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Adult Care and Health

Portfolio Performance and Resources Annual Report 2020/21



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ONESTOCKPORT

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ADULT CARE AND HEALTH – PORTFOLIO OVERVIEW



Portfolio Summary

I am pleased to present the annual report for the Adult Social Care and Health portfolio. This year has been an unprecedented year, and this has been reflected in the performance across a number of targets in the portfolio report.



Some of the targets have been adjusted with the need to prioritise the response to the Covid pandemic. Critically, a number of the key areas of health monitoring have been impacted by the pandemic and what we have seen over the year is increased inequalities in some of our communities and significant negative impact on residents such as those living with long term conditions. We have agreed mitigation measures for these that will be followed up this coming council year.

Within this climate, I am incredibly proud of the work of the officers and all the teams in Adult Social Care and Public Health for their response to what has been the biggest challenge for local government in modern times. It is to their credit that work programmes continued, residents were supported, and we made a positive impact on some areas of health prevention for example, smoking cessation. All the general immunisation and screening programmes have continued, and we are in a solid position across a number of these key lines of enquiry.

Our 'One Stockport Borough Plan' has laid out the roadmap for recovery across our health and care partnership. This will be a critical delivery programme for us moving into the next council year.

I am particularly excited that the approval for the Academy of Living Well has been given the green light as this is our ground-breaking model of new service delivery and the flagship for 21st-century care and housing support in the borough.

I'd like to assure members of the committee around any concerns they may have around the quality of the care market. A number of the CQC inspections were carried out in the midst of the pandemic and we are working incredibly hard with individual providers to help them in improving quality and addressing the concerns raised by CQC. The Quality team are an incredibly proactive and responsive service and have been a key player in delivering the intensive support to the sector during the pandemic alongside colleagues in the Health Protection service. I would like to thank all our provider partners and all their staff for their work over this last year.

In conclusion, it has been an incredibly challenging year for the teams in this portfolio. They have been central and a critical player in the pandemic response and - as I said previously - it is to their credit that the work has continued alongside coordinating the vaccine rollout, implementing track and trace and isolate, outbreak management and restarting a number of our healthy lifestyle programmes.

In Adult Social Care work has continued to progress the service modernisation programme to support the move to the new operating model focusing on early intervention and an enhanced front door, alongside the continued delivery of care and support for residents living in their own homes and those being discharged from hospital.

I would like to thank everyone in the service and all our partners for the fantastic work they've done in 2020/21; I'm incredibly proud of everyone in the service.

Cllr Jude Wells,
Cabinet Member for Adult Care and Health

Revenue Budget (Outturn)

	£000
Cash Limit	95,628
Outturn	100,629
(Surplus)/Deficit	5,001

Reserves

Approved use of reserves balance was £6.166m; actual draw down in 20/21 was £0.224m.

At outturn, £7.223m was taken into reserves.

Capital Programme

	£000
2020/21 Capital Budget	148
2021/22 Capital Budget	199
2022/23 Capital Budget	192

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 Mid-Year Report included updates where available to the end of October 2020, and this report reflects the picture as at the end of March 2021 where this is available.







Performance measures 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.

The Portfolio Performance Dashboards have been updated to reflect 2020/21 data where available, 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; This indicator has worsened when compared to previous period
	Amber; Indicator is performing slightly (<5%) below target		Stable; Indicator value has changed by less than 1% when compared to previous period
	Green; Indicator is on track or performing above target		Getting better; This indicator has improved when compared to previous period

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

Priority 1: Promoting healthy communities and reducing health inequalities

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

Over the last six months we have continued to analyse trends and build our intelligence relating to COVID-19 and the impact on the health and wellbeing of the people of Stockport. An updated JSNA report was presented at the Health and Wellbeing Board in April, and a further update is intended in the summer. The pandemic has had a significant impact and is exacerbating existing inequalities. National data suggest that in 2020 life expectancy fell 0.9 years for females and 1.3 years for males between 2019 and 2020, this fall has been experienced in each deprivation decile, but the decreases have been largest in the most deprived areas, with a loss of 1.6 years for females and 1.9 years for males in the most deprived areas.

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.

Throughout the Covid restrictions work to maintain progress and development of the key priorities within the Active Communities Strategy has been the focus, with support for the least active having the greatest emphasis.

Designing and implementing the Stockport Moving Together programme (Covid physical activity recovery) with clinicians in both primary and secondary care and Life Leisure has been a particular priority. This programme is now supporting patients in their recovery from Covid-19. There is also a focus through this work on supporting older people in care homes to build greater resilience to possible future infection. The support programme has recently been expanded to support both the council & NHS Foundation Trust workforces, as employees recover from infection. Some of the early impact of this work is best illustrated through participant voice;

<https://www.youtube.com/watch?v=VppifQwhCVQ>

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

The new 'One Stockport Borough Plan' sets out the collective vision for a happy and healthy Stockport and a number of partnership and stakeholder workshops have been held to identify the key drivers for this. These will be reflected within the outcomes framework currently under development.

The GMCA published the GM Clean Air Plan in January, following public consultation. This includes proposals for a GM-wide Clean Air Zone aimed at improving air quality, which will be finalised following a further round of public consultation in summer 2021.

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 has adapted to Covid throughout the year, moving to a telephone rather than face to face service, Referrals to this service are generated by GP Practices and therefore at the beginning of the year we lowered targets as many of the routine appointments in GP Practices which generate these referrals have not occurred this year, this reduced target has been met with over 500 referrals, and we have worked to promote the 'Know Your Risk' tool as an alternative referral route. Plans are in place to increase referrals back to the original target in 2021/22.










The CURE programme was introduced at Stepping Hill Hospital in September 2020 after an initial











delay due to Covid. This is aimed at ensuring all smokers admitted to the hospital are identified and offered immediate support as well as nicotine replacement therapy and other medications. Upon discharge they can continue to receive and medication from ABL, the community stop smoking service. This has led to increased numbers of people quitting smoking who were previously unknown to stop smoking services.

Development of a Food Strategy remains paused due to lack of capacity during the Covid response prioritisation.

Measuring Performance and Reporting Progress

Contextual Measures – reported annually

PI Code	Short Name	Good Performance	2016/17	2017/18	2018/19	2019/20	
			Actual	Actual	Actual	Actual	Trend
PHOF E04a GMS	Premature mortality due to cardiovascular disease (per 100,000 population)	Low	62.3 (2014-16)	65.0 (2015-17)	68.9 (2016-18)	70.7 (2017-19)	
PHOF E05a GMS	Premature mortality due to cancer (per 100,000 population)	Low	141.5 (2014-16)	136.7 (2015-17)	131.3 (2016-18)	134.1 (2017-19)	
PHOF E07a GMS	Premature mortality due to respiratory disease (per 100,000 population)	Low	32.1 (2014-16)	30.9 (2015-17)	30.9 (2016-18)	30.8 (2017-19)	
PHOF GMS	Healthy life expectancy (years) – males	High	65.0 (2013-15)	63.6 (2014-16)	61.7 (2015-17)	65.0 (2016-18)	
PHOF GMS	Healthy life expectancy (years) – females	High	65.9 (2013-15)	66.0 (2014-16)	64.7 (2015-17)	64.7 (2016-18)	
GMS	One-year cancer survival rate	High	73.0% (2014 diag)	74.0% (2015 diag)	74.9% (2016 diag)	76.2% (2017 diag)	
PHOF 2.12 GMS	Percentage of adults classed as overweight or obese (BMI >25)	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	Low	14.3% (2017)	13.3% (2018)	13.4% (2019)	12.8% (2020)	
PHOFC28d GMS	Percentage of residents reporting high levels of anxiety	Low	18.3%	19.8%	15.2%	26.4%	

Partnership Measures – reported quarterly									
PI Code	Short Name	Good Perform-ance	2018/19 Actual	2019/20 Actual	2020/21				
					Q4 Actual	Actual	Target	Status	Trend
ACH 1.1	Number of people undertaking the National Diabetes Prevention Programme.	High	1,070	1,223	106	515	500		
ACH 1.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	High	4,315	3,996	602	2,591	2,500		
ACH 1.3	Number of people completing a weight management intervention (ABL lifestyle service).	High	121	136	7 (+47 still on prog)	137 (+47 still on prog)	90		
ACH 1.4	Number of people completing a smoking cessation (ABL lifestyle service).	High	130	316	117	424	180		
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)	N/A	75.7% (To May 2020)	74.0%		

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.

The Covid-19 Outbreak Management plan has continued to evolve and partners are working closely together to understand and respond to current issues. This is overseen by the fortnightly Outbreak Management and Engagement Board, chaired by the Cabinet Member for Adult Care and Health. A weekly Health Protection Board also brings together health and council colleagues to review the current intelligence and response programmes (Testing, Contact Tracing, Vaccination, Communications, and Pandemic Response).

Data and intelligence is reviewed daily to understand trends and identify any cases or settings where further investigation is needed. Intelligence is shared with leaders and discussed at various partnership meetings.

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

The contact tracing system has matured, and we operate a 'locality first' approach with our GM and PHE partners whereby most Covid-19 situations are dealt with locally by our health protection and contact tracing teams. New developments include roll-out of enhanced contact tracing methods to identify and respond to any potential outbreaks quickly, as well as changing to an integrated the contact tracing system (ITS) nationally which will allow the local team to contact trace more individuals locally, and also provide more local support for self-isolation.

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. These processes are well embedded.

The Health Protection and Response board has been established to monitor outbreaks, whilst outbreak control meetings are being held for care settings where required. The Care Home Strategy Group is in place to also monitor all aspects of infection prevention and control across all ASC settings.

New and existing relationships and improved connections have been developed to improve Covid-19 vaccination uptake in health and social care professionals.

A Stockport community champions programme was initiated in February 2021, with £650,000 secured from MHCLG for 2021/22. It aims to connect to people who are most at risk from Covid-19 to reduce the impact of the pandemic on themselves and those around them through developing and supporting community champions. Stockport's programme is being co-produced with VCFSE and partners to ensure existing volunteers and organisations as champions throughout Stockport are recognised and built upon to create champions who, in the longer term, will continue to engage and support health and wellbeing for Stockport residents. Early work has included encouraging vaccine take up amongst under-represented groups through establishing a Vaccine Inclusion Group.

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

Adult Social Care and Public Health Services continued into the second half of the year to support the care sector throughout the pandemic. There was continued emphasis on the providing advice, guidance and information on aspects of infection control, PCR/LFT testing, care home visitation and outbreak management.



The PPE portal continued to provide access and support for the provision of equipment as appropriate. In the second half of the year, the issues with supply chain logistics for PPE were largely resolved and the need for this service less critical, however it has continued to operate and provide PPE as required.

Along with Public Health, Foundation Trust, Stockport CCG and Adult Social Care colleagues, the roll out of vaccinations for care staff was undertaken throughout the second half of the year. This programme proved very successful and was a critical link for care staff to be vaccinated and partners ensured there was ease of access and outreach to ensure maximum uptake. 84% of care home staff were vaccinated for the first dose and this was above the national average. The CCG led on the vaccination of older people in care homes with over 96% receiving the first dose. As of writing we are continuing to target those homes and establishments where take up is low and aim to improve on this performance.

Throughout the year Care Act Assessments have continued to take place and it has not been necessary to enact Care Act Easements. During 2020/21 we have created a small temporary social work team to address the Continuing Health Care (CHC) assessments which were accumulated during the first stages of the national lockdown. This team has also undertaken reviews and assessments in line with Covid scheme one guidance, relating to individuals who were discharged from the hospital during the period of April to September 2020.

Our in-house provider services have worked hard to maintain safe services during the pandemic. These services have provided care and support to individuals who are Covid positive within their own home. The team has also managed small outbreaks within supported tenancy schemes successfully.

Measuring Performance and Reporting Progress

Contextual Measures						
PI Code	Short Name	Good Performance	2020/21			
			Sept 2020	Dec 2020	March 2021	Trend
ACH 2.1 NEW	Number of new Coronavirus infections reported	Low	1,442	10,110	7,411	
ACH 2.2 NEW	Coronavirus testing – average number of PCR and LFT tests conducted per day.	High	1,100	1,600	5,900	

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.

In July 2020, the VIP local programme to support complex drug and alcohol users who are not engaging in core services, was extended to the Adult Social Care Front Door. This was introduced as a way of addressing and stopping the 'revolving door' of clients who had multiple contacts with Adult Social Care and other statutory services. An evaluation is currently underway but initial feedback is extremely positive from clients and stakeholders.

Work continues with colleagues across Greater Manchester to prevent and reduce the negative impacts of gambling on individuals, families and communities. Awareness raising has commenced around gambling related harms and promoting support available to local residents, for example including a section on gambling on the Healthy Stockport website.

We are leading on the revision of the multi-agency procedures for safeguarding vulnerable adults in Stockport. We are engaging all partners in this process to ensure we strengthen the commitment to safeguarding and to establish clearer pathways of support. As part of this work we have recognised the need to ensure that the outcome for the person is our main focus and therefore we are moving to embed Making Safeguarding Personal in all section 42 Enquiries.

ASC continues to support the revision of the homelessness strategy led by colleagues in strategic housing. We are also in the process of recruiting to a specialist social work post to be hosted at the front door of ASC to support those identified at risk of homelessness. This is a joint initiative with Stockport Homes.

We are continuing to wait for the consultation on the Code of Practice in relation to Liberty Protection Safeguards (LPS) to be issued in late June early July and will take a lead across the authority and partners to provide feedback. This code of Practice will then support us to shape the service requirements to meet our statutory duties under the Act from March 2022.

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

The Borough Plan now clearly includes our aspirations for an age-friendly borough, as well as an all-age mental wellbeing strategy. The Community Champions programme has also has a particular focus on older residents as well as those with mental health problems.

Through our Thriving Communities programme we are in the process of developing an All Age Charter for Prevention & Early Intervention. This will articulate the council's key principles, values and a commitment to preventative support and creating the conditions for people to support and manage their own care and conditions.

The service has continued to work with colleagues within Children and Family services in relation to our SEND and transitions offer.

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

As part of Suicide Prevention work, we have developed and shared a training matrix offering all organisations a range of suicide prevention training options (mostly online). We have trained more trainers for direct delivery also and are offering more courses from May onwards. Our

communication efforts continue, particularly targeted at men and through a variety of networks, as well as social media. We have worked on reducing risks in public locations, together with statutory and voluntary partner organisations.

The NHS Breast Cancer Screening programme restarted in September and has continued to operate throughout the recent lockdown. The mobile screening unit has been reconfigured to meet COVID-19 standards, however this has led to a reduction in capacity and therefore the programme has not yet caught up. The council is working with the commissioners and providers of this service to deliver a recovery plan, and an options appraisal for the future model of delivery of this service will be undertaken during 2021/22.

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.

General immunisations and screening processes have continued during the pandemic, with restorative actions in place for either missed immunisations / screening or where clinics were postponed due to the pandemic. Stockport continues to record the highest flu vaccination levels across GM (see data and commentary below).



In Adult Social Care, Millview Respite Centre has recently been inspected by CQC. The inspection was in relation to infection control management. Processes and care were found to be safe, the inspector noted:

“The registered manager was supported to ensure effective infection prevention and control practice and manage risks. They received comprehensive support and guidance from the local authority and public health teams. The service had detailed policies and procedures in place to manage the risks of Covid-19. Risk assessments had been completed for the service, staff and people who use the service”


















Learning disability services are also involved with a best practice in infection control pilot.













Measuring Performance and Reporting Progress








Contextual Measures – reported annually

PI Code	Short Name	Good Performance	2017/18	2018/19	2019/20	2020/21	
			Actual	Actual	Actual	Actual	Trend
ACH 3.2 GMS	Percentage of deaths occurring at usual place of residence	High	48.6%	45.2%	48.3%	50.2%	
PHOF 4.15iii	Excess winter deaths index (over 3 years, all ages)	Low	10.8% (16/17)	31.9% (17/18)	4.0% (18/19)	1.0% (19/20)	

Latest data available precedes the impact of Covid-19, with the initial peak of excess deaths in 2020 being outside of the winter period. Whilst it will continue to be monitored, this measure will be removed from the Portfolio Reports for 2021/22.

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Actual	Target	Status	Trend
PHOF 2.18 GMS	Alcohol related admissions to hospital per 100,000 (narrow).	Low	679.6	646.1 (Q2)	N/A	660	N/A	N/A
Data not readily accessible remotely – will be reported at mid-year 2021/22								
ACH 3.1	% of eligible women screened for breast cancer in last 3 years	High	72.9%	73.5% (2019)	71.1% (2020)	N/A	N/A	
The breast screening programme was paused for 6 months due to Covid, therefore no 2020/21 target set. Taking this into account, maintaining a figure of over 70% of eligible women screened is a significant achievement.								
PHOF 3.03xiv	Take up of flu vaccinations by over 65s.	High	79.9%	79.6%	85.6%	81%		
PHOF 3.03xv	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	High	60.8%	56.7%	62.7%	62%		
ACH 3.3	Uptake of flu vaccinations for pregnant women.	High	70.1%	65.5%	64.5%	72%		
PHOF 3.03xviii	Uptake of flu vaccinations for 2-3 year olds.	High	62.9%	59.4%	70.6%	65%		
ACH 3.4	Uptake of flu vaccinations for 4-10 year olds.	High	76.2%	63.0%	62.1%	78%		
Stockport continues to record the highest flu vaccination rates across all categories in GM, and remains amongst the highest in the country. Although take-up amongst pregnant women and 4-10 year olds has been below the local target levels, this remains significantly higher than the GM and national averages so has been rated as 'amber'. There was only a small drop in these groups compared to the 19/20 programme, and this has been achieved amidst lockdown with schools closed for most of the period.								
PHOF C19b	Successful completion of treatment – non-opiate users.	High	26.8% (Sep17-Aug18)	41.3% (Sep18-Aug19)	41.9% (Sep 19 – Aug 20)	40%		
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	High	6.5%	8.3%	12.2% (49)	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%	87.3% (350)	90.0%		

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Actual	Target	Status	Trend
ACH 3.5	No. of MRSA infections in Stockport.	Low	1	2	5	0		
ACH 3.6	No. of C difficile infections in Stockport.	Low	87	94	90	80		
ACH 3.7	No. of influenza outbreaks in care homes.	Low	9	4	0	10		
ACH 3.8	No. of diarrhoea & vomiting outbreaks in care homes.	Low	20	31	5	20		
<p>There were more MRSA infections recorded this year, although only one in the second half of the year. C difficile infections reduced slightly, although were above the target of 80, but given the comparatively low numbers, this measure has been rated as 'amber'. These are Stockport CCG targets, with the aim of eliminating all MRSA infections across Stockport's health economy.</p> <p>Infection control measures in place to prevent the spread of Covid in care homes have had a positive impact on flu and diarrhoea & vomiting outbreaks in care homes, with no flu outbreaks and just 5 diarrhoea & vomiting outbreaks reported during the year.</p>								
ACH 3.9	Number of people who have accessed The Prevention Alliance (TPA)	High	2,926	3,686	3,826	3,500		
ACH 3.10	Proportion of people engaging with TPA who fully achieved their goals	High	52.1%	74%	68.9%	Aim to maximise		
<p>The final quarter of 2020/21 has seen The Prevention Alliance's third sustained period of 'normal' working following the first national lockdown introduced at the end of March 2020. Throughout this entire quarter TPA have operated under the restrictions of the second national lockdown. In response to the planned easing of restrictions, vaccination programme and improved testing measures TPA are developing their future approach to one to one work offering an appropriate person-led blend of face to face and virtual / phone contact. TPA will also set out measures to keep the workforce and the people with whom they are working as safe as possible. These arrangements will remain under review and will be updated to reflect any changes in guidance.</p> <p>As Covid guidelines have restricted face to face contact, TPA Community Connectors have continued to work in partnership to find creative opportunities for people and communities to connect. Connectors have built on the positive momentum seen in the last quarter to achieve a further surge of community impact outcomes. (76 people connected, 37 groups supported / training provided, 2 independent groups started, 28 people accessed employment skills and training and 1 person gained employment.)</p> <p>Given the circumstances the TPA has operated in over the last 12 months, it represents a significant achievement to have increased the numbers of people accessing the service by around 4% during the pandemic. It was always a challenge to increase the 74% of people achieving their goals, but performance was largely maintained and has therefore been rated as 'amber' despite being slightly above the 5% threshold.</p>								

Partnership Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Actual	Target	Status	Trend
ACH 3.11	Total number of Deprivation of Liberty Safeguards (DoLS) referrals awaiting assessment	Contextual	862	961	1,056	N/A	N/A	
ACH 3.12	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Low	110	186	304	Aim to minimise		
Review of the DoLS backlog is now complete, with less than a third of those awaiting assessment triaged as high or medium priority. Work is continuing with the DoLS team to pull together additional information on these records which are not in LiquidLogic to ensure a complete return is submitted to NHS Digital for the final deadline.								
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)	99.3% (136)	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%	86.7%	82.5%		
All but one of the 137 safeguarding cases was successful in reducing or removing the risk. Client outcomes were achieved in 72/83 cases. The lower figures for this are due to a recalculation based around those cases where an outcome was recorded.								

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.

The Thriving Communities programme will support us to deliver on this shared priority. As part of this the council is currently undertaking a system review of the approach to Prevention and Early Help, building on the previous work undertaken with the voluntary sector and other partners in 2014.

There is a refined focus on increasing the resilience of individuals and communities and their potential to help themselves, supported by a planned prioritisation of resources and within the context of improving the health and wellbeing of residents and reducing inequalities. This has set the foundations for integration, collaboration, and understanding of the benefits that Prevention and Early Help can have on a wide range of longer-term outcomes for everyone involved. We have also included public health offers in this approach.

Our strengths and asset-based programme was launched in the latter half of 2020/21. Once embedded this programme will enable us to focus on an individual's strengths and to connect them with the support in the community.

Learning Disability services are working to establish links with the local community to increase community integration. There are plans for inter-generational projects with members of the local community and residents.

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.

We have commissioned an external provider to work with our teams to embed a strengths and asset-based approach. Diagnostic reviews are currently being undertaken with all social work teams, this will help us to assess the level of change and development that is required to fully embed the approach. Once this is complete there will be training and development sessions provided to teams along with an update to key documentation, processes and systems.

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

Work continues with colleagues in Stockport CCG to align and where appropriate jointly commission care services. This has included further development of a joint quality assurance framework for care services.





Through the establishment of joint working principles, ASC is working with colleagues to align relevant service specifications and contracts to avoid duplication and allow for joint approaches to commissioning services differently.





There are a number of collaborative programmes within our overall Service Improvement and Transformation Plan:-

- Within our Enablement & Recovery service we have been working closely with our partners to host regular meetings. A Partnership Senior Management Team has been established to review system blockages regularly, alongside organisational priorities and methodologies for system improvement. This has enabled us to support more individuals return to their own home after a stay in hospital.

- Partners have come together across the Health and Social Care economy to undertake a full review of all Intermediate Care Services. We are working in a collaborative way to identify our challenges, our successes and the options for future collaborative working which will enable us to deliver on the shared priorities set out in the One Stockport Borough Plan.
- We are working with colleagues from Stockport CCG and Pennine Care Foundation Trust to review the current integrated service for the Community Learning Disability Team. We are working together to develop a new operating model which will improve the outcomes for the individuals who use this service.
- In addition to this, we are continuing to work with colleagues from the CCG and Pennine Care Foundation Trust to develop and embed a new Mental Health offer in Stockport.

Measuring Performance and Reporting Progress

Council Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Actual	Target	Status	Trend
ASCOF 1C(1A)	The proportion of people who use services who receive self-directed support (<i>actual number</i>)	High	87.6% (3,209)	96.7% (4,395)	100%	Aim to maximise		
The definition and methodology for calculating this measure mean that all service users are now recorded as receiving self-directed support. In view of this, it is proposed for deletion from 2021/22.								
ACH 4.1	Number of people using self-care online resources – visits to the Healthy Stockport website	High	N/A	32,683	33,000	Aim to maximise		
Visits to the Healthy Stockport website increased slightly last year, with the most popular page, unsurprisingly being the new page offering advice on Coronavirus, with 8,712 visits. This has been added to over the course of the year, including useful links to further sources of advice and support. Visits to the Long Term Conditions pages were lower as these haven't been actively promoted since the start of the pandemic – much of the information on self help is about local groups and activities, with alerts on the different conditions pages linking to the relevant national sites so people could get up to date information about Covid and their condition.								

Council Measures								
PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Actual	Target	Status	Trend
ACH 4.2	Number of carers assessments carried out	High	1,275	1,128	591	Aim to maximise		
ACH 4.3	Number of carers in receipt of direct payments	High	890	915	468	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, although slightly higher than forecast at mid-year. There were 591 carers assessments carried out during the year, along with 468 carers direct payments – around 50% of the figures recorded for 2019/20. These have been checked against annual reviews to ensure there is no adverse impact on carers.

We have extended current commissioned arrangements with Signpost to further enhance our assessment capacity to ensure that we have appropriate support and signposting in place for families and carers. We will be factoring this into our preventative commissioning strategy.

NB – ASCOF 1A (Overall social care related quality of life score) and 1D (Service users reporting they had as much social contact as they would like) were not collected for 2020/21.

ASCOF 2C(2) Delayed transfers of care from hospital that are attributable to adult social care not reported as no data collected by NHS Digital since 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

The Academy of Living Well Business Case was approved by Cabinet in February and as a result Planning Permission was sought and approved in March. Work has now commenced on developing the service delivery model and the internal design of the households, community space, and bistro, with input from key stakeholders, to ensure we deliver on the strategic ambition.

A series of 'market shaping' workshops have been completed with staff and residents involved in creating ideas that will tackle the challenges of living well faced by Stockport residents. A selection of prototype solutions have evolved and these are in the process of being discussed with the Living Well at Home Workstream to align with wider strategies and prioritise for potential implementation. The new website for the Prospectus for All Age Living is now live and can be visited at www.prospectus2035.co.uk. This site will continue to be developed throughout the programme's progress and will highlight achievements and intent.

Corporate Leadership Team received a report on the outcomes of the extensive Living Well at Home insight, alongside a proposal on the Disabilities Funding Grant and how it can support this workstream. We are now in a position to commence the 'Big Conversation' with Stockport residents on planning for older age living.

With Planning Permission approved for the Academy of Living Well, the workforce and education aspirations for the Champions of Care within the Academy and the ambition to improve social care career pathways and recruitment and retention strategies to make social care careers more attractive, we are now in a position to build a Business Case for a Stockport Career Academy, with Stockport Standards of Care, to support our ambitions and the Adults Operating Model.

In priority four we described our programme of work to embed a strength and asset-based approach across our service. This programme of work will enable us to support individuals to maximise their independence within the community. In addition to this, we are continuing on our journey to embed and develop the Adults Operating Model. We have reconfigured our service offer and resources to ensure that we maximise independence for individuals at every opportunity, from the prevention and early intervention work at our Front Door through to our Reablement First / Home First Ethos within Enablement & Recovery.

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.

As part of the Adult Social Care Operating Model we have moved away from a call centre approach at the front door of ASC. We are building a 'front door' team that is improving our advice and information offer under the Care Act and is committed to embedding a strength and asset-based approach, which supports individuals who contact us by exploring their networks to provide support rather than automatically defaulting to service provision. In order for this to be achieved we have a multidisciplinary team made up of Social Workers, Occupational Therapists, Social Care Officers with specific equipment training and Referral and Information Officers. We have recognised the need for professional decision making at an earlier point in the customer journey to improve outcomes for our residents.

The front door team also have developed close working relationships across the system to ensure that we are able to respond appropriately to the needs of our residents and that we adopt a 'Think Family Approach'. Examples of this is our commitment to the Daily Risk Meeting in relation to high

risk domestic abuse cases, close working with ASPIRE in relation to complex safeguarding and links with GMP and Stockport Homes.

The front door team are also working with colleagues in the digital team to improve the information available to the public regarding how to gain support along with the development of Adult Social Care portals. These portals will allow residents to have greater input into their assessments and the support they receive.

We will work in collaboration with our workforce and partners to enable people to regain their independence

Across the service there are a number of programmes of work focused on improving our customer journeys and the outcomes for the residents of Stockport. Embedded within our vision is the 'Reablement First' principal, ensuring that all individuals have access to short term reablement services that will enable them to maximise their independence, before being supported by a longer-term package of care.

In collaboration with our health partners, we are working to ensure to embed our shared vision of 'Home First'. Throughout the past twelve months we have developed and implemented a new operating model for Discharge to Assess (D2A) and have increased the number of people who are being supported in their own home following a stay in hospital. There are regular meetings in place which allow us to work together to unblock challenges, learn and develop our services in a collaborative way.

A wider programme of work has now commenced to undertake a full review all Intermediate Care Services in Stockport. This will help us to identify opportunities to further improve the customer journeys, experience and outcomes, whilst ensuring that we have an operationally and financial sustainable model for the future.

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

An improvement plan for the REACH service has been developed to address the CQC recommendations, including a review of current referrals and pathways.

Our Service Improvement and Transformation plan enables us to drive forward change and improve quality across our services.

Our teams and services have adapted during the pandemic to ensure that they are safe for both colleagues and the individuals we support. We are ensuring that the learning we have undertaken during the pandemic is built into our ongoing service transformation plans.

The programme to embed a strengths and asset-based approach across the service will enable us to identify further opportunities to drive forward service improvement. Furthermore, the social work review team are looking at existing packages of care to ensure that quality outcomes are achieved for individuals in receipt of support. More specifically we have programmes in place to review and develop our operating models for Mental Health, Community Learning Disability and our support to the Discharge to Assess Programme. In partnership with colleagues in Stockport CCG, we will further build on our approach to quality management across provider services in Stockport with the launch of a revised joint quality assurance framework.

Within our in-house provider services we have well developed action plans that are being implemented to drive forward change and improve the quality of our services. In priority three we

referenced the recent CQC inspection of Millview Respite Centre which noted that all infection control processes are safe.

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




During 2020/21 the service has continued to invest in IT infrastructure for our workforce through the roll out of new laptops and tablets.

REaCH are in the process of implementing a new system called Pass, this will support our workforce to become more effective and efficient. The system will be fully implemented during 2021/22.

Tablets have been introduced within the in-house LD service to aid communication with a geographically dispersed workforce and facilitate the use of share-point sites. Tablets were also provided to residents during the pandemic to aid communication with friends and family. Attendees at the day centre were also able to join in virtual activities provided by staff who were shielding. The service will be introducing further technology this year to increase participation in activities, increase individuals functioning and reduce agitation

Since the implementation of Liquid Logic in April 2020 the service have been working with Business Intelligence teams to build and develop our reporting capabilities. The service now has a series of dashboards in place which will support decision making and performance management. This will be further embedded and developed as we move through 2021/22.



Measuring Performance and Reporting Progress

PI Code	Short Name	Good Performance	2018/19	2019/20	2020/21			
			Actual	Actual	Actual	Target	Status	Trend
ASCOF 2A(2) GMS	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (<i>actual number</i>)	Low	644.0 (368)	657.9 (376)	408.7 (240)	N/A	N/A	
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)	90.6% (220)	87.9% (800)	95.5%		



Performance at the end of 2020/21 has increased slightly since Q3 to 87.9%. Although this is significantly below the target level, this was based on the previously reported out-turn of 95.5% which has since been revised to 90.6% due to a change in recording. Given that this is also well above the 2019/20 national average of 82%, an 'Amber' rating has been applied.

Covid has had a significant impact on this measure, with dependency levels of people receiving the service increasing, people were discharged from hospital earlier and the cohort receiving the service were in the top percentage of the population who are likely to be seriously ill or die from Covid.

Work has been undertaken to re-work the calculation of this indicator to bring in a wider range of support, including the REACH team and ensure this is consistent with statutory returns.











ASCOF 2B(2)	Proportion of older people (65 and over) who received re-ablement / rehabilitation services after discharge from hospital	High	1.3%	3.8%	N/A	Aim to maximise		
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Data for this measure is published annually by NHS Digital. The 2020/21 figure will be available in autumn 2021.

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%	45.5% (383)	85%		
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As with the Reablement measure (ASCOF 2B(1) above) work has been undertaken to review the calculation of this metric. This has resulted in a much higher number of service users being identified with a subsequent reduction in the percentage no longer requiring long term care.





The 2020/21 target of 85% was based on the reported out-turn from 2019/20 of 85.1%, which has been re-calculated from updated records within the Liquid Logic system as 56.9%. As 2020/21 performance is still below this level and significantly below the national average of 79.5%, the rating remains as 'Red'.

PI Code	Short Name	Good Performance	2018/19 Actual	2019/20 Actual	2020/21			
					Actual	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%	55.9% (604)	80%		
<p>There has been a significant fall from 79% at the end of 2019/20 to 56% at the end of March 2021. This latest figure is below the GM comparative figure by around five percentage points.</p> <p>The fall is due to a total of three nursing homes which have moved from 'Good' to 'Requires Improvement' over the year, representing 132 beds. Hilltop Hall Nursing Home is the most recent of these in March 2021. It has also been impacted by delays due to Covid in re-inspection of several of the nursing homes currently rated as 'Requires Improvement' which are expected to move to a 'Good' rating.</p>								
N2	The proportion of Residential bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	74.5% (903)	96%	90.8% (1,140)	96%		
<p>The year-end figure has fallen slightly during Q4 from 94.0% to 90.8% due to Hillbrook Grange which has moved from 'Good' to 'Inadequate', representing a total of 41 beds. Taking into account the GM average of 84%, this measure has been rated as 'Amber'.</p>								
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)	94.9% (37)	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%	81.9% (15,213)	95.0%		
<p>One of the home care providers (Kare Plus Altrincham and Trafford) has moved from Good to Requiring Improvement since Q2 which has had a further detrimental effect on this figure.</p>								
GMS	Percentage of Adult Social Care facilities rated 'Good' or 'Outstanding' by CQC	High	80.2%	87.2%	86.4% (89)	90.0%		

PI Code	Short Name	Good Performance	2018/19 Actual	2019/20 Actual	2020/21			
					Actual	Target	Status	Trend
ASCOF 1E	Proportion of adults with a learning disability in paid employment (<i>actual number</i>)	High	9.6% (72)	8.7% (100)	8.5% (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% (23)	5.0%		

The data behind these measures has been reviewed, resulting in a decrease in the overall cohort but a significant 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.





The numerator for these measures has stayed much the same for this quarter but the denominator has increased in size, resulting in a decrease in the overall percentage since Q2. Figures are expected to increase for 2021/22 however, now that forms have been updated to ensure mandatory recording of employment (as well as accommodation) irrespective of the Primary Support Reason.

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)	95.4% (669)	81.3% (700)	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)	67.1% (196)	98.0%		

An exercise has been undertaken to update accommodation records in the new LiquidLogic system based on data which was available from the previous CareFirst system but not migrated at the time. This has resulted in improved performance since Q2 (from 66% to 81%) but still below the ambitious target set of 95%. Whilst this remains slightly above the national average, it is below the GM average of 92%.

The re-calculation has increased the size of the autistic cohort significantly. Whilst performance has improved since Q2 and data issues suggest that the 2019/20 data may have been overstated, this has also been rated as Red.

The service continues to work with children's services to deliver the SEND action plan in relation to planning for adulthood and independent living.

PI Code	Short Name	Good Performance	2018/19 Actual	2019/20 Actual	2020/21			
					Actual	Target	Status	Trend
PHOF C29 GMS	Emergency hospital admissions of over-65s due to falls (per 100,000 over 65s)	Low	2,674 (2017/18)	2,666 (2018/19)	2,417 (2019/20)	Aim to minimise		
ACH 5.3 NEW	Balance of commissioned services to residential / nursing settings	Low	N/A	27.22% (Jun 20)	24.2%	Aim to minimise		

2. ADULT CARE AND HEALTH PORTFOLIO FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

Budget at Outturn

	Previously Reported (Q2) £000	Increase (Reduction) £000	Outturn Budget £000
Adult Social Care	84,285	359	84,644
Public Health	10,984	0	10,984
Cash Limit	95,269	359	95,628

Budget Changes since previously reported at Quarter 2

Description	Movement(s) £000
Transfer from Citizen Focus and Engagement Portfolio - Referral and Info Officers transferred to ASC Front Door service	159
Additional recurrent care management fee uplifts	200
Total	359

Outturn Position

Services	Outturn Budget £000	Outturn £000	Variance £000	Forecast Variance reported Q3 £000
Prevention Wellbeing & Independence	5,569	5,733	164	259
Enablement & Recovery	11,265	11,375	110	219
Support & Care Management	72,404	78,885	6,481	7,482
Practice Quality & Safeguarding	1,217	1,029	(188)	(55)
Commissioning & Infrastructure	1,702	1,836	134	(48)
DASS and Central ASC budgets	(7,513)	(9,213)	(1,700)	(2,770)
Total – Adult Social Care	84,644	89,645	5,001	5,087
Public Health	10,984	10,984	0	0
Total	95,628	100,629	5,001	5,087

Budget adjustments have been included from Q2 aligned to the most recent PPRR Finance Update presented to Adult Social Care and Health Scrutiny committee on the 10th December 2020. The Outturn variance is compared to Q3 as the ASC & Health Q3 forecast was included within the 20/21 Q3 Budget Monitoring Update for the Council presented at Cabinet on the 9th February 2021.

The service is reporting a £5.001m deficit at outturn against a budget of £95.628m. This equates to 5.23% in variance terms of the net cash limit budget. This included a combination of additional costs and/or reduced income due to Covid-19.

Adult Social Care

Alongside the outturn position for ASC was grant funding provided to the Council from Central Government aligned to general Covid-19 financial pressures, as these grant allocations were being held corporately.

In addition to the commitments described in Section 2.1 below the Council also received:

- £3.110m - Infection Control Funding - Round 1
- £2.886m - Infection Control Funding - Round 2
- £0.771m - Rapid Testing Grant
- £0.642m - Workforce Capacity Grant

Payment of the grants included a combination of passporting funding to the local adult social care sector, reclaims for additional Covid-19 commitments from local providers and internal service contributions to appropriate ASC services.

Infection Control Grants and the Workforce Capacity Grant were spent in full at outturn, with a minor balance of £0.026m to be returned to the DHSC aligned to Rapid Testing. This was due to a small number of care home providers reporting within the final submission six monitoring, that they have not spent all of their Rapid Testing grant allocation.

Prevention Wellbeing & Independence – overspend £0.164m

As previously reported an overspend within the equipment service materialised at outturn of £0.531m, in part due to additional Covid-19 related activity and the service retaining the revenue expenditure which in recent years has been transferred in year to the Disabled Facilities Grant (DFG). This will provide increased balances within the DFG to support schemes such as the development of the new Care Academy. There was also a minor overspend of £0.037m within Prevention contracts.

The overspend was partially offset by reduced costs of £0.288m within the Extra Care Housing Service, as levels of activity within the revised contracts were lower than initially anticipated. There was also an underspend of £0.116m within staffing due to in year vacancies.

Variance from Q3

The overspend has decreased from that reported at Q3 by £0.095m, due to the net impact of the in-year staffing vacancies.

Enablement & Recovery – overspend £0.110m

Additional costs due to Covid-19 of £0.458m are within the outturn position, this was predominantly within the Internal Learning Disability Supported Tenancy Service, due to additional staffing costs to support clients who were unable to attend their usual day provision and to cover for frontline staff

who needed to shield. There were also minor Covid-19 related costs within REaCH and ITT.

These costs were partially offset by income transferred from the Infection Control Grant Round 1 and 2, to manage the spread of infection within the in-house tenancies and support individuals with additional care, where appropriate. The net impact of these adjustments was a reduced cost of £0.129m.

Commitments of £0.521m within additional home first focused schemes were also realised at outturn, with contributions retained in reserves.

This expenditure was predominantly offset by in year vacancies within REaCH of £0.450m and reduced commitment within external contracts of £0.295m.

Variance from Q3

The overspend has reduced by £0.109m from the position reported at Q3. As reserves were retained and the staffing underspend variance of £0.428m remained within the service. The In House LD Supported Living Service had reduced costs of £0.219m, partially due to reduced commitments from Covid-19 and a contribution from Round 2 of the Infection Control Fund.

This was partly offset by £0.521m of additional expenditure for home first focused schemes as funding within reserves was retained in year.

Support and Care Management – overspend £6.481m

Learning Disabilities – underspend £0.234m

There was additional Covid-19 expenditure of £2.840m at outturn. 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.

The overspend was offset by reduced expenditure and activity within LD care management services, This was significant for services such as respite provision as clients continued to be supported in their home setting due to Covid-19, recognised, where appropriate, as a Covid-19 commitment.

There was also overachievement compared to the income target for external contribution to services.

Integrated Neighbourhoods – overspend £6.711m

The Covid-19 temporary additional commitments / reduced income of £6.877m at outturn relates to:

- Occupancy protection for care home providers who accepted the Council offer. This commitment was recharged to Stockport CCG aligned to the Hospital Discharge programme (HDP).
- Additional Covid-19 care management packages of care which were partially reclaimed from Stockport CCG via the HDP.
- Additional costs to support care home providers with, for example, additional staffing costs, protecting staff pay, PPE, equipment.

- Paying homecare providers up to planned levels of care during Q1 – Q2 of 20/21.
- Additional homecare costs to, for example, support clients who are unable to access other services, additional PPE commitments.
- Additional Discharge to Assess bed costs aligned to when in year discharge providers were closed to new admissions and anticipated cost of clients still within the provision. A significant proportion of this cost was recharged to Stockport CCG via the HDP.
- Delayed implementation of inflationary uplifts to residential and nursing care client contributions.
- Reduced non-residential care income as clients were not in receipt of services. Also paused uplifting of non-residential care fees and charges for all of 20/21.

These additional commitments were part offset by underspends within residential and nursing care from a reduced baseline level of activity and temporary funding of hospital discharge placements via the Hospital Discharge Programme. There were also underspends within non-residential care services as clients were unable to attend or receive some provision due to Covid-19.

The underspends within care management were offset by maintaining reserves for approved schemes and an increased transfer in year to the ASC bad debt provision. This is to assist in managing the financial risk and impact of Covid-19.

Mental Health – overspend of £0.004m

The minor overspend is due to additional care management commitments to support Mental Health clients being partially offset by in year vacancies.

Support and Care Management Variance from Q3

The overspend at outturn reduced from Q3 by £1.001m. This was predominantly due to contingencies held within Learning Disabilities and Integrated Neighbourhood Care management services for Covid-19 and winter pressures, not requiring to be committed at outturn. This was in part due to the additional national grant funding announced in Q4 for Rapid Testing and Workforce Capacity.

Practice Quality & Safeguarding – underspend of £0.188m

The underspend at outturn was due to a combination of in year vacancies and reduced non pay expenditure aligned to medical reports / best interest assessments and reduced draw down on in year Liberty Protection Safeguards (LPS) funding from corporate provision.

Variance from Q3

The surplus has increased by £0.133m from Q3, predominantly due to in year staff vacancies and the reduced LPS drawdown.

Commissioning & Infrastructure – overspend of £0.134m

The overspend at outturn was due to the additional costs from externally commissioned services, where contributions from reserves were retained within reserves at outturn.

Variance from Q3

The £0.182m additional cost from Q3 is due to balances retained within reserves as discussed above.

DASS & Centralised ASC budget – underspend £1.700m

The £3.504m reclaim to Stockport CCG for Covid-19 commitments aligned to the Hospital Discharge programme (HDP) has been included within the ASC centralised budget. This included £3.297m as the cumulative total of monthly Scheme 1 and Scheme 2 HDP reclaims, which includes for hospital discharge and prevented hospital admission provision:

- Council commissioned packages
- Additional REaCH support
- Additional equipment provision
- Senior Manager support aligned to the hospital
- Reassessment Team
- Occupancy protection
- Temporary Discharge To Assess beds

Stockport CCG also contributed £0.207m for the Q1 – Q2 PPE costs the Council incurred, recharged from GMCA.

The additional income was partially offset by retaining balances in ASC reserves and a net contribution to the collective ASC staffing position, aligned to staff in post compared to the budget establishment based on the 20/21 Adults Operating Model staffing establishment.

Variance from Q3

The underspend has reduced by £1.070m from the Q3 position predominantly due to the retained reserve balances.

Public Health - breakeven

Following five years of recurrent reductions to the grant allocation, totalling £2.550m, there was an increase to the allocation in 2020/21 of £0.853m. This mitigated the pressure of the £0.385m of the £0.414m 2019/20 grant cut that had not been found recurrently, and other identified additional pressures.

A drawdown on the Public Health reserve was not anticipated in 2020/21. At Q3, there was a

forecast surplus of £0.179m. At Outturn a surplus of £0.474m was transferred to the Public Health reserve to achieve a balanced position. This has increased the Public Health reserve to £1.225m for 2021/22.

The additional surplus was due to underspends in demand-led volatile services (£0.140m), partially due to Covid-19, such as GUM Out of Borough, NHS Healthchecks, Pharmacy and GP Enhanced Services and Chlamydia Screening, forecast budget pressures not arising (£0.205) such as the anticipated Agenda for Change (AfC) pressure, and some staffing costs (£0.066m) being funded by Covid-19 grants as staff took on Covid-19 related work. These additional surpluses were offset by some forecast underspends not arising (£0.081m), notably in Prescribing costs within the Drug & Alcohol service, a provision for bad debt (£0.020m), and some forecast funding not being received from ASC for the Stay Steady/Smile service within Lifestyles (£0.015m).

Grant Funding

Additional grant funding including Test and Trace, Contain Outbreak Management Fund, Community Champions and Controlling Migration are being managed within the service, aligned to each of the grant conditions.

Balances have been carried forward and/or taken into reserves, where the grant conditions allow, to support investment into 2021/22.

Savings

For 2020/21, a savings target of £0.150m was allocated to Public Health. This saving was achieved recurrently through identified recurrent savings.

Variance from Q3

At Q3 it was anticipated that £0.179m would be transferred to the Public Health reserve. At Outturn the transfer was £0.474m; an increase of £0.295m. The variance is due to:

Q3 to Outturn change in anticipated transfer to reserve	£000
Additional underspends in demand led services	(140)
Staffing costs redirected to Covid-19 funding	(66)
Forecast budget pressures not arising (notably AfC related costs)	(205)
Subtotal	(411)
Offset by	
Forecast underspends not arising (notably Prescribing in D&A)	81
Provision for Bad Debt	20
Forecast funding not received from ASC (Stay Steady/Smile)	15
Subtotal	116
Total	(295)

2.2 Earmarked Reserves

Most 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 tables below reflect the current balances in reserves. The planned use of these reserves will form part of the annual in year review of the Councils reserves policy, aligned to 2021/22 financial planning and anticipated commitments.

Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Planned 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	0	2,753
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC Grant balance	157	0	157
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM	2,130	0	2,130
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	5	19
Directorate					

Reserves					
Directorate Reserve - ASC	Directorate Flexibility Reserve - ASC	Funding for Extension of Carers Assessment Pilot	31	0	31
		Adult Social Care - Subtotal	5,337	224	5,113
Corporate Reserves					
Corporate Reserves	Revenue Grant Reserve	Public Health	751	0	751
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund 2	78	0	78
		Public Health - Subtotal	829	0	829
		Total	6,166	224	5,942

Transfer to reserves:

Reserve Category	Reserve Narration	To be used for	Transfer to Reserves at Outturn £000
Strategic Priority Reserve	Health and Social Care Integration Reserve	Contribution to joint funded placements and care academy development	2,529
Strategic Priority Reserve	Health and Social Care Integration Reserve	Service balances due to Covid-19	2,537
Corporate Reserve	Revenue Grant	Hate Crime Funding	18
		Adult Social Care - Subtotal	5,084
Corporate Reserves	Revenue Grant Reserve	Public Health	474
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund 2	4
Strategic Priority Reserve	Positive Investments	Managing Outbreaks investment proposals	1,661
		Public Health - Subtotal	2,139
		Total	7,223

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	0	Final tranche of phased savings programme. Policy implementation paused due to Covid-19 for 20/21.
2020/21 Savings Programme				
Preventative Commissioning and Public Health Offer	Green	100	100	Saving achieved in full.
Balancing the Cost of Services Phase 2	Amber	300	100	BTCOS – assumed inflationary uplifts will be in place from December, delay due to Covid-19. Full year effect from 21/22
Managing future demand	Green	500	500	Split £0.5m ASC, £0.5m CYP. Achieved in full for ASC.
Liquid Logic contribution to DbD saving	Red	77	19	Assumed no saving till October in part due to Covid-19, reporting requirements, then 50% achievement from October
Adult Social Care - subtotal		1,344	719	
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	869	£0.625m- balance to achieve

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 £95.491m at Outturn.

The outturn position was a £4.996m overspend. An update will be provided to the next Health & Care Integrated Commissioning Board (HCICB) with the date of this meeting to be confirmed.

The pooled budget with Stockport CCG at Q3 was £246.415m.

2.5 Capital Finance Update and Outlook

Programme

Expenditure as at 31 Mar 2021 £000	Scheme	2020/21 Programme £000	2021/22 Programme £000	2022/23 Programme £000
0	Case Management System	0	14	0
17	Residential Care Sector Support	17	32	0
91	IT Infrastructure	91	153	0
40	GMCA Covid-19 adaptations	40	0	0
0	Grant allocations - remaining balance	0	0	192
148	TOTAL	148	199	192

Resources

Resources	2020/21 £000	2021/22 £000	2022/23 £000
Capital Grants	148	185	192
Revenue Contributions (RCCO)	0	14	0
TOTAL	148	199	192

Programme Amendments – Rephasing

Scheme	2020/21 £000	2021/22 £000	2022/23 £000	Funding Source	Reason
Case Management System	(14)	14	0	RCCO	Rephasing
Residential Care Sector Support	17	(17)	0	Grant	Rephasing
IT Infrastructure	(114)	114	0	Grant	Rephasing
GMCA Covid-19 adaptations	40	0	0	Grant	New scheme
Grant allocation	0	(192)	192	Grant	Rephasing
TOTAL	(71)	(81)	192		

Progress against individual schemes

- **Residential Care Sector Support** - Capital 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, but due to pressures on supporting the sector from the impact of Covid-19 the scheme will be rolled out in the second half of the year.
- **IT Infrastructure** - The total spend in 2020/21 was anticipated to be £0.205m, however due to procurement delays in relation to IT equipment the total spend was £0.090m. The programme of work to upgrade IT equipment across the service will continue into 2021/22. It is therefore proposed that the underspent budget is transferred into 2021/22 thereby increasing the

programme in year to £0.154m.

- **Grant allocations - remaining balance** – The remaining balance of £0.192m has been rephased to 2022/23. Profiling of this allocation will be reviewed and updated on a regular basis.
- **Disabled Facilities Grant (DFG) (SS 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. 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.

The impact on the delivery of the DFG programme of the national and local lockdowns in response to the Covid-19 outbreak during 2020/21 has been significant and this has resulted in a significantly lower outturn on the DFG programme at year end than in previous years despite demand picking up during quarter 4 as the vaccination programme against Covid-19 has gathered momentum and disabled residents and their carers feel more confident to move away from self-isolating and shielding measures.

The release of the pent-up demand for service in Quarter 4 will now be a commitment against the 2021/22 budget in addition to the normal levels of demand. So far, the additional demand for service has been absorbed by existing staffing resources. For those grant applicants wishing to employ the Home Improvement Agency, the contractors are working normally though the timing of installations/building work continues to be responsive to service users wishes.

The year-end outturn for mandatory DFGs was £0.806m.

Additionally, there was a further £0.101m spend on Children's/Care Act eligible disabled residents who do not meet/works exceed the mandatory DFG criteria.

The outturn position for the non-mandatory DFG was lower than previously anticipated as expenditure within Adult Social Care (ASC) equipment services was retained within the ASC revenue outturn position.

Additional expenditure of £0.167m was incurred aligned to other capital grant schemes pertinent to the DFG, including some of the preliminary work for the Care Academy development.

This means the total overall spend against the DFG grant for 2020/21 was £1.074m.