



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport
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respect

Adult Care and Health

Portfolio Performance
and Resources
Mid-Year Report 2020/21



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ONESTOCKPORT

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ADULT CARE AND HEALTH – PORTFOLIO OVERVIEW



Portfolio Summary

I am pleased to introduce this year's Mid-Year PPPR report. This is being launched alongside the Portfolio Dashboard which provides the opportunity for a detailed analysis of the portfolio's performance across a broad range of indicators.

This has been a difficult and challenging year across the portfolio with Public Health and Adult Social Care at the forefront of the Covid-19 response, both services have needed to refocus and realign their resources and delivery models to offer a robust response to the national lockdowns and local restrictions. The protection, care and support to residents has been the focus of attention over the last months.



I would like to pass my thanks to all the staff working in ASC and Health and all our care provider partners across the borough for their continued commitment and professionalism in these unprecedented times. Safeguarding and protecting residents is at the heart of their response. The impact of the global pandemic is reflected in some of the performance data and it is likely that some targets set will not be achieved this year.

However, it is important to highlight that services such as Health Protection have continued to reach out to people and offer support around key areas such as health screening, smoking cessation and substance misuse. I'm pleased to see the introduction of the CURE programme in Stockport working in partnership with the Foundation Trust, this offers smoking cessation resources to inpatients at a key point in their health journey.

Stockport's performance in the flu immunisation programme is always high (1st in Greater Manchester) and I'm very pleased to see this continue. This is incredibly positive news with current take up at 81% amongst the over-65 population.

The focus on early intervention and prevention and the embedding of the neighbourhood care model continues. Coordinated working across ASC and Public Health to address this has been a particularly positive outcome following the merger of the portfolios.

The ambition to extend this offer across all ages in collaboration with Stockport Family will do much to offer a holistic and personalised approach to working with families in the borough. This model will be enhanced and underpinned by a refreshed integrated commissioning strategy including a third sector offer and collaborative working with the CCG.

Mental Health and Wellbeing is a key focus this year and there have been significant service changes to improve the front door delivery, staff previously working in Pennine Care have now moved back into ASC and have aligned with the neighbourhood model thus ensuring an enhanced mental health offer at an early stage.

The leadership team are working hard to address some of the areas where performance has dipped.

For example, we have seen some deterioration in performance in the nursing and care home sector. Focused and targeted work with specific providers in partnership with CQC and colleagues in Stockport CCG is ongoing with clear improvement plans in place to address the areas highlighted for improvement.

Members will note that some unachieved targets are as a result of data quality issues and the accompanying narrative outlines this in more detail. Officers are currently working on these areas as a priority and will implement any interventions to improve reporting processes whilst mitigating for reduced performance.

I would like to acknowledge the Covid-19 care home wrap around support response as an area of exemplar practice over the year. Feedback from the sector has been incredibly positive on the health protection and quality teams work with homes and care providers. This work underpinned by a robust financial package has offered assurance and helped stabilise the market in a proactive and responsible manner.

Cllr Holloway and I had the great pleasure of joining the virtual Star Awards for the care sector in November. This was a fantastic event organised by the CCG and ASC and was very well received by the care providers as recognition and thanks for the great work they have done over the year and a celebration of the excellent partnership working with the sector.

The Adult Care and Health portfolio is reporting a forecasted overspend at Q2 of £5.160m, this is a reduction of £1.180m when compared to the previously reported Q1.5 position. The reduction in the forecasted overspend is predominantly due to the extension of the Hospital Discharge Programme and continued temporary funding via the NHS. This position includes the forecasted financial impact of Covid-19 on the portfolio's services in 2020/21. National Covid-19 funding provided to the Council is being maintained corporately and will in part offset this forecasted overspend position.

In conclusion, I would like to formally submit the PPR and welcome questions and comments on the details presented.

Cllr Jude Wells, Cabinet Member for Adult Care and Health

Revenue Budget (Forecast)

	£000
Cash Limit	95,269
Forecast	100,429
(Surplus)/Deficit	5,160

Reserves

Approved use of reserves balance is £6.135m;
Planned draw down at Q2 is £3.129m

Capital Programme

	£000
2020/21 Capital Budget	219
2021/22 Capital Budget	280
2022/23 Capital Budget	0

ADULT CARE AND HEALTH PORTFOLIO

1. DELIVERING OUR PRIORITIES



This report is based on the **2020/21 Portfolio Agreement**, considered by the Adult Social Care and Health Scrutiny Committee on 10th September and approved by Cabinet on 6 October 2020. The link to the Agreement can be [found here](#).

Updates on **key programmes of work and other activities** are referenced within the Portfolio Priorities within this section of the report, alongside the latest available **performance data**. The Portfolio Agreement included updates where available to the end of July, and this report reflects the picture as at the end of October where this is available.







Performance measures are reported where new data or forecasts are available since the Portfolio Agreement. Latest data across all measures is available via the Portfolio Dashboard and will be included in the Annual Report. These are categorised to reflect the Council's influence and responsibility as Council, Partnership or Contextual. These categories are used to determine the type of target used as numerical, comparator, direction of travel or if no target is set. Definitions for these categories and target types are included within the Agreement.

Highlight and exception commentary is provided for performance measures. Where performance or progress in delivering priorities is impacted by the Covid-19 pandemic and resulting restrictions, this is reflected within the commentary. As highlighted in the Agreements, it has not been possible to set annual targets for some measures due to these impacts, but 'direction of travel' will continue to be shown for these. For those measures reported quarterly, a full-year forecast is included where possible, based on actual performance to date as well as any other factors that are expected to affect performance in future quarters.

The Portfolio Performance Dashboards are being launched alongside these reports, and the Adult Care and Health Dashboard can be [found here](#). This contains further historical trend data in addition to comparative data (where available) the latest of which relates to 2019/20.

In response to feedback from Scrutiny Committees, the criteria for RAG rating and direction of travel status has been clarified and is included below. The rationale for any variations to this will be clearly highlighted within the commentary.

Key to symbols used in tables

	Red; Indicator is performing significantly (>5%) below target		Getting worse; The forecast year-end position for this indicator is less favourable than the previous year-end.
	Amber; Indicator is performing slightly (<5%) below target		Stable; The forecast year-end position for this indicator is within 1% either side of the previous year-end.
	Green; Indicator is on track or performing above target		Getting better; The forecast year-end position for this indicator is more favourable than the previous year-end.

Bold measures are included in the Greater Manchester Strategy outcomes framework and/or suite of 'headline' measures included in the Corporate Report.

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.

A draft JSNA focusing on the first wave of Covid-19 was presented to the Health and Wellbeing Board in September and is currently out for wider consultation. A final version will be published on the JSNA website by the end of the year.

The Stockport Moving Together (Covid-19 physical activity recovery) programme has also been launched as part of the One Stockport health & wellbeing strand.

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.

The Healthy and Active Communities programmes development has continued throughout Covid-19 restrictions, and includes a concentrated focus on;

- Marketing and communications aligned to One Stockport, GM Moving and the 'That Counts' campaign
- Brinnington and Lancashire Hill place-based approaches using the 'street level' community engagement methodology, including domestic abuse prevention and response
- Enhanced development of the peer mentor support programme for older people with Age UK Stockport
- New mental wellbeing resources, posters, leaflets, web resources and social media messages – have been co-produced with VCSE and extensively distributed,

Although the dedicated community and migrant families wellbeing project has been paused, some activities such as counselling on line have continued. Public Health and partners priority over the last six months has been proactively developing and maintaining contact with migrants and asylum seekers directly or through agencies in direct contact with them to mitigate additional risks. Work has included distributing emergency food parcels, safety packs, digital access and making information available in community languages.

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

Residents and businesses in Stockport are being asked to have their say on the GM Clean Air Plan, supported by a series of webinars offering more details and an opportunity to ask questions about the plan and funding packages being proposed.

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











The National Diabetes Prevention Programme switched to remote delivery in April and continues to operate successfully. Nationally there have been changes in eligibility criteria in recognition of the fact that the lower volume of routine testing in primary care due to Covid-19 would reduce referral volumes. Patients can now check their own eligibility by completing the Diabetes UK 'Know Your Risk' Tool <https://riskscore.diabetes.org.uk/start> and then self-refer. The Public Health team have undertaken some community engagement in Brinnington to encourage use of the tool and increase access of the NDPP. Work is also being carried out with primary care to embed the direct referral of patients.

The CURE programme was launched at Stepping Hill Hospital in September. CURE is a GM-wide project of comprehensive secondary care treatment for tobacco addiction. This includes identifying

all active smokers admitted to hospital and immediately offering nicotine replacement therapy and other medications, as well as specialist support, for the duration of their admission, and after discharge too, including onward referral to ABL Health, the community smoking cessation service.

Development of a Food Strategy has been paused due to lack of capacity during the Covid-19 response prioritisation.

Measuring Performance and Reporting Progress

Partnership Measures – reported quarterly								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 1.1	Number of people undertaking the National Diabetes Prevention Programme.	High	1,070	1,223	500	500		
There were 164 people starting the NDPP during Q2, an increase from 140 during Q1. The full year forecast is to meet the revised target level, although local restrictions and the national lockdown are likely to impact participation during Q3. (see commentary above)								
ACH 1.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	High	4,315	3,996	2,500	2,500		
842 referrals were made to START during Q2, an increase from 532 in Q1. The full-year forecast at this stage is to meet the target level, although this is likely to remain well below last year's referral numbers.								
ACH 1.3	Number of people completing a weight management intervention (ABL lifestyle service).	High	121	127 (+13 still on prog)	90	90		
ACH 1.4	Number of people completing a smoking cessation (ABL lifestyle service).	High	130	316	180	180		
41 people completed weight management interventions during Q2, up from just 14 in Q1, whilst 74 people completed smoking cessation interventions - down from 92 in Q1. Whilst ongoing restrictions will impact on these services, it is expected that the reduced targets will be met over the full year.								
ACH 1.5 GMS SS 3.1	Percentage of adults who are active or fairly active (3-yr rolling average)	High	78.0% (Nov 2016-18)	76.1% (Nov 2017-19)	75.3% (Nov 2018-20)	74.0%		
Results from Sport England's latest Active Lives Survey were published in October 2020. It covers the twelve-month period up to the end of May 2020, during which Covid-19 restrictions were in place for only the last two months. The three-year rolling average is now 75.7% (to May 2020), which is a very slight decrease since the last survey.								
Results of the next survey will be published in April 2021. It will cover the twelve months to November 2020, eight months of which were during the pandemic. As the survey is likely to find that activity levels decreased during the pandemic, the three-year forecast reflects a slight reduction, although ahead of the reduced year-end target.								

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.

Stockport's Covid-19 Outbreak Management Plan has been published <https://www.stockport.gov.uk/coronavirus-in-stockport/stockport-coronavirus-outbreak-management-plan> and is directing local response management. The Health Protection Board and Outbreak Management & Engagement Board for Covid-19 have been meeting regularly since the summer, with a remit to understand and respond to local trends and issues.

Local intelligence relating to Covid-19 continues to develop and reports are regularly shared with members of the Boards and leaders. The JSNA for Covid-19 synthesises the findings from the first wave of the pandemic.

We will develop 'Test and Trace' capacity and processes for Stockport

A team of contact tracers has been put together from existing staff, who make contact with people newly testing positive for Covid-19 that the national Test and Trace service has not been able to contact. This team has ensured that the completion rate of contacts with new cases is now in excess of 95%.

The Public Health team is continuing to work with the GM Integrated Contact Tracing Hub on complex case contact tracing in a variety of settings. Recruitment is also continuing to key posts at this very busy time.

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

There are well-established forums and support mechanisms in place for care homes and other care organisations to report and manage outbreaks of Covid-19 and other infections within these settings. Weekly newsletters and regular provider forums are in place to disseminate all relevant guidance, discuss, and resolve any associated challenges.

The Health Protection and Response board has been established to monitor outbreaks, whilst outbreak control meetings are being held for care settings where required. Individual engagement also helps to support containment and for providers to put measures in place to manage future outbreaks. Relationship managers are also in place to assist with the management of cases and/or contacts.

Some existing relationships and improved connections, along with relationships established as a result of the Covid-19 response have been utilised by Public Health and the One Stockport Community programme to engage VSCE, BAME leaders, faith leaders and others in supporting improved awareness raising and shared understanding about how to prevent and respond to outbreaks.

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

Social care services have continued to be delivered throughout the pandemic and working practices are being adapted to ensure that all unnecessary face-to-face contact is limited as per Government guidance. This has been challenging but the service remains committed to limiting the transmission of Covid-19 to residents and staff. Temporary funding is being used to support recovery plans, ensuring any outstanding work that has resulted from the impact of the pandemic


can be addressed.

In-house care providers have continued to provide an ongoing service, whilst adhering to PPE guidance. The Learning Disability day centre has reopened following appropriate environmental and attendee risk assessments and has brought much needed relief for carers and enjoyment to attendees.

A regularly updated guide is available for all providers and teams within the Council. This is reinforced with regular engagement with providers and access to Public Health colleagues for specialist advice and support.

Details around the PPE Portal and how to register have been shared with providers through regular communications, although there continues to be a number of issues with this service. The PPE Hub is therefore continuing to provide equipment to all providers - including those eligible or ineligible for the portal - from the regional hub at the Town Hall. This will continue until March 2021 as per GM guidance. A robust process for emergency stocks of PPE is also in place to enable access to a range of provision and partners in the borough.

Measuring Performance and Reporting Progress

Contextual Measures						
PI Code	Short Name	Good Performance	2019/20 Actual	2020/21		
				Q1	Q2	Trend
ACH 2.1 NEW	Covid-19 number of new confirmed cases	Low	160	1,457	2,916	

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.

There has been a delay in the review of the multi-agency Safeguarding Policy work due to the pandemic, although a workshop is planned at the end of November to start this work, with an external consultant providing support, scrutiny and challenge.

The transition between DOLS and LPS is still ongoing, with consultation on the code of practice yet to be published.

Work has just started in GM to look at what Complex Safeguarding means in ASC. The Council is supporting this work and is keen to establish a shared definition and data set, along with agreeing some best practice models in this area of work.

ASC and Public Health have contributed to the current review of the homelessness strategy and are committed to developing a shared approach, in particular on the response to street homelessness. This work is also a priority for the Safeguarding Partnership and links to the recent work undertaken on behalf of the LGA by Michael Preston Shoot.

The Healthcare for the homeless service continues to operate from the Wellspring, far fewer people are using this than in previous years but numbers have risen steadily since August. Whilst the service review has been delayed due to Covid-19, it will align with the homelessness strategy development.

The Council continues to work with GM to ensure that the priorities of the GM Drugs and Alcohol Strategy are addressed. In addition, the GMCA are undertaking a review of Substance Misuse commissioning across GM which Stockport is contributing to, and which will help inform future arrangements and priorities.

The Council recently received recognition for its work in improving public health services at the 2020 MJ Local Government Achievement Awards. The award, for best Public Health Improvement, recognised the invaluable support the Victoria Intensive Project (VIP) had provided to individuals and the community, with the Council partnering with CGL Stockport and others to directly support individuals with complex drug and alcohol issues.

Work is ongoing throughout Q3 to establish local evidence and knowledge of gambling harm. This will review existing and new data across GM, with recommendations for how best to utilise it.

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

ASC continues to work with Stockport Family to develop its transition offer and support the SEND review. Recently work has started to develop the ASC disability service which will include a new autism team to work alongside the existing learning disability and transition team. Recruitment is currently underway to management and frontline social work posts to support and enhance the current offer in this service area.

Social care mental health services returned to the Council's management responsibility from the end of September. Work is currently ongoing to review and consolidate the service with a longer-term intention to support the development and implementation of services.

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

The Breast Cancer Screening programme is now remobilised following a six month pause due to Covid-19. Public Health are working closely with the commissioners and providers of this service to ensure that, as part of this remobilisation, there is a commitment to build back better and address the issues identified in the previous recovery plan. The service has made a number of improvements including extending opening hours, improving phone response and offering more choice in appointments. It is planned to review the delivery model over the next six months with a view to securing a lasting improvement in the service.

NHS Health Checks are being considered within the review of the overall council strategy on preventative commissioning.



















The pandemic has led to a strong emphasis on further strengthening the approach to suicide prevention. In April the Council and NHS partners have launched a number of key initiatives to support the emotional wellbeing and mental health of people in Stockport, including online support services such as Togetherall, and Kooth (for young people), the Emotional Wellbeing Hub for children and young people, and the mental health crisis 24/7 helpline Open Door, as well as a day-time safe haven as part of the crisis pathway.







An ongoing communications campaign is publicising local support services and supporting frontline staff in signposting to them. Suicide prevention training is now available online, and various options are promoted to staff and partner organisations. For primary care, scripts for welfare calls were developed for patients with depression early during the pandemic, and in November a primary care Masterclass on suicide prevention was held, with an associated resource pack

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.





The flu immunisation programme is now underway, currently within General Practice. Current uptake as at 8th November ranges from 78.5% for over-65s to 41.8% for pregnant women. Around 57% of two and three-year olds have been vaccinated, whilst the schools programme started in October, with uptake so far ranging from 21% in year 7 to 31.5% in year 1.

Measuring Performance and Reporting Progress

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
PHOF 3.03xiv	Take up of flu vaccinations by over 65s.	High	79.9%	79.6%	81%	81%		
PHOF 3.03xv	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	High	60.8%	56.7%	62%	62%		
ACH 3.3	Uptake of flu vaccinations for pregnant women.	High	70.1%	65.5%	72%	72%		
PHOF 3.03xviii	Uptake of flu vaccinations for 2-4 year olds.	High	62.9%	59.4%	65%	65%		
ACH 3.4	Uptake of flu vaccinations for 5-9 year olds.	High	76.2%	77.6%	78%	78%		
The flu vaccination programme started in September, with over-65s prioritised over other groups. This is reflected in the latest data, with 78.5% of over-65s already having a flu vaccination by early November. This contrasts with other groups, ranging from just 21% of 5-9 year olds, up to almost 57% of 2-4 year olds, but as this is still early in the programme, forecasts are to achieve the targets by the end of the programme in early 2021.								
ACH 3.5	No. of MRSA infections in Stockport.	Low	1	2	4	0		
ACH 3.6	No. of C difficile infections in Stockport.	Low	87	94	84	80		
ACH 3.7	No. of influenza outbreaks in care homes.	Low	9	4	10	10		
ACH 3.8	No. of diarrhoea & vomiting outbreaks in care homes.	Low	20	31	20	20		
Based on Q1 and 2 data, there are forecast to be a higher number of MRSA infections this year, but a slight reduction in C difficile infections. These are Stockport CCG targets, with the aim of eliminating all MRSA infections across Stockport's health economy.								
The peak period for flu and diarrhoea & vomiting outbreaks in care homes is in the second half of the year, with none reported between April and September. Care home residents and staff were included in the first tranche of the flu vaccination programme from September. Whilst the focus for infection control in these settings will remain around Covid-19, it is expected that cases will be reported between October and March.								

PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
PHOF 2.15i	Successful completion of treatment – non-opiate users.	High	41.3% (Sep 18-Aug 19)	41.4% (Jan 19-Dec 19)	41.3% (Mar 19 – Feb 20)	Aim to maximise		
<p>Whilst there has been a minor drop in the percentage of users successfully completing treatment in the latest data to February 2020, this continues to maintain a high level of performance compared to GM and from the 26.8% completion rate to August 2018.</p>								
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	High	6.5%	8.3%	9.9%	8.3%		
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently with or without support	High	85.9%	89.9%	89.1%	90.0%		







Partnership Measures

PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 3.9	Number of people who have accessed The Prevention Alliance (TPA)	High	2,926	3,686	3,500	3,500		
ACH 3.10	Proportion of people engaging with TPA who fully achieved their goals	High	52.1%	74%	65%	Aim to maximise		

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.

These services made a significant contribution to the humanitarian offer including food and medication deliveries, social contact and mental health support. A total of 1,290 people accessed the Prevention Alliance during Q2, up from 1,035 in Q1. The Prevention Alliance resumed more “normal” working at the beginning of July and therefore keyworker cases will still be ongoing and not expected to be completed for another three months.

119 of 209 (57%) people undertaking one to one work achieved their goals in Q2, although this is not representative of projected actual results received. It is unlikely that the Prevention Alliance will hit normal levels of performance until at least Q3, and this will be reflected in performance against target for both these measures.

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 3.11	Total number of Deprivation of Liberty Safeguards (DoLS) referrals awaiting assessment	Contextual	862	961	305	N/A	N/A	N/A
ACH 3.12	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Low	110	186	240	Aim to minimise		
<p>Outstanding referrals are currently being migrated to the new LiquidLogic case management system, with High and Medium referrals being prioritised. The backlog of these has increased since 2019/20, whilst the total numbers are likely to be understated. These will increase as the 'Low' priority cases are migrated, with this exercise expected to be complete by the end of the year.</p>								
ACH 3.13	Safeguarding outcomes - Percentage of safeguarding cases where the risk has been reduced or removed (number of cases)	High	80.3% (106)	81.8% (121)	96.0%	81.8%		
ACH 3.14	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (from Making Safeguarding Personal)	High	81.7%	82.5%	93.0%	82.5%		
<p>Figures at Q2 are 96.1% (74) and 90.4% (103) respectively. Fluctuations are likely due to relatively small sample sizes and the need to record outcomes of cases.</p>								

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.

Work is being undertaken to review and develop a new communities model which includes consideration of localised support, early intervention, prevention and a 'pre-front door' offer to support community wellbeing and resilience based on 'Team Around the Place' principles.

A strategy for preventative commissioning is currently being developed. This was delayed due to immediate priorities associated with Covid-19, however work is underway to establish a detailed time-line including key deliverables and procurement deadlines. A crucial element of this work will be co-production and collaboration with the VCSE sector, and work is underway to plan a series of events and forums on this. In order to ensure business continuity, extension of key contracts has been agreed within prevention services in particular the TPA and WIN which will now be in place until March 2022. This will allow for alignment with other contractual areas within the prevention sphere.

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.

People Too have been commissioned to work with ASC to help develop and embed a strength and asset-based approach. An initial meeting has taken place with senior leads in the service and work is underway to finalise the project plan. The diagnostic phase is due to commence in the coming weeks and a number of staff development sessions will take place in the final quarter of the year.

Work has also commenced on the ASC workforce development strategy. This will be a co-produced document developed jointly by the leadership team and workforce representatives as well as with support from colleagues in People and Organisational Development.

The return of mental health teams from secondment to Pennine Care Foundation Trust (PCFT) took place at the end of September. As part of this transition a new workforce development plan has been developed to support both the service transition and the staff in their dedicated social care roles.





We will develop Integrated Commissioning across health and social care to achieve the best outcomes for residents ([link to RCG and IN portfolios](#))

Work is being undertaken with colleagues in the CCG to align commissioning approaches and management of the Care Home Market in particular. The organisations have collaborated to align direct payment rates, manage quality across registered provision in Stockport and take action where this is required to ensure that residents receive a good standard of care.





Commissioning resources are being developed to align provision and support the delivery of the new operating model across ASC in Stockport. A significant contract for residential and nursing care was jointly negotiated with the CCG to provide additional capacity through the Covid-19 pandemic and ASC have collaborated on a contract for the provision of health technologies into care homes to ensure that people receive the support they need when they need it.

This commissioning has been part of the Winter Plan which has been developed in collaboration with health colleagues. In addition, a joint review of discharge processes and procedures is taking place with the CCG and Foundation Trust to provide the best possible outcomes for the people of Stockport.

Measuring Performance and Reporting Progress

Council Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 4.2	Number of carers assessments carried out	High	1,275	1,128	574	Aim to maximise		
ACH 4.3	Number of carers in receipt of direct payments	High	890	915	390	Aim to maximise		

The number of carer assessments and carer's direct payments recorded in Liquid Logic / ContrOCC is down on last year in both cases. So far this year just 287 carers assessments have been carried out, along with 195 carers direct payments, which provides the basis for the full year forecast. Last year there were 1,128 carers assessments and 915 carers direct payments, so this data is being checked against annual reviews as a priority to investigate the reason for the reduction and ensure there is no adverse impact on carers.

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 4.4 NEW	Percentage of care home residents paying enhancements	Low	N/A	29.5%	28.3%	Aim to minimise		
ACH 4.5 NEW	Percentage occupancy level of care homes	High	N/A	97%	91%	95%		

The position on care home occupancy has stabilised in recent weeks, with 9% (189 beds) vacant. 1% of beds (around 20) are from care homes closed due to Covid-19 and there is a significant variance between care homes due to the impact of Covid-19. Two care homes (Bramhall Manor and Marbury) are block booked to help with hospital discharges which impacts on the vacancy rate, whilst financial support is available to individual homes which have under 90% occupancy.

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

Work has continued at pace throughout the pandemic and key milestones and activities have been achieved with great success. The Academy of Living Well is progressing with design in service delivery, financial modelling, and operating considerations. These are all on target for developing the business case for Cabinet approval in Feb 2021. Public consultation has taken place on the proposals for Royal George Village and additional stakeholder engagement is underway with further events planned.

Market shaping has advanced significantly with ethnographic research activities with residents in Stockport over the summer. These resulted in a series of issues being highlighted within post and pre-Covid videos. Workshops are now underway for ideation and delivery of solutions.

A new website for the Prospectus for All Age Living has been designed and will be published in November. This channel of communication will continue to be developed to share and promote the Prospectus' full programme of work.

The Living Well at Home strategic plans have developed further with outcomes from a registered provider event, the housing needs assessment, and extensive mapping of housing stock and demographics. These have been enhanced further with the ethnographic research to produce direction on how the Council can proceed with these plans.

Neighbourhood Care and Workforce & Education strategic plans are in development through workstreams and linked with the Academy of Living Well. A new Stockport Standard of Care and workforce culture are being designed, alongside opportunities for community wealth building.

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.

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.

Work is underway to develop portals within Liquid Logic which will support referral pathways into ASC. This will support residents with better information and advice, ultimately leading to the opportunity to self-assess and choose personalised services to meet individual needs.

ASC have now welcomed the Referral and Information Officers into the new structure at the 'Front Door'. This will allow development of a more specialist response at the point of contact.

As a result of the changes to mental health services new referral pathways have been developed, along with an interim safeguarding protocol across Pennine Care and the Council to support this work until the procedure work is completed.

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

Work is starting imminently with a provider (People Too) to work with teams and services to develop strength and asset-based approaches within social care practice. This work will also include a review of the Quality Framework.

Work is currently underway with Stockport CCG to resolve the backlog of Continuing Health Care (CHC) cases currently pending assessment. This has involved developing a new system of

prioritising and allocating work in conjunction with CCG colleagues. Going forwards into 2021 it is anticipated that a review team will be established. This team will be involved in reviewing commissioned packages of support and where appropriate ensuring that CHC funding streams are accessed to maximum potential.

The REaCH service is implementing a robust action plan which focuses on risk management, medication and quality assurance systems. Staff have completed a significant amount of training not only in mandatory training requirements but service specific areas which will improve the quality of the service offered to local residents.

Learning Disability services are also focusing on quality improvements across the service which will promote independence and community integration for residents, with a focus on strengths-based approaches to support.

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


Liquid Logic was successfully implemented in April 2020. An agile approach has been adopted to build up the data reporting capabilities across the service. The performance framework will be the eventual product from the aggregation of the reporting capabilities.

During the Covid-19 pandemic the Council has supplied 4G enabled tablets to care providers across Stockport. These tablets have enabled residents to stay in touch with loved ones during lockdown via video calls, with resulting benefits to their mental health and wellbeing.

A Virtual Tec Panel is being designed to support innovation of Technology Enabled Living to help people live longer and live well at home. Alongside this, Carecall's Universal Offer has become accessible to all residents with a marketing campaign to increase its customer-base, and further enhancements being developed and linked in to the Winter Planning process. Design-thinking around a technology shop is underway to support the current offer, and future innovative offers.



The REaCH service has identified and is procuring an electronic care plan recording system which will be used by all care staff instead of written records. This system is accessible to the person receiving the service and their carer/family members at any time with the use of an individual password. The system will be much quicker and promote safer care delivery than the current paper-based system as it has prompt features to support and remind carers, and can be accessed live by managers, not retrospectively as is the case currently.

Measuring Performance and Reporting Progress



Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	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	644.0 (368)	657.9 (376)	329 (188)	N/A	N/A	

So far this year there have been just 94 permanent admissions to residential or nursing homes logged. If the rest of the year follows in linear fashion, under 200 permanent admissions would be expected in 2020/21, down from 376 in 2019/20.

In normal circumstances, the aim would be to keep these numbers low, in favour of people remaining in their own homes, so the measure is shown as improving. Such significant reductions, however, are due to the impact of the pandemic on the care sector along with hospital discharge policy and are also likely to be an indication of confidence in the sector. They also reflect the pattern across other GM councils, and due to these uncertainties, it was agreed not to set a target for 2020/21. Data will continue to be monitored closely during the second half of the 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 – based on Q4 only</i>)	High	92.4% (122)	95.5% (220)	91.5% (233)	95.5%		
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Performance at the end of Q2 has fallen from 96% at Q1 and is forecast to be below the target for the year. It is not yet clear whether the measure reported will again be based on Q4 data only, in which case this figure may well increase depending on the range of intermediate tier services available. An action plan is in place to deliver improvements to the REaCH service along with new electronic care plans (see updates above)

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
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	85.5%	56.9%	50.3% (172)	85%		





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Performance has improved since the 45.1% reported at Q1, though is still significantly below the full-year target and numbers are much lower than those reported for 2019/20. This is largely due to issues with the recording of REaCH (re-ablement) data, rather than any specific performance issues or fall in activity. It currently only includes cases for the Active Recovery service - if the REaCH cases were excluded from 2019/20 data, a like-for-like comparison would be 56.9% rather than the 85.1% reported and used as the basis for the 2020/21 target.

This is being followed up as a priority to ensure data being reported is as accurate as possible to inform an intelligence-driven approach, and the new electronic care plans will help in monitoring this. Whilst numbers are likely to increase during the second half of the year, they are unlikely to come within the target range by March 2021.





ASCOF 1E	Proportion of adults with a learning disability in paid employment (<i>actual number</i>)	High	9.6% (72)	8.7% (100)	8.6% (73)	8.7%		
ACH 5.1	Proportion of adults with autism in paid employment (<i>actual number</i>)	High	8.8% (8)	3.0% (3)	7.9% (22)	5.0%		

The data behind these measures has been reviewed, resulting in a significant decrease in the overall cohort but an increase in the autistic cohort. Data quality is also a factor, with a number of clients with no employment status recorded, so this is being improved to ensure an accurate picture of the cohort.

ASCOF 1G	Proportion of adults with a learning disability who live in their own home or with their family (<i>actual number</i>)	High	92.0% (690)	95.3% (669)	66.4% (561)	95%		
ACH 5.2	Proportion of adults with autism who live in their own home or with their family (<i>actual number</i>)	High	93.4% (85)	97.9% (97)	55.2% (154)	98.0%		











Lower figures for these measures are likely to reflect data quality, with many cases not having their accommodation status recorded, rather than performance issues. These cases are being followed-up to ensure accurate data can be reported at year-end. The service continues to work with children's services to deliver the SEND action plan in relation to planning for adulthood and independent living.

Partnership Measures

PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 5.3 NEW	Percentage of long-term service users in residential or nursing care	Low	N/A	27.3% (Jun 20)	25.5%	Aim to minimise		
As at 30 th September 2020, 25.5% of our long term service users resided in a residential or nursing home, slightly down on the end of last quarter (27.3%).								
ACH 5.4 NEW	Proportion of step-up activity in intermediate services	High	N/A	2.0% (19)	0%	Aim to maximise		

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None of the 241 cases recorded up to Q2 had documented step-up activity, although there are issues with data quality as 90% of cases have no documented step-up. This is being followed up with the Active Recovery service to ensure that all step-up activity is captured during the remainder of the year.

PI Code	Short Name	Good Performance	2018/19 Actual	2019/20 Actual	2020/21			
					Forecast	Target	Status	Trend
N1	The proportion of Nursing bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	81.3% (878)	79%	60.9% (658)	80%		
4 care homes previously rated as 'Good' have been rated as 'Requires Improvement' in reports published since April. The long-term trajectory remains positive however, and these homes are being supported to address all the issues identified to achieve a 'Good' rating when re-inspected.								
N2	The proportion of Residential bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	74.5% (903)	96%	94.0% (1,181)	96%		
N3	The proportion of Home Care Agencies in Stockport with an overall CQC rating of good or outstanding (number)	High	91.2% (31)	95.0% (38)	94.7% (36)	95%		
N4	Number of Home Care hours in Stockport with an overall CQC rating of good or outstanding (number per week)	High	98.2% (13,757 p/w)	99.5%	92.6% (15,712 p/w)	95.0%		
GMS	Percentage of Adult Social Care facilities rated 'Good' or 'Outstanding' by CQC	High	80.2%	87.2%	88.1%	90.0%		

ADULT CARE AND HEALTH PORTFOLIO

2. FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

Current Budget at Q2

	Previously Reported Q1.5 £000	Increase (Reduction) £000	Budget at Q2 £000
Adult Social Care	83,005	1,280	84,285
Public Health	10,944	40	10,984
Cash Limit	93,949	1,320	95,269

Budget Changes since previously reported at Quarter 1.5

Description	Movement(s) £000
Pay Award – budget allocation (2.75%)	844
Approved fee increases	476
Total	1,320

Outturn Forecast

Services	Q2 Budget £000	Forecast Outturn Q2 £000	Forecast Variance Q2 £000	Forecast Variance reported Q1.5 £000
Prevention Wellbeing & Independence	5,410	5,874	464	396
Enablement & Recovery	11,237	11,509	272	633
Support & Care Management	72,218	79,420	7,202	6,859
Practice Quality & Safeguarding	1,217	1,160	(57)	(17)
Commissioning & Infrastructure	1,702	1,656	(46)	14
DASS and Central ASC budgets	(7,499)	(10,174)	(2,675)	(1,545)
Total – Adult Social Care	84,285	89,445	5,160	6,340
Public Health	10,984	10,984	0	0
Total	95,269	100,429	5,160	6,340

The financial resources in this portfolio total £95.269m. The forecast position is a £5.160m deficit based on updated Q2 (Period 6-7) information. This equates to 5.4% in variance terms of the net cash limit budget. This includes a combination of additional costs and/or reduced income due to Covid-19.

The forecasted position excludes grant funding provided to the Council from Central Government aligned to general Covid-19 financial pressures, as these grant allocations are being held

corporately.

In addition to the commitments described in Section 2.1 below the Council has received £5.996m of Infection Control Funding from the Department of Health and Social Care (DHSC) (£3.110m - Round 1) and (£2.886m - Round 2). The Round 1 allocation has been spent aligned to the grant conditions, predominantly supporting local external adult social care providers with infection control. The transfer of round 2 funding to external providers has commenced, aligned to the grant conditions.

Adult Social Care Deficit £5.160m

Prevention Wellbeing & Independence – overspend £0.464m

As reported in the PPRA an overspend is forecast within the equipment service. The forecast of £0.488m, is in part due to the impact of additional demand and more urgent delivery of equipment aligned to Hospital discharge which is incorporated within Covid-19 commitments. Further demand pressures on equipment include clients on end of life pathways.

Preventative Services are also forecasting an overspend of £0.121m aligned to external contract commitments.

These forecasted pressures are part offset by an underspend within Extra Care Housing (ECH) of £0.157m as costs invoiced based on activity for the ECH schemes are lower than budget planning assumptions.

Variance from Q1.5

The overspend has increased from that reported at Q1.5 by £0.068m, as increased costs reported within Equipment Services are part offset by the reduced activity in ECH.

Enablement & Recovery – overspend £0.272m

Forecasted additional costs due to Covid-19 of £0.642m are included in the Q2 position. This aligns to the Internal Learning Disability Tenancy Service due to frontline staff needing to shield / isolate where backfilling of rotas is required and where additional staffing capacity is required for clients who are unable to attend their usual provision (e.g. Day Care) due to Covid-19. There are also additional staffing costs aligned to hospital discharge services to support the Hospital Discharge Programme and Discharge to Assess model.

These additional commitments are partially offset by £0.395m which predominantly relates to underspends in contracts with external providers.

Variance from Q1.5

The overspend has reduced by £0.361m from the position reported at Q1.5. The reduction is predominantly due to a contribution from grant allocations, aligned to the In House Learning Disability Service due to the additional staffing costs.

Support and Care Management – overspend £7.202m

Learning Disabilities – overspend £1.591m

Additional Covid-19 forecasted commitments are £2.456m. This includes additional support to Day Care providers for this financial year and additional Supporting Living costs for 20/21, in part due to supporting clients who are unable to attend their usual pre Covid-19 provision.

This forecasted cost is offset by £0.865m which is the net impact of cash limit underspends within Day Care services and costs aligned to other Learning Disability Care management services, including anticipated future demand.

Variance from Q1.5

The overspend has increased by £0.181m from the Q1.5 position due to minor increases in care management and Covid-19 commitments.

Integrated Neighbourhoods – overspend £5.372m

The forecasted Covid-19 temporary additional commitments / reduced income of £6.230m relates to:

- Occupancy protection for care home providers who accepted the Council offer. No providers are currently receiving this support. This commitment is being recharge to Stockport CCG aligned to the Hospital Discharge programme (HDP)
- Additional Covid-19 care management packages of care which can partially be reclaimed from Stockport CCG via the HDP.
- Additional costs to support care homes providers for e.g. additional staffing costs, PPE, equipment.
- Paying homecare providers up to planned levels of care. This support has now ceased.
- Additional homecare costs to e.g. support clients who are unable to access other services, additional PPE commitments.
- Additional Discharge to Assess bed costs. A significant proportion of this cost will be recharge to Stockport CCG via the HDP.
- Delayed implementation of inflationary uplift to residential and nursing care client contributions.
- Reduced non-residential care income as clients not in receipt of some services. Also delayed uplifting of 2020/21 non-residential care fees and charges policy.

Within the forecasted position is a future commitment for clients who have temporary packages commissioned directly by Stockport CCG, funded out of national NHS Covid-19 scheme 1 funding, aligned to the HDP. A significant proportion of these clients will need ongoing care either via care home based or community based services. Reassessments are now commencing aligned to this programme of work.

Alongside the significant financial costs highlighted above are reduced costs in the pre Covid-19 care management settings of £0.858m, predominantly within residential and nursing care and non-residential care services. This is due to clients receiving a temporary commissioned service via the

Stockport CCG Hospital Discharge Programme, funded by the NHS.

Variance from Q1.5

The overspend has reduced by £0.384m from Q1.5. Care management forecasts excluding Covid-19 commitments have decreased by £1.032m. This is mainly due to HDP clients, with current services commissioned by Stockport CCG, continuing to receive NHS funding into Q3 – Q4, aligned to the recent HDP guidance and temporary extension to financial support. This is part offset by an increase to the Covid-19 care management commitments of £0.684m, as clients will continue to be Covid-19 funded through Council commissioned services until reassessment.

Mental Health – overspend of £0.239m

The forecasted overspend is in part due to additional estimated commitments from the recommissioning of services to some clients who going forward will be in receipt of a direct payment Individual Service Fund (ISF). There is also additional staffing costs aligned to temporary recruitment to support service delivery.

Variance from Q1.5

An overspend of £0.239m is reported at Q2 compared to an underspend of £0.307m at Q1.5. The variance is mainly due to the estimated additional placement costs for clients who were previously receiving care home based support, transitioning to being in receipt of DP ISF's.

3.1.4 Practice Quality & Safeguarding – underspend of £0.057m

There is a minor underspend of £0.057m at Q2. This is in part due to an increase of Local Reform and Community Voices (LRCV) income into PQS actioned during Q2.

Variance from Q1.5

The surplus has increased by £0.040m from Q1.5 aligned to current activity and additional income as discussed above.

Commissioning & Infrastructure – underspend of £0.046m

The minor underspend of £0.046m is due to a reduced forecast in external contracts.

Variance from Q1.5

The £0.060m improvement from a £0.014m overspend at Q1.5 to a £0.046m underspend, is due to the reduced external contract values as described above.

DASS & Centralised ASC budget – underspend £2.675m

The forecasted reclaim from Stockport CCG for Covid-19 commitments aligned to HDP of £2.495m has been included within the ASC centralised budget. This revised forecast is based on the recent HDP Guidance aligned to scheme 1 (19th March 20 – 31st August 2020) and scheme 2 (1st September 2020 – 31st March 2021) clients and the temporary continued funding via the NHS aligned to the guidance publication. The revised HDP guidance is in place until the 31st March 2021.

The underspend balance is predominantly within externally funded budgets of £0.155m. These will be utilised to support the overall deficit forecasted position within ASC.

Variance from Q1.5

The underspend has increased by £1.130m from the Q1.5 position due to the forecasted additional HDP recharges to Stockport CCG aligned to the recent HDP guidance publication.

Public Health – breakeven

Following five years of recurrent reductions to the grant allocation, totalling £2.550m, there has been an increase to the 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 had not been found recurrently, there are other significant anticipated pressures which this increase will need to cover.

For 2020/21, a savings target of £0.150m was allocated to Public Health. This saving has been achieved recurrently through the budget setting process.

A draw down on the Public Health reserve is not currently anticipated in 2020/21. At Q2, there is a forecast surplus of £0.148m (£0.050m at Q1.5), 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, a forecast underspend in Sexual Health of £0.036m in the Chlamydia Screening budget due to Covid-19, a reduction in the Agenda for Change (AfC) forecast on the Drug & Alcohol contract of £0.027m, a forecast rebate on Prescribing costs in Drug & Alcohol of £0.034m, plus a reduction in the forecast expenditure of a programme budget, Cure in the Community, within Lifestyles, of £0.017m due to Covid-19. These reductions are part offset by forecast additional staffing costs of £0.027m relating to overtime done by Public Health staff earlier in the year to assist with swabbing and remote testing.

At outturn 2019/20, Controlling Migration Funding of £0.078m was transferred to the Revenue Grant Reserve and is anticipated to be drawn down and utilised in 2020/21.

For Q1, GP Practices were offered payment for Enhanced GP Services based on the average actual quarterly activity delivered in 2019/20, as they were unable to provide these services due to Covid-19. Payments continue to be made aligned to this commitment.

In Q1, a Test & Trace grant allocation of £1.474m, received from the DHSC, was allocated to Public Health for their continuing work relating to Covid-19.

From this allocation there will be a contribution to GM to cover costs associated with the GM Integrated Hub. There will be additional costs from the recruitment of new staff for 12 months and increased staffing costs for existing staff are also expected. There will also be commitments relating to IT development, Testing, Contact Tracing, the Pandemic Response Team and communications.

Variance from Q1.5

At Q1.5 it was anticipated that £0.050m would be transferred to the Public Health reserve. At Q2, the transfer is anticipated to be £0.148m; an increase of £0.098m. The variance is due to:

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Q1.5 to Q2 change in anticipated transfer to reserve	£m
Forecast rebate for Prescribing costs in Drug & Alcohol	0.034
Reduced forecast AfC pressure in Pennine Drug & Alcohol contract	0.027
Reduced forecast expenditure in Cure in the Community Lifestyles budget	0.017
Additional forecast underspend in Chlamydia Screening budget	0.020
Total	0.098

2.2 Earmarked Reserves

The majority of earmarked reserves are held at a corporate level and services produce a business case to drawdown 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 ringfenced reserves and the Directorate Flexibility Reserve.

The table below reflects any approved revised balances in reserves, aligned to the 20/21 Reserves Policy report taken to Cabinet on the 6th October 2020.

Transfer from reserves:

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					
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	2,753	2,279	474
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC Grant balance	157	103	54
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM	2,130	574	1,556
Reserve Linked to Budget	Transformation - Invest to Save Reserve	Further support to ASC Operating model and other services support	200	200	0
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
		Adult Social Care - Subtotal	5,306	3,199	2,107
Corporate	Revenue Grant	Public Health	751	(148)	899

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Reserve					
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	78	78	0
		Public Health - Subtotal	829	(70)	899
		ASC & PH - Total	6,135	3,129	3,006

2.3 Portfolio Savings Programme

Proposal	Risk Rating	Value (£000)	Value Achieved (£000)	Additional Information
2019/20 savings programme				
Non Residential income – fees and charges	RED	367	92	Final tranche of phased savings programme. Policy implementation paused due to Covid-19.
2020/21 Savings Programme				
Preventative Commissioning and Public Health Offer	AMBER	100	100	
Balancing the Cost of Services Phase 2	AMBER	300	100	BTCOS – assumed inflationary uplifts will be in place from December.
Managing future demand	AMBER	500	500	Split £0.5m ASC, £0.5m CYP. Assumed can manage demand in 20/21, in part due to reduction within overall care home client basis due to Covid-19.
Liquid Logic contribution to DbD saving	RED	77	19	Delay in achieving saving in part due to Covid-19.
Adult Social Care - subtotal		1,344	811	
Public Health Offer within ASC 2020/21 savings	GREEN	150	150	Savings achieved at budget setting and transferred to ASC in Q1
Public Health - subtotal		150	150	
Total		1,494	961	£0.533m- 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 be some slippage across years and/or the final position may also be a little unclear.

Red – Significant issues arising, or further detailed consultation required which may be complex/contentious.

2.4 Pooled Budget

The s.75 pooled budget with Stockport CCG incorporating services which can be statutorily pooled within the Adults Care and Health portfolio, had a Council baseline resource of £95.132m at Q2.

The Q2 outturn forecast is a £5.160m 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 £95.132m discussed above is circa £220m.

2.5 Capital Finance Update and Outlook

Programme

*Expenditure as at 31 Oct 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
90	IT Infrastructure	205	39	0
0	Grant allocations - remaining balance	0	192	0
90	TOTAL	219	280	0

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

Resources

Resources	2020/21 £000	2021/22 £000	2022/23 £000
Capital Grants	205	280	0
Revenue Contributions (RCCO)	14	0	0
TOTAL	219	280	0

Programme Amendments – Rephasing

Scheme	2020/21 £000	2021/22 £000	2022/23 £000	Funding Source	Reason
Grant	0	(61)	0	Capital grant	Rephase/Virement
IT Infrastructure	22	39	0	Capital grant	Virement
TOTAL	22	(22)	0		

Progress against individual schemes

- **Residential Care Sector Support** - Capital allocation allocated to residential care providers to support adaptations in care homes. This programme has been rephased to 2021/22 and will be used to incentivise providers that meet the yet to be agreed criteria for enhanced payments.
- **IT Infrastructure** - The anticipated spend in 2020/21 was originally forecast to be £0.184m with no further spend anticipated in 2021/22. Current forecasts indicate that total spend in 2020/21 will be £0.205m with a further £0.039m in 2021/22.

The increased costs in year are as a result of additional deployment of new IT equipment across the service to support home working. Furthermore, some spend has been rephased into the next financial year as a result of delays to the staff plan programme. It is proposed that the

additional costs of £0.061m are transferred from the grant allocation budget.

- **Grant allocations - remaining balance** – A further £0.061m has been allocated to the IT Infrastructure scheme leaving a balance of £0.192m in 2021/22. Profiling of this allocation will be reviewed and updated on a regular basis.
- **Disabled Facilities Grant (DFG) (Sustainable Stockport Portfolio)** - Disabled Facilities Grants (DFGs) are provided to facilitate the provision of major adaptations to non-council owned housing (i.e. owner occupied, private rented and housing association) to meet the assessed and eligible needs of disabled people. Typical examples would include stairlifts, bathroom adaptations, door widening and ramps.

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 the DFG programme. This is a demand led service, involving assessments of personal need and then the provision of large pieces of specialist equipment or building works in the homes of our most vulnerable residents. Provision of the grant is mandatory, subject to a service user meeting the eligibility criteria.

At the assessment stage, many residents continue to shield/are extremely nervous of allowing people into their homes despite risk assessments and other relevant measures being put in place. As a result, there has been an overall reduction in the number of requests for assessments and the ability to progress these is sometimes hindered, particularly where access cannot be agreed. There is an expectation that requests for assessments may well increase as a result of pent up demand when the pandemic finally subsides.

The progression of cases through the grant application process and to completion of the adaptations has also been affected by the Covid -19 outbreak. Contractors were furloughed during quarter 1 though they have now returned to work (with risk assessments and relevant measures in place) and have caught up with any backlog. Delays at this stage are now minimal though the timing of installations/ building work continues to be responsive to service users wishes.

Based on present information available for all stages of the assessment and delivery processes, and assuming that no further out-breaks of Covid-19 occur, it is currently anticipated that the year-end out-turn for DFGs will be £1.000m.

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.