of performance until at least Q3 as they only commenced 'normal' working at the start of July and typically, cases would be expected to close after 6 months of keyworking. In view of this, an aspirational target has therefore been set for the percentage achieving their goals over the year.</p>							
ACH 2.5	No. of MRSA infections in Stockport.	Quarterly	Low	4	1	2	4
ACH 2.6	No. of C difficile infections in Stockport.	Quarterly	Low	102	87	94	80
ACH 2.7	No. of influenza outbreaks in care homes.	Quarterly	Low	5	9	4	10
ACH 2.8	No. of diarrhoea & vomiting outbreaks in care homes.	Quarterly	Low	32	20	31	20

Infection rates in Stepping Hill Hospital and outbreaks in Stockport care homes continue to be monitored closely. During Q1, there have already been 2 MRSA infections reported and 26 C-Dif infections, and targets have been set to reduce these over the year. Outbreaks in care homes occur largely in the winter months, and the 2020/21 targets reflect this, with a higher number of flu outbreaks anticipated this winter.

Council Measures

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
ACH 5.1	Contextual Total number of Deprivation of Liberty Safeguarding (DoLS) referrals awaiting assessment	Quarterly	Contextual	969	862	961	N/A
ACH 5.2	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Quarterly	Low	107	110	186	Aim to minimise
DoLS cases are currently in the process of being migrated to the new LiquidLogic case management system. Accurate figures for the backlog of cases will therefore be reported at Mid-Year. Until this data is available, an aspirational target has been set to reduce the backlog of 'High' and 'Medium' priority cases.							
ACH 5.3	Safeguarding outcomes - Percentage of safeguarding cases where the risk has been reduced or removed (no. of cases)	Quarterly	High	75.6% (101)	80.3% (106)	81.8% (121)	81.8%
ACH 5.4	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (<i>from Making Safeguarding Personal</i>)	Quarterly	High	N/A	81.7%	82.5%	82.5%
Whilst figures for Q1 show a significant drop to 61.7% of cases where the risk has been reduced or removed and an increase to 97.3% of cases where outcomes were achieved, these only reflect small numbers. Targets have been set to maintain the levels from 2019/20 across the full year.							

Priority 4: Supporting a person and community-centred approach to wellbeing

We will support residents to be connected to their communities and support communities to have the capacity to respond. We will do this by:

- Delivering on the One Stockport Communities Programme vision to build back better with a clear single common purpose of supporting people through recovery. People are at the heart of our common purpose and this brings together the goals of our diverse organisations. We will renew in ways that increase our collective impact in improving individual, community, and economic wellbeing. This means nurturing, sustaining, and further developing connections, relationships, and mutual support within our communities, and collaborative relationships between those communities and local public services (link to Priorities 1 and 5, and Inclusive Neighbourhoods Portfolio)
- Ensuring the Team Around the Place (TAP) approach is embedded across our services.
- Developing VCSE and community relationships, including mutual aid.
- Co-producing initiatives to improve health and wellbeing in the most disadvantaged communities.
- Developing our commissioning strategy for preventative services and commencing pre commissioning activity

We will support and empowering our staff to use an approach that focusses on strengths to provide high quality, person-centred support for residents that is appropriate for their level of need, by:

- establishing a programme of work to embed a strengths and asset-based approach throughout the service.
- developing and embedding of our Workforce Development Plan to support front line practitioners.
- developing a specific workforce development plan for Mental Health teams returning to council-led management structures following an end to secondments to Pennine Care Foundation Trust (PCFT)

We will develop Integrated Commissioning across health and social care to achieve the best outcomes for residents (*link to RCG and IN portfolios*), by:

- continuing to develop a Commissioning Strategy for Adult Social Care with specific emphasis on the commissioning intentions for the next 12 months.
- developing new commissioning models in Adult Social Care.
- reviewing and delivering the Locality Plan for health and social care.
- working across the health and social care economy to develop the winter 2020/21 plan.

Performance Measures and Targets

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
Council Measures							
ASCOF 1C(1A)	The proportion of people who use services who receive self-directed support. (<i>actual number</i>)	Quarterly	High	94.9% (3,410)	87.6% (3,209)	96.7% (4,395)	Aim to maximise
ACH 3.1	Increase in/number of people using self- care online resources	Quarterly	High	N/A	N/A	451 visits 848 page views (since Oct 2019)	Aim to maximise
Measured as the number of people accessing the Long-Term Condition page of the Healthy Stockport website, plus the number of Stockport patients registering with the GM Diabetes My Way App.							
ACH 3.2	Number of carers assessments carried out	Quarterly	High	N/A	1,275	1,128	Aim to maximise
ACH 3.3	Number of carers in receipt of direct payments	Quarterly	High	N/A	890	915	Aim to maximise
NEW	Commissioning / VfM – percentage of care home residents paying enhancements	Quarterly	Low	N/A	N/A	19.08%	Aim to minimise
Partnership Measures							
ASCOF 2C(2)	Delayed transfers of care (DToC) from hospital that are attributable to adult social care - defined as average number of people whose discharge is delayed per day	Quarterly	Low	26.6	16.4	14.4	N/A

This measure is impacted by Covid-19

National collection and publication of data on DToC by NHS Digital has been paused during the pandemic. Latest publication relates to delays occurring in February and was published on 9th April.

GMCA have, however, continued collection of data by hospital, which is showing the number of DToC at Stepping Hill Hospital as zero (see graph below) - this is consistent with the daily report from Stepping Hill which also shows no delays across all reasons, not just those attributable to social care. This does, however, include Stepping Hill patients from LAs other than Stockport, whilst there will be Stockport patients delayed in other hospitals, eg Wythenshawe and MRI, that will not be shown in the above.

Stepping Hill DToC



The measure relating to all DToC relating to Stockport patients will continue to be monitored and reported when data collection resumes. Given the issues outlined above, no target has been set for this measure.

NEW	Average length of stay in Care Homes / occupancy levels	Quarterly	TBC	TBC	TBC	TBC	TBC
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This measure is impacted by Covid-19

A new measure is under development around care homes and will be reported at mid-year.

ASCOF 1A	Overall social care related quality of life score (out of 24)	Annually	High	18.7	18.5	18.5	18.5
ASCOF 1D GMS	Proportion of people who use services reporting that they had as much social contact as they would like	Annually	High	41%	43%	39.9%	40%

These measures are derived from an annual survey and will be reported when latest data is published. The impact of Covid-19 is likely to be reflected in the next surveys, and targets have provisionally been set to maintain the level from 2019/20.

Priority 5: Providing support and care to help people remain independent for longer

We will develop an all age approach to caring and supporting people through their life, by:

- developing and delivering the All Age Living Prospectus
- delivering on the One Stockport Communities Programme vision to build back better with a clear single common purpose of supporting people through recovery (see expanded wording in Priority 4)
- developing and delivering the Neighbourhoods workstream

We will work with our partners to provide a 'front door' to high quality support to residents that meets their needs and helps them to live their best lives, by:

- establishing new pathways to align front door services to other key areas of Adult Social Care including, safeguarding, mental health and equipment & adaptations.
- identifying digital referral routes at the front door to enable effective management of demand and to improve the experience for individuals and professionals contacting Adult Social Care.

We will work in collaboration with our workforce, our communities, and our partners to develop and embed our customer journeys to enable people to regain their independence, by:

- establishing partnership boards across the service to support feedback mechanisms and co-production.
- developing a co-production strategy with the Adult Social Care workforce.
- developing key care pathways to support effective hospital discharge and access to reablement services.
- aiming to achieve better balance between step-up and step-down services.
- embedding Mental Health teams into Adult Social Care and developing a new operating model for the service.
- aligning our workforce to the customer journey within the five business groups of Adult Social Care within the new Adults Operating Model

We will strive to improve the quality of provision across all our services, embedding a culture of continuous service improvement, by:

- launching a new Quality Framework for Adult Social Care Services, linking this into a strengths-based approach
- reviewing our Learning Disability services with a view to improving the quality of provision
- developing a programme of work within enablement and recovery to continuously improve the quality of our service offer
- working with Stockport CCG to maximise funding opportunities through Continuing Health Care

We will embed digital technologies and innovation across the service to support our workforce, deliver value for money and enable our residents to live independently, by:

- developing core business data that is available to the service to support the launch of a Performance Framework
- implementing effective performance reporting to ensure that increases in demand are identified and mitigated at the earliest opportunity
- identifying opportunities to embed digital and innovation within care provision and across our workforce.

Performance Measures and Targets

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
Partnership Measures							
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>)	Quarterly	Low	624.7 (357)	644.0 (368)	657.9 (376)	N/A

This measure is impacted by Covid-19

New admissions to care homes dropped significantly during the quarter due to Covid-19 to just 75.8 per 100,000 over-65s. The majority of the 44 recorded were funded through the LA, there were also a number of short-term admissions funded through the CCG and Covid-19 funding, which is similar to other GM authorities.

Due to the continued uncertainties around the residential and nursing sectors caused by the pandemic, no target has been set for this measure in 2020/21. Data continues to be monitored closely however, and the latest position will be reported at mid-year.

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</i>) Jan – Mar only	Quarterly	High	96.1%	92.4% (122)	95.5% (220)	95.5%
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The latest figure for Q1 is 96.0% (162) which excludes those clients who died, returned to hospital, moved to another intermediate tier service on discharge, or where no outcome was recorded. The target for 2020/21 is to maintain the improved level of performance reported in 2019/20.

ASCOF 2B(2)	Proportion of older people (65 and over) who received re-ablement / rehabilitation services after discharge from hospital	Annually	High	2.0%	1.3%	N/A	TBC
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Data for this measure is due to be published by NHS Digital in October. Once this is available, a target will be agreed and 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>)	Quarterly	High	85.2% (1,862)	85.5%	85.1% (564)	85%
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This measure is impacted by Covid-19

Whilst Q1 performance was significantly lower at 45.1% this only represented 37 people. A provisional target has been set to maintain the high level of performance over the last three years for the remainder of 2020/21.

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
ASCOF 1E	Proportion of adults with a learning disability in paid employment (<i>actual number</i>)	Quarterly	High	10.6%	9.6% (72)	8.7% (100)	8.7%
ACH 6.1	Proportion of adults with autism in paid employment (<i>actual number</i>)	Quarterly	High	N/A	8.8% (8)	3.0% (3)	5.0%

Data for Q1 shows a slight drop in the percentage in paid employment to 8.5% and 1% respectively. These figures are provisional, however, due to the migration of cases onto the new LiquidLogic system, so targets aim to maintain 2019/20 performance.

ASCOF 1G	Proportion of adults with a learning disability who live in their own home or with their family (<i>actual number</i>)	Quarterly	High	92.9%	92.0% (690)	95.3% (669)	95.0%
ACH 6.2	Proportion of adults with autism who live in their own home or with their family (<i>actual number</i>)	Quarterly	High	N/A	93.4% (85)	97.9% (97)	98.0%

Provisional data for Q1 shows a significant drop in both measures, but this is due to the migration of data to LiquidLogic, rather than any impact from Covid-19. Pending full migration, provisional targets have been set to maintain 2019/20 performance levels.

Portfolio Performance and Resources - Agreement 2020/21

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target
N1	The proportion of Nursing bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	Quarterly	High	86% (842)	81.3% (878)	79.0%	80.0%

Significant decrease over the past 6 months to 60.9% (658) at the end of Q1. This was due to 4 nursing homes moving from rating of Good to Requires Improvement, accounting for 207 beds. Prior to this, as shown in the graph below, the figure was around 80%, which is reflected in the 2019/20 target.

Overall good or above



N2	The proportion of Residential bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	Quarterly	High	55% (728)	74.5% (903)	96.0%	96.0%
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Portfolio Performance and Resources - Agreement 2020/21

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Target																		
N3	The proportion of Home Care Agencies in Stockport with an overall CQC rating of good or outstanding (number)	Quarterly	High	75% (21)	91.2% (31)	95.0% (38)	95.0%																		
<div>Overall good or above</div> <table><caption>Overall good or above data</caption><thead><tr><th>Month</th><th>Providers Good or Above %</th></tr></thead><tbody><tr><td>1 Jan 17</td><td>61.5%</td></tr><tr><td>1 Jul 17</td><td>61.5%</td></tr><tr><td>1 Jan 18</td><td>70.0%</td></tr><tr><td>1 Jul 18</td><td>79.0%</td></tr><tr><td>1 Jan 19</td><td>83.0%</td></tr><tr><td>1 Jul 19</td><td>95.0%</td></tr><tr><td>1 Jan 20</td><td>92.3%</td></tr><tr><td>1 Jul 20</td><td>92.3%</td></tr></tbody></table>								Month	Providers Good or Above %	1 Jan 17	61.5%	1 Jul 17	61.5%	1 Jan 18	70.0%	1 Jul 18	79.0%	1 Jan 19	83.0%	1 Jul 19	95.0%	1 Jan 20	92.3%	1 Jul 20	92.3%
Month	Providers Good or Above %																								
1 Jan 17	61.5%																								
1 Jul 17	61.5%																								
1 Jan 18	70.0%																								
1 Jul 18	79.0%																								
1 Jan 19	83.0%																								
1 Jul 19	95.0%																								
1 Jan 20	92.3%																								
1 Jul 20	92.3%																								
N4	Number of Home Care hours in Stockport with an overall CQC rating of good or outstanding (number per week)	Quarterly	High	N/A	98.2% (13,757 p/w)	99.5%	95.0%																		
GMS	Percentage of adult social care facilities rated as good or outstanding	Quarterly	High	72.4%	80.2%	87.2%	90.0%																		
Performance has dropped slightly during Q1, with N2 at 94.0% (1,166), N3 at 92.3% (36) and N4 at 87.6% (14,831 hours p/week). Whilst full-year targets reflect the continued trajectory of improvement shown in the graphs, improvement may not be seen until the second half of the year due to the time lag in CQC reports being published.																									
PHOF 2.24i GMS	Hospital admissions of over-65s due to falls (per 100,000 over 65s)	Annually	Low	2,549 (2016/17)	2,674 (2017/18)	2,666 (2018/19)	TBC																		
<i>This measure is impacted by Covid-19</i> Covid-19 is likely to have a significant impact on this measure, with hospital admissions reducing. Once the extent of this is known, a local target will be set.																									
NEW	Balance of commissioned services to residential / nursing settings	Quarterly	Low	N/A	N/A	N/A	Aim to minimise																		
Baseline from Q1 is 27.22%. A provisional target has been set with the aspiration to reduce this figure further over the year.																									
NEW	Proportion of step-up activity in intermediate services	Quarterly	High	N/A	N/A	2.0% (19)	Aim to maximise																		
Baseline for comparison is 19 / 961 (2%) step up activity for 2019/20. Whilst none of the 99 cases recorded in Q1 were Step Up, an aspirational target has been set for the remainder of the year.																									

3. ADULT CARE & HEALTH PORTFOLIO FINANCIAL RESOURCES AND MONITORING



3.1 Total Resources

The total resources available to the Portfolio for 2020/21 includes Cash Limit budget, Approved Use of Reserves and Capital Schemes. These funding sources are described in further detail in Sections 3.2 – 3.6 of this report.

Cash Limits are approved before the financial year commences and each Portfolio is responsible for ensuring that their net expenditure does not exceed their cash limit for that year. Changes made to the cash limit are reported during the financial year, usually in the performance and resources reports.

3.2 Revenue Budget

2020/21 Budget Update

The portfolio's current cash limit budget is £93.949m. The table below illustrates the budget adjustments from the PPRR 19/20 annual report through to the current reported budget position. The indicative adjustments, savings and corporate contingency allocations were all agreed as part of the 20/21 budget setting process.

	ASC	Health	Total
	£000	£000	£000
Adult Care & Health 2019/20 Annual Report	80,256	10,182	90,438
Removal of non-recurrent redundancy funding	(179)	(91)	(270)
Adult Social Care recurrent budget at 19/20 Outturn	80,077	10,091	90,168
Indicative Adjustments:			
Adult Care Services demographic pressures	1,000		
Public Health Grant – increased inflation		853	
ASC Charging Policy - Final Phase	(367)		
ASC Charging Policy – Remove appropriation from reserve	367		
Social Care Grant Allocation – Res and Nursing Care Price Increase (remove 19/20 funding – 1 year only)	(1,020)		
Social Care Grant Allocation – Staffing (remove 19/20 funding – 1 year only)	(70)		
20/21 Phasing of Support Funds Saving Proposal - Use of Social Care Grant	100		
20/21 Phasing of Preventative Commissioning Saving Proposal - Use of Social Care Grant	40		
Protection of Liberty Safeguards	50		
19/20 Summer Review Equipment Services Budget Pressure	300		
Total Indicative Adjustments	400	853	1,253
Savings:			
Strategic Commissioning Support Funds (19/20)	(315)		
Preventative Commissioning and Public Health Offer (20/21)*	(250)		
Balancing the Cost of Services Phase 2 (20/21)	(300)		
Total Savings	(865)	0	(865)
Contingency Allocations:			

	ASC	Health	Total
	£000	£000	£000
Contingency Allocation - Inflation	694		
Contingency Allocation - National Living Wage	2,500		
Contingency Allocation - Demand	500		
Total Contingency Allocations	3,694	0	3,694
2020/21 Opening Budget	83,306	10,944	94,250
Changes made since Budget Council meeting:			
Support Funds – formerly SLAS	(224)		(224)
2020/21 Q1 adjustment - Liquid Logic contribution to DbD saving	(77)		(77)
2020/21 Current Budget	83,005	10,944	93,949

* £0.150m of £0.250m saving found within Public Health, proposal to transact through Health Promise

The changes made since the Budget, Council Meeting last February are:-

- (£0.224m) - Support Funds – formerly SLAS transfer to Inclusive Neighbourhoods portfolio
- (£0.077m) - ASC contribution to the Liquid Logic Digital by Design saving programme.

The current cash limit budget is presented in the table below illustrating gross expenditure and income to reflect the net cash limit budget:

	Employee Expenditure	Non Employee Expenditure	Gross Expenditure	Gross Income	Net Cash limit Budget
	£000	£000	£000	£000	£000
Prevention Wellbeing & Independence	1,228	4,743	5,971	(613)	5,358
Enablement & Recovery	10,576	1,529	12,105	(1,273)	10,832
Support & Care Management	4,435	99,988	104,423	(32,831)	71,592
Practice Quality & Safeguarding	974	269	1,243	0	1,243
Commissioning & Infrastructure	1,538	430	1,968	(163)	1,805
DASS and Central ASC budgets	662	19,496	20,158	(27,983)	(7,825)
Public Health	1,455	12,418	13,873	(2,929)	10,944
Adult Care and Health Total	20,868	138,873	159,741	(65,792)	93,949

3.3 Forecast Outturn Analysis

Quarter 1.5 Forecast

The service is reporting a forecasted £6.340m overspend in 20/21 based on updated Q1.5 (Period 3-4) information, against a budget of £93.949m. This equates to 6.7% in variance terms of the net cash limit budget. This includes a combination of additional costs or reduced income due to Covid-19, including the Covid-19 reclaim contribution from Stockport CCG, aligned to the Hospital Discharge programme (HDP).

Services	Q1.5 Budget	Forecast Outturn Q1.5	Forecast Variance Q1.5
	£000	£000	£000
Prevention Wellbeing & Independence	5,358	5,754	396
Enablement & Recovery	10,832	11,465	633
Support & Care Management	71,592	78,451	6,859
Practice Quality & Safeguarding	1,243	1,226	(17)
Commissioning & Infrastructure	1,805	1,819	14
DASS and Central ASC budgets	(7,825)	(9,370)	(1,545)
Total – Adult Social Care	83,005	89,345	6,340
Public Health	10,944	10,944	0
Total	93,949	100,289	6,340

Adult Social Care Deficit £6.340m

Initial forecasting for a new financial year includes a greater level of financial risk and uncertainty as extrapolation is based on more limited staffing, care management, non-pay and income analysis for forecasting. In 20/21 this has been significantly compounded by:

- Impact of Covid-19 on the ASC budget
- Transition to a new case management system (Liquid Logic and ContrOcc)
- A part implemented transition to a new operating model and service delivery structure.

In addition to these commitments is the Infection Control Grant the Council has received of £3.110m. 75% of this allocation has been passported to care home providers in two instalments aligned to the grant conditions. The remaining 25% discretionary element has been broadly aligned to additional commitments within Supported Living, Day Care and Homecare providers as discussed within the Support and Care Management section of this report, again aligned to the associated grant conditions.

The financial analysis being reported from 20/21 reflects the transition to the new structure within the Adults Operating Model.

Prevention Wellbeing & Independence – overspend £0.396m

An overspend within the equipment service of £0.251m is forecast, aligned to Covid-19, due to a further increase in demand to support clients within a community setting. Accountancy continue to work with the Equipment Service to ascertain whether the additional costs are temporary to minimise hospital admission and support hospital discharge arrangements.

Prevention Services are forecasting a £0.142m overspend aligned to anticipated in year contract commitments.

Enablement & Recovery – overspend £0.633m

The additional Covid-19 costs relate to Learning Disabilities, for additional costs due to staff shielding and maintaining the current Assistant Team manager structure totalling £0.787m. In addition is £0.118m for additional Hospital Integrated Transfer Team costs aligned to overtime and additional staff required to support hospital discharge arrangements.

This is part offset by an underspend of £0.272m aligned to contract commitments with external providers.

Support and Care Management – overspend £6.859m

Learning Disabilities – overspend £1.410m

The forecasted additional costs due to Covid-19 are £2.359m. These relate to additional costs to support Day Care providers up to planned levels of care and include Supported Living providers for support to clients during the Covid-19 outbreak period who are unable to attend their normal provision. There are also additional costs aligned to PPE and other equipment purchases. This is part offset by a contribution from the Infection Control Fund aligned to the 25% discretionary element, which has been predominantly targeted at Supported Living, Day care and homecare providers through a reclaim process.

These additional costs are part offset by an underspend of £0.949m. This predominantly relates to the cash limit underspend within Day Care services, which are now gradually reopening.

Integrated Neighbourhoods – overspend £5.756m

The forecasted Covid-19 temporary additional commitments and reduced income (excluding Infection Control Grant allocations) totals £5.582m, this relates to:

- Occupancy protection for care home providers who have accepted the Council offer.
- Additional Covid-19 care management packages of care.
- Additional costs to support providers of care homes for e.g. additional staffing costs, protecting staff pay, PPE, equipment.
- Paying homecare providers up to planned levels of care.
- Additional homecare costs to e.g. support clients who are unable to access other services, PPE.
- Delayed implementation of inflationary uplift to residential and nursing care client contributions.
- Reduced non-residential care income aligned to clients who are not in receipt of services. Also delayed uplifting of 20/21 non-residential care fees and charges.

Within the forecasted position is an assumed future commitment for clients who have temporary packages commissioned directly by Stockport CCG, funded out of national NHS Covid-19 funding, aligned to the Hospital Discharge Programme (HDP). A significant proportion of these clients will need ongoing care either via care home based or community based services. Estimates have been applied as to those clients who will need ongoing services and the anticipated cost. A working group has been created to manage this transition.

Mental Health – underspend of £0.307m

The underspend of £0.307m, is due to reduced forecasted commitments within demand led services, based on information available at Q1.5 and anticipated over achievement of external income.

Practice Quality & Safeguarding – underspend of £0.017m

There is a minor underspend of £0.017m forecasted aligned to the Liberty Protection Safeguards (LPS) work.

Commissioning & Infrastructure – overspend of £0.014m

There is a minor overspend of £0.014m within non pay commitments.

DASS & Centralised ASC budget – underspend £1.545m

The £1.289m forecasted reclaim from Stockport CCG for Covid-19 commitments aligned to HDP has been temporarily included within the ASC centralised budget. This will be allocated to services during 20/21 once the reclaim process has ended. This predominantly relates to financial reclaims for hospital discharge / prevented admission.

The balance predominantly includes anticipated underspends within externally funded budgets of £0.221m. These will be utilised to support the overall deficit forecasted position within ASC.

Public Health - breakeven

Following five years of recurrent reductions to the grant allocation, totalling £2.550m, there has been an increase to the Public Health allocation in 2020/21 of £0.853m.

Whilst this will help to mitigate the pressure of the £0.385m of the £0.414m 2019/20 grant cut that has not been found recurrently, there are other significant anticipated pressures which this increase will need to cover. For example, Agenda for Change salary increases for NHS staff employed through contracts commissioned by Public Health.

At Q1.5, there is a forecast surplus of £0.050m, which would be transferred to the Public Health reserve to achieve a balanced position.

The surplus is due to forecast underspends in staffing of £0.061m, due to vacant posts, plus a forecast underspend in Sexual Health of £0.016m in the Chlamydia Screening budget, due to Covid-19, offset by forecast additional staffing costs of £0.027m due to

Covid-19. The additional forecast staffing costs relate to overtime being done by Public Health staff to assist with swabbing and remote testing.

Further analysis is being collated aligned to the potential financial impact from Enhanced GP Services, whereby GP Practices have been unable to provide these services due to Covid-19.

In Quarter 1, a Test & Trace grant allocation of £1.474m, received from the Department of Health and Social Care, was allocated to Public Health for the ongoing work relating to Covid-19.

Commitments are continuing to be developed aligned to this grant allocation, including:

- Contribution to GM to cover costs associated with the GM Integrated Hub.
- Temporary recruitment to new posts aligned to the localities Test and Trace programme.
- Expansion of contact tracing and testing services
- IT investment aligned to support with advice for residents on Covid-19 and a local test and trace case management system.

Any unspent balances of the Test & Trace grant allocation in 2020/21 can be carried forward into 2021/22, aligned to the grant conditions.

Pooled Budget

The s.75 pooled budget with Stockport CCG incorporating services which can be statutorily pooled within the Adults Care and Health portfolio, had a Council baseline resource of £93.815m at Q1.5.

The Q1.5 outturn forecast is a £6.340m overspend. 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 £93.815m discussed above is circa £220m.

3.4 Earmarked Reserves

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

The reserve commitments shown are subject to change as part of the Council's Reserves Policy update that will be reported to Corporate Resource Management and Governance Scrutiny Committee and Cabinet in September. Changes to the Reserve Commitments shown will be reported in the mid-year Portfolio Performance and Resources Report

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Use of Reserves / "Approved Use" 2020/21 £000	Balance of Reserve / "Approved Use" £000
Corporate Reserves					
Budget Resilience Reserve	Adults Reserve	Learning Disability Sleep ins; increased hourly rates	24	0	24
Budget Resilience Reserve	Adults Reserve	Senior Management Support	32	0	32
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	3,553	3,225	328
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC Grant balance	157	155	2
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM	2,131	882	1,249
Reserve Linked to Budget	Transformation - Invest to Save Reserve	Further support to ASC Operating model and other services support	600	0	600
Corporate Reserve	Revenue Grant	NESTA Co Production	23	0	23
Corporate Reserve	Revenue Grant	Hate Crime Funding	19	19	0
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	24	24	0
Corporate Reserve	Revenue Grant	European Funded Schemes	217	0	217
		Adult Social Care - Subtotal	6,780	4,305	2,475
Corporate Reserves	Revenue Grant Reserve	Public Health*	751	(50)	801
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	78	78	0
		Public Health - Subtotal	829	28	801
		ASC & PH - Total	7,609	4,333	3,276

* Forecasted £0.050m transferred to reserves as described within section 3.3

3.5 Portfolio Savings Programme

Proposal	Risk Rating	Value (£000)	Forecasted Value Achieved (£000)	Additional Information
2019/20 savings programme				
Non Residential income – fees and charges		367	214	Final tranche of phased savings programme (was funded via reserves), delay due to Covid-19.
2020/21 Savings Programme				
Preventative Commissioning and Public Health Offer		100	69	Further collaboration with Stockport Homes required to achieve balance.
Balancing the Cost of Services Phase 2 (BTCOS)		300	175	BTCOS – delay due to Covid-19
Managing future demand		500	500	Split £0.5m ASC, £0.5m CYP. Assumed can manage demand in 20/21.
Liquid Logic contribution to DbD saving		77	19	Delay in achieving saving in part due to Covid-19.
Adult Social Care - subtotal		1,344	977	
Public Health Offer within ASC 2020/21 savings		150	150	Savings achieved at budget setting and transferred to ASC in Q1
Public Health - subtotal		150	150	
Total		1,494	1,127	£0.367m– balance to achieve

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 have 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.

3.6 Capital Programme

The Council's Capital Strategy aims to deliver an annual Capital Programme that supports the Council's strategic priorities and offers best value for money.

Capital Funding comprises non-recurring resources from a range of sources. The Portfolio capital programme for 2020/21 and beyond is detailed below. This incorporates rephasing of schemes and scheme allocations that have taken place since the end of 2019/20.

*Expenditure as at 31 Jul 2020 £000	Scheme	2020/21 Programme £000	2021/22 Programme £000	2022/23 Programme £000
0	Case Management System	14	0	0
0	Residential Care Sector Support	0	49	0
7	IT Infrastructure	183	0	0
0	Grant allocations - remaining balance	0	253	0
7	TOTAL	197	302	0

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

Funding the Capital Programme

Resources	2020/21 Programme £000	2021/22 Programme £000
Capital Grants	183	302
Revenue Contributions (RCCO)	14	0
TOTAL	197	302

Programme Amendments – Rephasing

Scheme	2020/21 £000	2021/22 £000	2022/23 £000	Funding Source	Reason
Residential Care Sector Support	(49)	49	0	Cap Grant	Scheme Rephasing
IT Infrastructure	183	0	0	Cap Grant	Allocation to scheme
Grant allocation - remaining balance	(183)	0	0	Cap Grant	Allocation to scheme
Grant allocation - remaining balance	(253)	253	0	Cap Grant	Scheme Rephasing
TOTAL	(302)	302	0		

Details of the programme:

Scheme	Description
Case Management System	Implementation of the new Adults and Children's Social Care System will be completed. This scheme was completed in 2019/20 and the remaining programme

	budget will be used for any residual capital costs.
Residential Care Sector Support	Match funded capital grants to the independent and private residential care sector to enhance the physical character of homes. This will provide dignity in care and improve the overall environment of care homes for those individual residents and their families/friends.
IT Infrastructure	<p>The new adults operating model places a strong emphasis on the use of technology to support the delivery of the new customer pathway. The digital opportunities available to Adult Social Care have been categorised into five key themes:</p> <p>Theme 1 – Digital communities</p> <p>Theme 2 – Intelligent information</p> <p>Theme 3 – Digital self service</p> <p>Theme 4 – Digital employee</p> <p>Theme 5 – Data and analytics</p> <p>To support the theme of digital employee it is necessary to ensure that staff across Adult Social Care have the appropriate IT equipment including hardware and software. A programme to update the IT equipment commenced in 2019/20 and will conclude in the current financial year.</p>
Grant allocations - remaining balance	The remaining balance has been rephased to 2021/22 except for £0.183m which has been transferred to fund the IT Infrastructure scheme. Profiling of this allocation will be reviewed and updated on a regular basis.
Disabled Facilities Grant (<i>within Sustainable Stockport Portfolio</i>)	<p>Disabled Facilities Grants are provided to facilitate the provision of major adaptations or changes to non-Council owned housing (i.e. owner occupied, private rented and housing association) to meet the assessed needs of disabled people. Typical examples would include stair lifts, bathroom adaptations, door widening and substantial ramps.</p> <p>The impact of the national and local lockdown in response to the Covid-19 outbreak has been, and continues to be significant for the delivery of Disabled Facilities Grant. This is a mandatory demand led service, involving assessments of personal need and then building works in the homes of our most vulnerable residents.</p> <p>As many of these residents continue to shield/are extremely nervous of allowing people into their homes despite risk assessments and relevant measures being put in place, we have seen a reduction in requests for assessments, and a backlog of assessments particularly where access cannot be agreed.</p>

	<p>Based on present information available for all stages of the assessment and delivery process, and assuming that no further out-breaks of Covid-19 occur, it is anticipated that the year end out-turn will be £1.000m.</p> <p>There is an expectation that requests for assessments may well increase as a result of pent up demand when the pandemic finally subsides.</p> <p>Additionally there will be a further £0.550m spend on Children's/Care Act eligible disabled residents who do not meet/works exceed the mandatory DFG criteria.</p>
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GLOSSARY

Common acronyms used within the PPRA and likely to be referred to in the Portfolio Reports include the following;

ABL – A Better Life Stockport (lifestyle services provider)
 ADASS – Association of Directors of Adult Social Services
 AOM – Adults Operating Model
 ASC - Adult Social Care
 ASCOF – Adult Social Care Outcomes Framework
 BAME – Black Asian and Minority Ethnic
 BCF – Better Care Fund
 BIA – Best Interest Assessor
 BMA – British Medical Association
 BMI – Body Mass Index
 BTCOS – Balancing The Cost Of Services
 CCG – Clinical Commissioning Group
 CQC – Care Quality Commission
 CSS – Corporate and Support Services
 CURE – Conversation, Understand, Replace, Expert and Evidence Based smoking cessation programme
 DASS – Director of Adult Social Services
 DFG – Disabled Facilities Grant
 DToC – Delayed Transfer DoLS – Deprivation of Liberty Safeguards
 DoLS – Deprivation of Liberty Safeguards
 ECH – Extra-Care Housing
 EQUIP – Enhanced Quality Improvement Programme
 ESA – Employment Support Allowance
 EWD – Excess Winter Deaths
 FT – Foundation Trust
 GM– Greater Manchester
 GMCA – Greater Manchester Combined Authority
 GMHSCP – Greater Manchester Health & Social Care Partnership
 GMS – Greater Manchester Strategy
 HCICP – Health and Care Integrated Commissioning Board
 HDP – Hospital Discharge Programme
 HWB – Health and Wellbeing Board
 IAG – Information, Advice and Guidance
 IMCA – Independent Mental Capacity Advocate
 JSNA – Joint Strategic Needs Assessment
 LPS – Liberty Protection Safeguards
 MAARS – Multi Agency Adults at Risk System
 NESTA - National Endowment for Science, Technology and the Arts
 NDPP – National Diabetes Prevention Programme
 NHIP – National Institute for Health Protection

OBC – Outline Business Case
PCFT – Pennine Care Foundation Trust
PHE – Public Health England
PHOF – Public Health Outcomes Framework
PPE – Personal Protective Equipment
PPRR – Portfolio Performance and Resources Report
PRPR – Paid Relevant Persons Representatives
RCCO - Revenue Contributions to Capital Outlay
SCDIP – Social Care Digital Innovation Programme
SEND – Special Educational Needs and Disabilities
SHAPES – Schools Health, Activity, Physical Education & Sport
SLAS – Stockport Local Assistance Scheme
SME – Small and Medium Enterprises
SNC – Stockport Neighbourhood Care
SPARC – Stockport Progress And Recovery Centre
START – Stockport Triage Assessment & Referral Team
TAP– Team Around the Place
TPA – The Prevention Alliance
VCSE – Voluntary, Community and Social Enterprise
WIN – Wellbeing and Independence Network