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# Adult Care and Health

## Portfolio Performance and Resources Agreement 2021/22



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**ONESTOCKPORT**

|      |              |         |               |             |    |
|------|--------------|---------|---------------|-------------|----|
| Date | 18 June 2021 | Version | 1.1 (Cabinet) | Approved by | JW |
|------|--------------|---------|---------------|-------------|----|

# ADULT CARE AND HEALTH PORTFOLIO HOLDER'S INTRODUCTION

I am pleased to present the Adult Care and Health Portfolio Agreement for 2021/22. The portfolio agreement outlines the priorities across both services for the forthcoming year and the measures identified to monitor and account for progress over the year.



We will continue to progress the key programme identified in the Annual Report such as the new Operating Model in Adult Social Care and the health prevention programmes in Public Health.

We have adjusted a number of this year's targets to reflect the continued response to the pandemic across Stockport and also to take into account the services impacted by the lockdown highlighted in the annual report due to Covid.

We will move into a recovery phase over this coming year to respond to the increasing health inequalities, long-term health impact and mental health needs of our communities which are key in helping and supporting our residents to experience both good physical and mental health and assist the recovery from what has been a very difficult year for many.

Financially, we are in a challenging position as we still await the long-term funding settlement for Adult Social Care which would help put us on a more long-term planning footing to facilitate the funding of the important services we know are needed to support people well at home.

We continue to prioritise our work with the provider sector who have been critical partners over the last year in caring for and safeguarding our most vulnerable residents.

Our key priorities are reflective of the need to respond promptly and proactively to mitigate against the impact that Covid continues to place on our community.

Over this coming year, we will address the requirements outlined in the Health and Care bill to align and reaffirm our local collaborative working with health partners to deliver the requirements of the ICS. This will obviously involve working with GM partners to assure we have a place-based model of service delivery that is well resourced and of high quality, with a health and care partnership overseen by a robust governance structure.

The Borough Plan will be the roadmap for the partnership and over the year we will be working on an integrated health and care plan which is currently out for consultation.

Again, I would like to thank all the teams for the continued commitment and professionalism to deliver quality services and provide invaluable care for local residents.

We are moving into yet another unknown period given the increasing rates in both Stockport and across GM. We will continue to prioritise and resource our robust pandemic response to safeguard and protect local people in collaboration with all our key partners.

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

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

#### Revenue Budget (Forecast)

|                              | £000          |
|------------------------------|---------------|
| Gross expenditure budget     | 164,009       |
| Less income budget           | (65,998)      |
| <b>Net cash limit budget</b> | <b>98,011</b> |

#### Reserves

Approved use of reserves balance was £13.165m;

Planned draw down is £7.927m

#### Capital Programme

|                        | £000 |
|------------------------|------|
| 2021/22 Capital Budget | 199  |
| 2022/23 Capital Budget | 192  |
| 2023/24 Capital Budget | 0    |

# ADULT CARE AND HEALTH – PORTFOLIO SUMMARY 2021/22

| The outcomes we want for Stockport are...   | People able to make positive choices and be independent, and those who need support get it   |  |   |   |  |
|---|--|--|---|---|--|
| Our Portfolio Priorities are...             | 1. Improving health outcomes and reducing inequalities   | 2. Responding and recovering from the Covid-19 pandemic  | 3. A radical focus on early help and prevention   | 4. Developing the way we deliver Adult Social Care to help the people of Stockport to live their best lives possible  | 5. Providing safe, high quality health and care services through new system leadership arrangements and a joint improvement plan.  |
| We will deliver these Priorities through... | <ul style="list-style-type: none"> <li>Targeted action on inequalities via One Health and Care Plan.</li> <li>Mental Health and Wellbeing Strategy</li> <li>Promoting healthy lifestyles and active communities<sup>1</sup></li> <li>Improving air quality</li> <li>Flu immunisation, screening and infection control</li> </ul> | <ul style="list-style-type: none"> <li>Vaccination, testing, contact tracing and outbreak management.</li> <li>Supporting care providers to respond and transition to new arrangements.</li> <li>Maintaining the PPE hub</li> <li>Developing our service offer and building back better from the pandemic</li> </ul> | <ul style="list-style-type: none"> <li>Co-designing an Early Help &amp; Prevention Strategy</li> <li>Embedding our Enhanced Front Door approach.</li> <li>Digital and tech-enabled care<sup>2</sup></li> <li>'Age-friendly' Stockport<sup>3</sup></li> <li>Preventative support offer.<sup>4</sup></li> </ul> | <ul style="list-style-type: none"> <li>New Operating model through prevention, reablement and a 'Home First' ethos<sup>5</sup></li> <li>Quality Improvement Programme</li> <li>Attracting and retaining a thriving social care workforce</li> <li>Strength and asset-based approach</li> <li>Personalisation and community-based support</li> </ul> | <ul style="list-style-type: none"> <li>One Health and Care Plan joint priorities and delivery</li> <li>Working with health and other partners to deliver an Integrated Care System at neighbourhood, Boroughwide and GM levels.</li> <li>Supporting the Discharge to Assess NHS model</li> </ul> |
| We will shape our future                    | A council that is built around our communities   |  |   |   |  |
|   | A council that maximises the opportunities of digital  |  |   |   |  |

<sup>1</sup> Outcome 3. Stockport will be a place people want to live - Living and active and healthy life

<sup>2</sup> As above

<sup>3</sup> Outcome 3. Stockport will be a place people want to live - Developing the homes we need

<sup>4</sup> Outcome 4. Communities in Stockport will be safe, resilient and inclusive - Maximising digital opportunities and increasing inclusion

<sup>5</sup> We will develop our operating model and service offer, with a particular focus on Mental Health & Community Learning Disability Teams

|  |  |
|--|--|
|  | <b>A council that values partnerships and collaboration</b>                |
|  | <b>A council that cares about our staff and engages them in the future</b> |

# 1. ADULT CARE AND HEALTH PORTFOLIO SUMMARY



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

Our health and wellbeing have never been more important to us.

Covid-19 has had a significant impact on so many people's lives and touched so many communities across Stockport. It has increased existing inequalities in health and wellbeing and the impact on health services could further increase the gap by delaying access to diagnosis and treatment.

At the same time, we have seen compassion and kindness across the borough as people have reached out to help friends, colleagues, neighbours and their community. More than ever before, we are proud of our NHS, social care and carers. It is reassuring to know that many of the bonds formed in the toughest of times are still there to help us through the better times.

We have an opportunity to recover stronger and make the most of wider opportunities to improve health and wellbeing through being active and more connected. With the recent publication of the Health and Care White Paper providing a legislative basis for structural reforms, and with forthcoming proposals around future funding, adult care and health is at a crossroads. This agreement sets out the next steps in this journey for Stockport.

## **Our vision for Adult Care and Health remains...**

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

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

Our new **ONE Stockport Health and Care Plan** will support the ONE Stockport Borough Plan which aims to make Stockport a great place to live and a healthy and thriving town. This plan is about what we can all do to be healthier and have the care and support we need now and in the future. It builds on the work

already being done across different organisations and brings it together into one plan. It aims to ensure that;

- ✓ Stockport residents will be healthier and happier
- ✓ Health inequalities are significantly reduced
- ✓ Safe, high quality services will be provided that work together for people
- ✓ Stockport residents will be more independent and empowered to live their best lives possible.

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

### **Children, Family Services and Education**

Supporting parents and carers to give children and young people the best start in life

- helping young people prepare for and transition to adulthood.

### **Citizen Focus and Engagement**

Maximising digital opportunities and increasing inclusion

- designing a new, joined-up preventative support offer which supports independence through information, advice and guidance along with digitally enabled social connectivity.
- further investing in tele-care and health, along with technology-assisted living to enable people to live independently.

### **Economy and Regeneration**

Responding and recovering from the Covid-19 pandemic

- delivering the Covid vaccination, infection control and testing programmes will be key to unlocking and economic recovery.

### **Inclusive Neighbourhoods**

Working together across services to empower vibrant and safe neighbourhoods

- developing the ONE Neighbourhood Partnership model to coordinate support for people and local places, empowering people to keep them independent and connected in their community.

A council that is built around our communities

- further develop and implement our approach to addressing inequality and championing equity across the borough.

### **Resources, Commissioning and Governance**

A council that is built around our communities

- working with partners to redesign how we work across public services and deliver our ONE neighbourhood model.

A council that values partnerships and collaboration

- working with partners across health and care to design our locality model and to respond to national and Greater Manchester changes and priorities regarding Integrated Care Systems.

## **Sustainable Stockport**

Taking action on climate change

- improving air quality by promoting sustainable transport options ahead of the introduction of a GM Clean Air Zone in 2022.

Developing the homes we need

- developing an innovative 'all-age living campus' of intergenerational housing along with a new intermediate and dementia care facility, supporting our residents to live well into older age.

Living an active and healthy life

- implementing the Active Communities Strategy to create the conditions for residents and communities to be as physically active as possible.

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

### **Adult Social Care**

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

### **Public Health**

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

## Measures and targets used within the agreement

A full review of measures was carried out in 2020, with a number of new measures linked to priorities reported from 2020/21.

Measures are categorised to reflect Council responsibility:

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

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

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

A review of measures was carried out to inform the 2021/22 reporting framework, and a number of measures were deleted. These are set out below, with the reason for deletion.

| PI Ref        | Measure   | Reason for deletion   |
|---------------|---|---|
| GMS           | One-year cancer survival rate   | Long time-lag in reporting. The measure will continue to be reported as part of the GM Strategy Dashboard.  |
| PHOF 4.15iii  | Excess winter deaths index (over 3 years, all ages)   | The focus on winter deaths will not give a full reflection of the impact of Covid, so whilst it will continue to be measured, this indicator has been removed for 2021/22.  |
| ACH 3.6 & 3.7 | Number of people who have accessed The Prevention Alliance (TPA) and proportion fully achieving their goals | Measures removed as TPA due to be re-commissioned in 2021/22. Prevention measures will be reviewed alongside this.  |
| ACH 5.4       | Proportion of step-up activity in intermediate services   | Systems issues in obtaining accurate data on a regular basis.   |
| ASCOF 2C(2)   | Delayed transfers of care (DToC) from hospital that are attributable to adult social care                   | Not collected by NHS Digital during 2020/21 or for first 6 months (at least) of 2021/22 largely due to impact of Covid. To be re-instated when collection resumes.  |
| ASCOF 1C(1A)  | The proportion of people who use services who receive self-directed support (SDS)                           | All service users are now recorded as being in receipt of self-directed support, so this measure will always be reported at 100%  |
| ACH 4.4       | Percentage of care home residents paying enhancements   | This was a newly introduced measure for 2020. On reflection, it was felt that it was inconsistent with the approach of keeping the individual at the heart of decisions and had the potential to be commercially sensitive. |
| N4            | Number of Home Care hours in Stockport with an overall CQC rating of good or outstanding                    | Measure on Stockport Home Care Agency ratings (N3) is a better reflection of quality of local care market.  |

2020/21 saw the move to a new case management system for Adult Social Care. This has meant that the data reported for some measures has been re-calculated as the cases are

migrated to the new LiquidLogic system. Targets for 2021/22 have been set based on the 2020/21 figures as these stand, although work on the SALT and other statutory returns is continuing and may result in a variation with the final figures reported to DHSC. Where there are any changes to 2020/21 out-turns and/or 2021/22 targets as a result, this will be highlighted within the Mid-Year Portfolio Report.

## Reporting progress during the year

The Performance and Resource Reporting Framework (PPRF) was reviewed over summer 2020, taking into account the impact of the pandemic and reduced committee cycles on reporting. For 2021/22, there will continue to be three reporting cycles, reverting to the previous model with Mid-Year, Q3 Update and Annual Reports. A financial update report for the first quarter will be brought to CRMG Scrutiny Committee and Cabinet in September, with any significant performance issues reported by exception.

The first set of in-year Portfolio Performance and Resource Reports (PPRRs) will be at Mid-Year in November, followed by a Q3 Update in late February / early March 2022, and the Annual Reports in June 2022. Data within the portfolio performance dashboards will be updated alongside these reporting cycles.

| Adult Care and Health Portfolio |                                |                         |
|---------------------------------|--------------------------------|-------------------------|
| Time Period                     | Report                         | Committee Date          |
| <i>April to June</i>            | <i>Financial Update Report</i> | <i>CRMG 7 September</i> |
| April to September 2021         | Mid-Year Portfolio Report      | 25 November 2021        |
| October to December 2021        | Third Quarter Update report    | 3 March 2022            |
| January to March 2022           | Annual Portfolio Report        | 16 June 2022 (TBC)      |

## Policy Drivers

This section summarises key legislative and policy developments likely to influence the work of the Portfolio during 2021/22. Updates on these will be included in the in-year reports.

### Covid-19 Pandemic Response

The ongoing Covid response and recovery is prominent across our priorities and will continue to be a focus of activity over the next 12 months. The continued roll out of the vaccination programme, addressing new variants and learning about the longer-term impacts of Covid on our communities, from wider health and wellbeing considerations to economic growth, employment and recovery, are amongst the challenges ahead.

Primary care post Covid is becoming a key issue – following major changes happening during the pandemic. Other recent developments include new guidance from NHSE on waiting times for diagnostic tests and the Care Quality Commission's strategy for 2021 putting more emphasis on people's experience of care and on identifying settings where there is a greater risk of a poor culture going undetected.

**Public Health England (PHE)** has launched a new framework to highlight the Covid-19 policy priorities of the public health system in England. The framework summarises national, regional, and local public health expertise and experience, and sets out the key elements of public health policy to help successfully recover from the pandemic. This is intended as a resource to help others developing strategies and action plans over the coming months.

In March, the Government published its [Covid-19 mental health and wellbeing recovery action plan](#). This sets out a cross-government, whole-person approach to promoting positive mental health and supporting people living with mental illness to recover and live well. The plan identifies three objectives for Covid-19 recovery:

- To support the general population to take action and look after their mental wellbeing.
- To prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children.
- To support services to continue to expand and transform to meet the needs of people who require specialist support.

It was recently announced that the organisation taking over PHE health protection functions, which include tackling Covid-19 and future pandemic threats, (previously known as the National Institute for Health Protection) will become the **UK Health Security Agency**. UKHSA will be responsible for NHS test and trace, former PHE functions, and the specialist laboratories at Porton Down. Deputy Chief Medical Officer Jenny Harries will be chief executive and the chair will be Ian Peters, currently Chair of Barts Health Trust.

A new **Office for Health Promotion** will also sit in the Department for Health and Social Care (DHSC) and will work across government to promote good health and prevent illness by tackling the top preventable risk factors.

The **Health and Care White Paper** was published in February and sets out detailed proposals for NHS and local government partnerships in Integrated Care Systems (ICS). The new dual arrangements of an ICS NHS body and ICS Health and Care Partnership, both with local government involvement, have real potential for ensuring that health and care systems can take a broad view of integration, prevention and tackling the social determinants of health, in addition to sound governance. The emphasis on the 'primacy of place' is also very helpful. However, there are still many questions about the ongoing relationship between health and social care and concern that we are still waiting for proposals for the future funding and reform of social care.

The proposals in the white paper are considered in the following themes:

- Working together to integrate care – statutory ICSs with "dual structure" governance arrangements
- Reducing bureaucracy – removing requirements on competition and procurement in the NHS.
- Improving accountability and enhancing public confidence – the formal merger of NHS England and NHS Improvement and new powers for the Secretary of State.
- Additional proposals – many related to public health and adult social care.

Proposals will be set out in a Health and Care Bill (included in the Queen's Speech), with legislation in place for implementation in 2022. NHS England has subsequently published its annual guidance which gives increasingly formal responsibilities to integrated care systems (ICSs) from April 2021. This will continue to be updated during 2021/22 as the new model develops.

Progress on local implementation of the ICS model, including the role of the **GM Health and Social Care Partnership**, will be reported in the PPRs. These arrangements will also be reflected within the new 'One Stockport Health and Care Plan' being developed across the Health and Wellbeing Partnership in 2021.

It was announced in the **Queen's Speech** on May 11 that proposals on social care reform will be brought forward later in 2021. A recent report by the **National Audit Office** on the adult social care market in England cited the national approach as short-term in relation to policy and funding, with a lack of oversight of local delivery and a poor deal for self-funders. Whilst Covid-19 has raised the profile of adult social care, it has also exposed pre-existing problems and gaps in the DHSC's understanding of the care market. This, alongside years of short-term funding, is hindering local government attempts to plan and innovate. It concludes that the DHSC is taking steps to increase its adult social care capacity, address data gaps and strengthen system accountability and assurance. The NAO sets out recommendations emphasising that the collaborative approach seen in the pandemic must be taken forward when adult social care reforms finally take place. It recommends a funded, long-term vision for care, with strategies for workforce and accommodation for people with care needs.

The 10 GM authorities have worked together to develop proposals for the forthcoming **GM Clean Air Plan**. This will bring NO2 levels on local roads within legal limits as soon as possible. The proposed GM Clean Air Plan includes launching and operating a GM-wide Clean Air Zone (CAZ), with a number of temporary and permanent discounts and exemptions for some vehicle types, including private cars and motorbikes. Proposals also include a package of support funding, to help upgrade vehicles. Work is now under way to assess the information and evidence gathered during the consultation period which ended in December 2020. The final Clean Air Plan is expected to be considered by the Combined Authority in summer 2021.

### **Borough Plan**

During 2020/21 partners across Stockport worked collaboratively with our communities to develop a shared long-term vision and priorities for Stockport in the [One Stockport Borough Plan](#).

This Portfolio will support delivery of a number of One Stockport priorities including:

- A Healthy and Happy Stockport – people to live the best lives they can – happy, healthy and independently.
- A Strong and Supportive Stockport – confident and empowered communities working together to make a difference.
- A Flourishing and Creative Stockport – Stockport's neighbourhoods, local and district centres are exciting places to live, where people are active and celebrate culture.
- A Radically Digital Stockport – an inclusive and radical digital borough.

## 2. ADULT CARE AND HEALTH DELIVERY PLAN & PERFORMANCE FRAMEWORK



### Priority 1: Improving health outcomes and reducing inequalities

**We will work together to undertake targeted action on inequalities through our new One Health and Care Plan and neighbourhood model that recognises wider factors such as housing, employment and social connectedness.**

- This will be key to delivering a whole-system approach to improving population health and tackling health inequalities. The impact of Covid has widened spatial inequalities, with larger decreases in life expectancy in the most deprived areas.
- The new One Health and Care Plan will be informed by a further Joint Strategic Needs Assessment (JSNA) planned for summer 2021 with a focus on recovery from Covid-19 and the wider impacts on health and health inequalities in Stockport.

**We will improve mental health and wellbeing through development of a joint all age mental health and wellbeing strategy working with communities, schools and businesses.**

- The demand for mental health support has grown as a result of Covid. Working with Stockport CCG and Pennine Care, we will develop a Mental Health and Wellbeing Strategy during 2021/22.

**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.**

- Delivery of the Active Communities Strategy will continue to focus on the least active and priority groups, including those recovering from Covid. The strategy will be refreshed during 2021 and will be aligned with the new Sport England and GM Strategies.
- Implementation of the Stockport Moving Together programme will also continue to support patients in recovery, in addition to building more resilience in older people, particularly those in care homes. The Healthy and Active Communities programmes will continue to implement new arrangements for leisure and support community groups that deliver and enable physical activity.
- Support for older and vulnerable adults to become more active through a peer mentoring model will be delivered through the Stockport Active Ageing Programme. This model will not only support older people to be more active but also enhance wider work to help address social isolation and loneliness. Better integrating age friendly activities across providers in Stockport will help to provide greater opportunity for older people to engage in the mainstream offer.

**We will improve the air quality in Stockport by promoting walking, cycling and public transport ahead of the introduction of a GM Clean Air Zone in 2022.**

- Sustainable transport options will be improved with development of new walking and cycling schemes, whilst continuing to improve public transport through introduction of the Metrolink, creation of a new Cheadle train station, and improvements through bus franchising. This will contribute towards improving the air quality in Stockport as part of the GM Clean Air Plan, ahead of the introduction of a GM Clean Air Zone in 2022.,

**We will continue to deliver our programme of flu immunisation, screening services and plan to deal with outbreaks of other infectious diseases**

- Planning is already underway to delivering the flu vaccination programme for winter 2021/22, alongside the continuation of the Covid vaccination programme. Support will continue to help prevent and manage infections and outbreaks in care homes and other care settings.
- We will also continue to support providers and commissioners to deliver the most appropriate screening services locally, including the breast cancer screening programme.

### Performance Measures and Targets:

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

GMS – Indicator included in the Greater Manchester Strategy Outcomes Dashboard

| PI Code  | PI Name  | Reported | Good Performance | 2017/18 Actual     | 2018/19 Actual     | 2019/20 Actual     | 2020/21 Actual     |
|--|--|----------|------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Contextual Measures – reported annually</b>   |  |          |                  |                    |                    |                    |                    |
| PHOF E04a<br>GMS   | Premature mortality due to cardiovascular disease (per 100,000 population) | Annually | Low              | 62.3<br>(2014-16)  | 65.0<br>(2015-17)  | 68.9<br>(2016-18)  | 70.7<br>(2017-19)  |
| PHOF E05a<br>GMS   | Premature mortality due to cancer (per 100,000 population)                 | Annually | Low              | 141.5<br>(2014-16) | 136.7<br>(2015-17) | 131.3<br>(2016-18) | 134.1<br>(2017-19) |
| PHOF E07a<br>GMS   | Premature mortality due to respiratory disease (per 100,000 population)    | Annually | Low              | 32.1<br>(2014-16)  | 30.9<br>(2015-17)  | 30.9<br>(2016-18)  | 30.8<br>(2017-19)  |
| PHOF 01a<br>GMS  | Healthy life expectancy (years) – males                                    | Annually | High             | 63.6<br>(2014-16)  | 61.7<br>(2015-17)  | 65.0<br>(2016-18)  | N/A                |
| PHOF 01a<br>GMS  | Healthy life expectancy (years) – females                                  | Annually | High             | 66.0<br>(2014-16)  | 64.7<br>(2015-17)  | 64.7<br>(2016-18)  | N/A                |
| These measures, all three-year rolling averages, are reported annually. They will be reported when new data is published and within the Annual Report. 'Premature Mortality' is defined as under 75 years old. Whilst the direction of travel and comparative position against national and GM data will continue to be monitored, they all reflect long-term trends and have a significant time-lag in reporting, making them unsuitable for setting targets against. The impact of Covid will be reflected in the 2018-20 figures when these are eventually published, particularly for the measure on respiratory disease, and the 3-year average will be further impacted for 2019-21. |  |          |                  |                    |                    |                    |                    |
| PHOF C16<br>GMS  | <b>Percentage of adults classed as overweight or obese (BMI &gt;25)</b>    | Annually | Low              | 61.1%<br>(2016/17) | 60.6%<br>(2017/18) | 63.3%<br>(2018/19) | 63.3%<br>(2018/19) |
| PHOF C18<br>GMS  | <b>Percentage of adults who smoke</b>                                      | Annually | Low              | 14.3%              | 13.3%              | 13.4%              | 12.8%              |
| ACH 1.1<br>GMS   | Percentage of residents reporting high levels of anxiety                   | Annually | Low              | 18.3%<br>(2016/17) | 19.8%<br>(2017/18) | 15.2%<br>(2018/19) | 26.4%<br>(2019/20) |

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

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

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

| PI Code   | PI Name  | Reported  | Good Performance | 2017/18 Actual     | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual |
|---|--|-----------|------------------|--------------------|----------------|----------------|----------------|
| <b>Contextual Measures</b>  |  |           |                  |                    |                |                |                |
| ACH 1.2<br>GMS<br>NEW   | Percentage of residents with depression or anxiety disorders who accessed psychological treatment in the last 12 months. | Annually  | High             | 20.5%<br>(Sept 18) | 19.7%          | 19.1%          | N/A            |
| ACH 1.3<br>GMS<br>NEW   | Percentage of those completing IAPT treatment who moved to recovery in the last 3 months                                 | Quarterly | High             | 56.0%<br>(Sept 18) | 56.0%          | 54.0%          | N/A            |
| These new measures are both included in the GM Strategy Dashboard, and are produced by Stockport CCG, therefore no targets are set.   |  |           |                  |                    |                |                |                |
| ACH 1.4<br>SS 5.1<br>GMS  | Percentage of adults who are active or fairly active   | Annually  | High             | 78.0%              | 75.7%          | 75.6%          | 73%            |
| Data is from the Active Lives Survey for adults, relating to November 2019 to November 2020, published in April 2021. Results from the next survey (relating to May 2020 to May 2021) are expected in October 2021. Covid-related restrictions of varying degrees were in place during eight months of the period covered by the last survey (during which activity levels were down to 73.9%) and the next two surveys will cover periods where restrictions were in place for all or most of the time. Activity levels are therefore likely to continue to be affected, and a lower target (73%) is proposed. |  |           |                  |                    |                |                |                |
| PI Code   | PI Name  | Reported  | Good Performance | 2018/19 Actual     | 2019/20 Actual | 2020/21 Actual | 2021/22 Target |
| <b>Partnership Measures</b>   |  |           |                  |                    |                |                |                |
| ACH 1.5   | % of eligible women screened for breast cancer in last 3 years   | Annually  | High             | 72.9%              | 73.5%          | 71.1%          | N/A            |
| The service was been paused for 6 months during 2020/21 due to Covid-19 but recovered well once the programme resumed. This will still have a significant impact on the three-year figure however, so no target has been set for 2021/22, although the position will continue to be monitored closely.  |  |           |                  |                    |                |                |                |
| PHOF D06a   | Take up of flu vaccinations by over 65s.   | Q3 & 4    | High             | 79.9%              | 79.6%          | 85.6%          | 85.0%          |
| PHOF D05  | Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.   | Q3 & 4    | High             | 60.8%              | 56.7%          | 62.7%          | 63.0%          |
| ACH 1.6   | Uptake of flu vaccinations for pregnant women.   | Q3 & 4    | High             | 70.1%              | 70.0%          | 64.5%          | 65.0%          |
| PHOF D03I   | Uptake of flu vaccinations for 2-3 year olds.  | Q3 & 4    | High             | 62.9%              | 59.4%          | 70.6%          | 70.0%          |
| ACH 1.7   | Uptake of flu vaccinations for 4-10 year olds.   | Q3 & 4    | High             | 76.2%              | 63.0%          | 62.1%          | 65.0%          |

The flu vaccination programme starts in September. An update will be provided in the mid-year report, with performance against target for the full programme included in the Annual Report in June. The targets for 2021/22 are based on maintaining these high levels of vaccination, and improved access to school and nursery settings.

| PI Code                     | PI Name  | Reported  | Good Performance | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual | 2021/22 Target |
|-----------------------------|--|-----------|------------------|----------------|----------------|----------------|----------------|
| <b>Partnership Measures</b> |  |           |                  |                |                |                |                |
| ACH 1.8                     | No. of MRSA infections in Stockport.                 | Quarterly | Low              | 1              | 2              | 5              | 0              |
| ACH 1.9                     | No. of C difficile infections in Stockport.          | Quarterly | Low              | 87             | 94             | 90             | 85             |
| ACH 1.10                    | No. of influenza outbreaks in care homes.            | Quarterly | Low              | 9              | 4              | 0              | 3              |
| ACH 1.11                    | No. of diarrhoea & vomiting outbreaks in care homes. | Quarterly | Low              | 20             | 31             | 5              | 20             |

Infection rates in Stepping Hill Hospital and outbreaks in Stockport care homes continue to be monitored closely. The MRSA and C difficile targets are set by NHS England with the aim of eliminating MRSA infections and reducing the incidence or sustaining low numbers of CDifficile infections. More stringent infection control measures in care homes resulted in a large drop in diarrhoea and vomiting outbreaks and no flu outbreaks at all in 2020/21, and 2021/22 targets reflect the continued hygiene standards and vigilance in place, but also the end of lockdown arrangements.

## **Priority 2: Responding and recovering from the Covid-19 pandemic**

**We will work with our partners across health and care on key priorities including vaccination roll out, targeted testing at scale, contact tracing and outbreak management.**

- Adult Social Care and Public Health will continue to support the care sector including internal and externally commissioned services throughout the Covid-19 pandemic. We will continue to provide advice, guidance and information on aspects of infection control, PCR/LFT testing, care home visitation and outbreak management.
- We will continue to work with colleagues in health on the roll out of the vaccination programme. Specific emphasis will be placed on targeting care homes and care providers and establishments where take up could be low and aim to further improve on our performance.
- We will commit to supporting the care sector including internal and externally commissioned services with all aspects of infection control and improve the uptake of flu vaccinations especially during the winter period.
- The vaccination, infection control and testing programmes are key to supporting recovery across the local economy, and we will continue to work closely with businesses.

**We will support both in-house and external care providers in Stockport to respond to the challenges brought about by the pandemic and to help them to transition to the 'new normal' for service delivery.**

- We will use the learning from the Covid-19 pandemic to improve our preparedness and ensure business continuity plans are updated and robust. We will support and encourage our providers to use digital technologies to help individuals connect with their loved ones. We will support our workforce to embrace new more flexible ways of working.

**We will continue to provide a PPE hub for as long as it is required to keep our staff and communities safe.**

- We will work with all front-line providers to ensure there is sufficient stock and supply of PPE to respond to any outbreaks and manage and supply chain issues. We will do this by ensuring that emergency stock is available and by supporting the sector with the increased demands PPE supply places on providers.

**We will develop recovery plans so that we build back better, fairer and stronger.**

- The service will continue to incorporate any learning from the pandemic into our recovery and service transformation plan. As we build back better, we are looking for opportunities to further improve our operating model and digitalise our service for both residents of Stockport and for our workforce.
- Social work teams will ensure all individuals who have a short-term package of care paid for via Covid funding (scheme 3) are assessed and transitioned to longer term arrangements appropriate for their individual needs. For some individuals this may mean they are 'stepped down' from services, for others it may mean a longer-term package of care.
- It is our intention to ensure that all adults who receive commissioned services and other forms of paid for support will receive an annual review of their support plan during 2021/22.
- The in-house learning disability service will continue to reintroduce service users to day care whilst adhering to any new and emerging guidance. We will continue to encourage family and friends visits whilst adhering to guidelines and offer more outside visits to promote safety. Residents activities and outings will also be amended where appropriate in light of new and emerging guidance. Different ways of communicating and running activities that have been utilised throughout the pandemic and proven to be beneficial will

continue. We will continue to work with our colleagues in Public Health to ensure we have robust infection control procedures and practice.

- We are committed to supporting the delivery of the Communities Programme – including Community Champions - and see it as key area of development to support our Adult Social Care Operating Model. Our aspiration is to build upon the strengths and assets of our residents and their communities to enhance their opportunities rather than create a greater dependency upon commissioned provision.

## Performance Measures and Targets

| Contextual Measures |  |           |                  |           |          |  |                |
|---------------------|--|-----------|------------------|-----------|----------|--|----------------|
| PI Code             | Short Name   | Reported  | Good Performance | 2020/21   |          |  | 2021/22 Target |
|                     |  |           |                  | Sept 2020 | Dec 2020 | March 2021   |                |
| ACH 2.1             | Number of new Coronavirus infections   | Quarterly | Low              | 1,442     | 10,110   | 7,411  | N/A            |
| ACH 2.2             | Coronavirus testing – average number of PCR and LFT tests conducted per day.   | Quarterly | High             | 1,100     | 1,600    | 5,900  | N/A            |
| ACH 2.3<br>NEW      | <b>Partnership Measure</b><br>Take up of Covid vaccination by priority group – percentage having first dose of vaccine;<br>a) Over 70s<br>b) Clinically extremely vulnerable<br>c) Priority long-term conditions (under 65)<br>d) Health and care workers<br>e) All over 18s | Quarterly | High             | N/A       | N/A      | a) 96.1%<br>b) 93.6%<br>c) 86.2%<br>d) 91.8%<br>e) 74.6%<br>(as at 5 <sup>th</sup> June) | e) 85% by Q2   |

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

Whilst the vaccination programme and targets may change in-year, the aim is currently to offer vaccinations to all the 18+ population by Q2, it is possible that a third dose and a school age programme will be introduced during the year.

### **Priority 3: A radical focus on early help and prevention including the network of support from friends, family members and the many local community groups and organisations that provide vital care and support within the home**

#### **We will have a radical focus on early help and prevention through co-designing a new model and recommissioning key services for 2022**

- **All Age Approach** - Public Health and Adult Social Care will undertake a system review of the council's approach to prevention and early help, by providing a cohesive 'all age' offer. The offer for adults builds on the previous work undertaken with the voluntary sector and other partners in 2014. Fundamental to this work is to create the right conditions to allow us to work together with communities, partners and others to promote and enable independence, wellbeing and quality of life for our residents.

There will be a refined focus on increasing the resilience of individuals and communities and their potential to help themselves, supported by better online content; 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 included a number of public health prevention offers in this approach.

A fundamental review of the prevention and early help strategy and the service delivery framework is required in order to:

- Develop a joint understanding and offer of work on 'prevention' in Stockport between commissioners;
- Support future commissioning decisions by identifying opportunities and gaps in capacity and capability;
- Inform the delivery of current plans and strategies to maximise the impact of prevention across the system (providers, communities, businesses etc.);
- Provide opportunities to inform future contracts (e.g. service specifications, outcome measures);
- Assist development of service specification for new preventative services commissioning.

#### **We will continue to develop our 'Enhanced Front Door' approach to accessing high quality support.**

- 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 approach, which supports individuals who contact us 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 to bring professional decision making at an earlier point in the customer journey to improve the outcomes for our residents.
- During 2021/22 we will be further developing our digital offer to improve the information available to the public and implementing portals. This will allow professionals and residents improved referral routes into the service and will allow residents to have greater input into the assessments and support that they receive.

#### **We will use technology to support the delivery of care and enable independence, through**

**digital referral routes and a workforce equipped to provide digitally enabled care.**

- **Prospectus of All Age Living (Technology Enabled Living)** – A proposal is being developed for an ‘Amazon of Things’ enabling people to enjoy a happy and healthy life, staying safe, independent & socially connected. Work is also underway to move from a traditional, commissioned telecare offer to a new universal offer, which is designed to promote self-care and self-funding, with support for those who need it. As well as improving the service this would also see substantial savings over a number of years as the need to commission the service decreases.
- **Digital Platform for care homes** – In partnership with health colleagues this programme will enable remote GP consultations to take place in care homes. A pilot of up to five GP practices and care homes is being developed to test secure video consultations between GPs and care home residents. The aim is for a full service with all GP practices and care homes, with a range of wider services added to the platform, to be running smoothly before winter 2021/22.
- **Developing our reporting capabilities** – During 2020/21 the service implemented a new care management system, Liquid Logic. Since then we have been working with colleagues in Business Intelligence to develop our reporting capabilities and performance framework. During 2021/22 we will be working to embed our existing dashboards within operational teams and will be further developing our reporting capabilities. During the first half of the year the service will implement new digital referral routes at our Enhanced Front Door. This will make it easier for professionals and residents to make a referral into ASC, it will ensure that we gather the right information at the start which will help the service to reduce failure demand and triage more effectively.
- **REaCH systems development** – During 2021/22 we will be implementing a new system within the service called Pass. This will enable the service to further digitalise record keeping and will enable the workforce to improve efficiency and effectiveness. To support this new system and to improve connectivity of our geographically dispersed workforce we will be rolling out 4G tablets across the service.

**We will promote an ‘age-friendly’ Stockport, including development of an innovative all-age living model of intergenerational housing along with a new intermediate and dementia care facility, supporting all our residents to live well into older age.**

- **Prospectus of All Age Living (Academy of Living)** - A Beacon of Excellence facility will be established to support transitional care, with a real-life environment for training. This will support a new social care workforce model, which will be the first of its kind. Personal care and support for daily living and independence will be provided by teams of multi-skilled, self-managed and autonomous staff. Our approach to transitional care will be redesigned, improving access to quality health and social care for people, in particular older people, and the flow through the system.
- **Prospectus of All Age Living (Workforce & Education)** – A Stockport Career Academy will help to re-imagine social care into a sustainable workforce of the future, with a virtual hub delivering a platform that provides shared services for cooperative business models plus existing failing home care agencies.
- **Prospectus of All Age Living (Living Well at Home & Market Shaping)** – A further ethnographic research project will be undertaken to better understand the challenges and pain points, and gain insight into the older population. This will use specialist applied ethnography and sprint techniques to develop in-depth psychological insight. Work is also underway with Strategic Housing to look at provision of and demand for accommodation, to ensure that people can be supported to live well in older age. This will involve mapping of existing older persons accommodation, an evaluation of findings from the Housing Needs Assessment, followed by engagement with registered providers and developing a draft ‘Mission Statement’, summarising barriers to accessing accommodation for older people.

- **Assistive technology** – We will continue to implement the universal offer of telecare and other technology enabled care services and products to support and maintain independence in the home for older people.

**We will design a new joined-up preventative support offer which supports independence through information, advice and guidance along with digitally enabled social connectivity.**

- **ASC web content**- In March 2020, the external ASC web offer was migrated from My Care My Choice onto the council's external website. During 2021/22, we will be reviewing and updating key content to ensure that our information is accessible and relevant for individuals and their families.
- **Healthy Stockport** - To continue to develop digital resources to enable residents to access information, resources and support around health and wellbeing. This includes promoting prevention, self-care and access to services where needed.

## Performance Measures and Targets

### Partnership Measures – reported quarterly

| PI Code  | PI Name   | Reported  | Good Performance | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual          | 2021/22 Target |
|--|---|-----------|------------------|----------------|----------------|-------------------------|----------------|
| ACH 3.1  | Number of people undertaking the National Diabetes Prevention Programme.              | Quarterly | Increase         | 1,070          | 1,223          | 515                     | 750            |
| This measure shows the number of people starting the NDPP. The national target from NHS England for the 3-year programme wasn't met due to the lower number of referrals during 2020/21. The target for 2021/22 is based on the programme running uninterrupted during the year.   |   |           |                  |                |                |                         |                |
| ACH 3.2  | Numbers of referrals to START (Stockport Triage Assessment & Referral Team).          | Quarterly | High             | 4,315          | 3,996          | 2,591                   | 3,000          |
| This measures the numbers of referrals (either via GP, digital channels [Healthy Stockport] or self-care) to the START team, the main gateway to Stockport's specialist lifestyle services. Referrals were down significantly during 2020/21 due to the lock-down and widening direct access to specialist services where appropriate, and this is reflected in the target for 2021/22.  |   |           |                  |                |                |                         |                |
| ACH 3.3  | Number of people completing a weight management intervention (ABL lifestyle service). | Quarterly | High             | 121            | 136            | 137 (+47 still on prog) | 150            |
| ACH 3.4  | Number of people completing a smoking cessation (ABL lifestyle service).              | Quarterly | High             | 130            | 316            | 424                     | 400            |
| The revised ABL lifestyle service launched in 2018/19 including stop smoking and weight management interventions. It is also worth noting GP practices also offer smoking cessation interventions. Access to these services was severely impacted by the lock-down during 2020/21, although the smoking cessation service was able to meet higher demands in the second half of the year in light of the numbers wanting to quit due to the link with Covid. |   |           |                  |                |                |                         |                |
| Additional weight management programmes are being launched during 2021/22, with funding from PHE, so more clients would be expected. The target for smoking cessation also reflects increased demand post-Covid and with the services being able to operate fully and without interruption.  |   |           |                  |                |                |                         |                |

| PI Code   | PI Name  | Reported  | Good Performance | 2018/19 Actual                                   | 2019/20 Actual                                   | 2020/21 Actual                                       | 2021/22 Target              |
|---|--|-----------|------------------|--|--|--|-----------------------------|
| <b>Contextual Measures – reported annually</b>  |  |           |                  |  |  |  |                             |
| ACH 3.5 GMS   | Percentage of deaths occurring at usual place of residence   | Annually  | Contextual       | 45.2%  | 48.3%  | 50.2%  | N/A                         |
| <b>Partnership Measures</b>   |  |           |                  |  |  |  |                             |
| PHOF C21 GMS  | Alcohol related admissions to hospital per 100,000 (narrow).   | Quarterly | Low              | 679.6  | 646.1 (Q2)                                       | TBC  | TBC                         |
| Local data is currently being gathered in order to calculate this complex measure, some of which cannot be done remotely. This will be included in the mid-year report alongside a target for 2021/22.  |  |           |                  |  |  |  |                             |
| PHOF C19  | Successful completion of treatment –<br>a) Opiate users<br>b) Non-opiate users<br>c) Alcohol                       | Quarterly | High             | a) 5.0%<br>b) 26.8%<br>c) 40.1%<br>(Sep17-Aug18) | a) 5.6%<br>b) 41.3%<br>c) 39.5%<br>(Sep18-Aug19) | a) 4.8%<br>b) 41.9%<br>c) 43.6%<br>(Sep 19 – Aug 20) | a) 4.9%<br>b) 40%<br>c) 40% |
| This measure shows the proportion of patients who successfully complete their drug treatment programme (i.e. are free of drug dependence) who do not re-present within 6 months. It has been expanded for 2021/22 to include opiate users and alcohol treatment. The target for non-opiate users has been retained at 40% given that this is significantly ahead of the national average of 32.2%, whilst the target for opiate users has been set at the national average of 4.9%. The target for alcohol users has also been set at 40% which is significantly above the national average of 35.3%. |  |           |                  |  |  |  |                             |
| ASCOF 1F  | Proportion of adults in contact with secondary mental health services in paid employment                           | Quarterly | High             | 6.5%   | 8.3%   | 12.2% (49)   | 8.0%                        |
| ASCOF 1H  | Proportion of adults in contact with secondary mental health services living independently with or without support | Quarterly | High             | 85.9%  | 89.9%  | 87.3% (350)  | 85.0%                       |
| Data for these measures is supplied by Pennine Care Foundation Trust. The small numbers in paid employment make this measure quite volatile, and there are reservations around the 12.2% reported in 2020/21 along with the expected impact from the end of the furlough scheme. The 2021/22 targets therefore reflect a realistic level significantly above both GM and national averages for 2019/20. For paid employment, the GM figure for 2019/20 was around 6% and for independent living this was 64%.   |  |           |                  |  |  |  |                             |
| PI Code   | PI Name  | Reported  | Good Performance | 2018/19 Actual                                   | 2019/20 Actual                                   | 2020/21 Actual                                       | 2021/22 Target              |

| Council Measures  |  |           |                  |                |                |                |                 |
|---|--|-----------|------------------|----------------|----------------|----------------|-----------------|
| PI Code   | PI Name  | Reported  | Good Performance | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual | 2021/22 Target  |
| ACH 3.8   | <b>Contextual</b><br>Total number of Deprivation of Liberty Safeguarding (DoLS) referrals awaiting assessment                            | Quarterly | Contextual       | 862            | 961            | 1,056          | N/A             |
| ACH 3.9   | Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority  | Quarterly | Low              | 110            | 186            | 304            | Aim to minimise |
| DoLS cases have now been fully migrated to the new LiquidLogic case management system. During 2021/22 we will be working to reduce the number of referrals awaiting assessment, in addition we will be undertaking a programme of work to ensure that we are ready for the implementation of Liberty Protection Safeguard (LPS) which is anticipated to be live from April 2022, at which point there will be no 'backlog' as such in cases, with assessments being undertaken prior to intervention. |  |           |                  |                |                |                |                 |
| ACH 3.10  | Safeguarding outcomes - Percentage of safeguarding cases where the risk has been reduced or removed (no. of cases)                       | Quarterly | High             | 80.3% (106)    | 81.8% (121)    | 99.3% (136)    | 95%             |
| ACH 3.11  | Percentage of safeguarding cases where the client outcomes are wholly or partially achieved ( <i>from Making Safeguarding Personal</i> ) | Quarterly | High             | 81.7%          | 82.5%          | 86.7%          | 85%             |
| Both these measures reported significant improvement over 2020/21, and targets aim to maintain a high level of performance during 2021/22.  |  |           |                  |                |                |                |                 |
| Council Measures  |  |           |                  |                |                |                |                 |
| ACH 3.12  | Increase in/number of people using self-care online resources (via Healthy Stockport website)  | Quarterly | High             | N/A            | 32,683         | 33,000         | Aim to maximise |
| Measured as the number of people accessing pages on the Healthy Stockport website. The aim is to continue to increase these numbers during 2021/22.   |  |           |                  |                |                |                |                 |

## **Priority 4: Developing the way we deliver Adult Social Care to help the people of Stockport to live their best lives possible**

**We will continue to embed and develop our operating model, working with partners, through prevention, reablement and a 'Home First' ethos.**

During 2021/22 we will continue to develop and embed our adults operating model and whilst doing so we will build in our learning and experience from the pandemic. Our key priorities for this year are:

- **Prevention Wellbeing & Independence** – We described in priority three how we will continue to build and develop our Front Door offer. Through our multidisciplinary approach, we will improve our advice and information, we will embed a strengths and asset based approach, and we will implement digital referral routes. Colleagues from the front door will be active participants in the Thriving Communities programme, driving forward this agenda to improve the outcomes for the residents of Stockport.
- **Enablement & Recovery** – During 2020/21, REaCH and Learning Disability provider services will ensure that there is a continuous service improvement in the provision of care. Learning disability provision (in house) will work towards integration with the local community, and complete some intergenerational work, as well as developing a stakeholder group and recruiting volunteers.
- REaCH will obtain feedback from current and previous service users to obtain views of the service and any suggestions for improvement. We will also be working with partners from across the health and social care economy to develop our Intermediate Care offer and to improve pathways, customer experience and to support more individuals to be supported in their own home.
- **Support & Care Management** – In priority two, we described our work to support individuals who are currently in receipt of short-term packages of care. In addition to this we have created a small team of social workers who will undertake reviews and assessments of clients in year to ensure that they are receiving the most appropriate care and support to meet their individual needs. Within Mental Health we are working with colleagues in Pennine Care Foundation Trust to develop and embed a new Mental Health offer in Stockport. We are also working with colleagues in health to review the integrated community learning disability team, this will allow us to improve the outcomes for the individuals who use this service.
- **Commissioning & Infrastructure** – This business group will continue to support the provider market in response to the pandemic (as described in priority one). In priority three, we have described our work to recommission the preventative service offer, this will be one of our key priorities for the year. We will continue to support wider programmes of work to ensure that we have the right commissioned services in place that help us to deliver our vision and provide high quality care and support.
- **Practice Quality & Safeguarding** – We will lead the programme to embed a strengths and asset based approach across our service. We will also be focusing on practice standards and developing our quality and performance framework. Within safeguarding we will be launching a programme of work to ensure that we are ready for the implementation of LPS in April 2022.

**We will continue to work on our Quality Improvement Programme for provider services.**

- **Development Plans** - 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. We will ensure that our service development plans build back better from the Covid pandemic, putting the individual at the heart of everything we do.

**We will build and retain a resilient, valued and inclusive health and care workforce that promotes homegrown talent to create training and employment opportunities for local people and carers through a joint workforce plan.**

- **Recruitment & Retention** – We are working with our colleagues across the council to promote Stockport as a good place to work in adult care and health. We are also looking to improve our workforce development offer for our colleagues through the use of apprentice schemes.

**We will embed a strength and asset-based approach across all practice to provide high-quality person-centred services.**

- **Strengths and Asset based programme** - We have commissioned an external provider to work with our teams to embed a strengths and asset based approach. Diagnostic reviews will be undertaken in the early part of 2021/22. 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. This programme of work will continue throughout 2021/22.

**We will continue to provide and improve our offer of self-directed support to enable independent living; supporting its achievement to enable an equal opportunity to have a good life.**

- **Personal budgets** - we will continue to develop the personalisation offer and encourage and support active citizenship where the council and NHS supports people to take control when they need additional support to maintain their wellbeing.

### Performance Measures and Targets

| PI Code  | PI Name   | Reported  | Good Performance | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual | 2021/22 Target  |
|--|---|-----------|------------------|----------------|----------------|----------------|-----------------|
| <b>Council Measures</b>  |   |           |                  |                |                |                |                 |
| ACH 4.1  | Number of carers assessments carried out  | Quarterly | High             | 1,275          | 1,128          | 591            | Aim to maximise |
| ACH 4.2  | Number of carers in receipt of direct payments  | Quarterly | High             | 890            | 915            | 468            | Aim to maximise |
| Carer's assessments and direct payments fell significantly in 2020/21, but this appears to be more of a recording issue than a performance issue. A significant number of carers assessments were undertaken by Signpost and are to be added to this figure during 2021/22. Targets for 2021/22 therefore aim to continue to increase these numbers. |   |           |                  |                |                |                |                 |
| <b>ASCOF 2D</b>  | <b>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>)</b> | Quarterly | High             | 85.5%          | 56.9%          | 45.5% (383)    | 65.0%           |

Following re-assessment, figures for this indicator reduced significantly for 2020/21. Further investigation around what should be included within the definition is being conducted to ensure this is reported consistently. An improved intermediate tier offer is reflected in the 2021/22 target, bringing performance closer to the GM (73.3%) and national (79.5%) averages for 2019/20.

### Partnership Measures

| PI Code  | PI Name  | Reported  | Good Performance | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual | 2021/22 Target |
|----------|--|-----------|------------------|----------------|----------------|----------------|----------------|
| ASCOF 1E | Proportion of adults with a learning disability in paid employment ( <i>actual number</i> )                              | Quarterly | High             | 9.6% (72)      | 8.7% (100)     | 8.5% (73)      | 8.0%           |
| ACH 4.3  | Proportion of adults with autism in paid employment ( <i>actual number</i> )   | Quarterly | High             | 8.8% (8)       | 3.0% (3)       | 7.9% (23)      | 8.0%           |
| ASCOF 1G | Proportion of adults with a learning disability who live in their own home or with their family ( <i>actual number</i> ) | Quarterly | High             | 92.0% (690)    | 95.3% (669)    | 81.3% (700)    | 85.0%          |
| ACH 4.4  | Proportion of adults with autism who live in their own home or with their family ( <i>actual number</i> )                | Quarterly | High             | 93.4% (85)     | 97.9% (97)     | 67.1% (196)    | 80.0%          |

Data quality issues have been identified for these measures during the move to a new case management system. Whilst these are being addressed to ensure the data reported provides an accurate picture going forward, there remains a risk that they were under-reported in 2020/21, particularly in relation to the measures on independent living. Targets for 2021/22 aim to maintain a high level of performance significantly above both national and GM averages (77%). The aspiration would be to increase these once the data issues have been resolved.

|     |   |           |      |             |            |               |       |
|-----|---|-----------|------|-------------|------------|---------------|-------|
| N1  | The proportion of <b>Nursing</b> bed capacity in Stockport with an overall CQC rating of good or outstanding (number)     | Quarterly | High | 81.3% (878) | 79.0%      | 55.9% (604)   | 75.0% |
| N2  | The proportion of <b>Residential</b> bed capacity in Stockport with an overall CQC rating of good or outstanding (number) | Quarterly | High | 74.5% (903) | 96.0%      | 90.8% (1,140) | 90.0% |
| N3  | The proportion of <b>Home Care Agencies</b> in Stockport with an overall CQC rating of good or outstanding (number)       | Quarterly | High | 91.2% (31)  | 95.0% (38) | 94.9% (37)    | 95.0% |
| GMS | Percentage of adult social care facilities rated as good or outstanding   | Quarterly | High | 72.4%       | 80.2%      | 86.4%         | 85.0% |

These measures have been impacted by delays in scheduled re-inspections due to Covid during 2020/21. Targets for 2021/22 are based on an increase in inspections resulting in care homes and home care agencies improving their rating or maintaining a 'good' rating or better. Providers with a 'Requires Improvement' rating are being supported by the Quality Team, and CQC will take a risk-based approach to their inspection programme during 2021/22.

| Partnership Measures   |   |          |                  |                |                |                |                 |
|--|---|----------|------------------|----------------|----------------|----------------|-----------------|
| PI Code  | PI Name   | Reported | Good Performance | 2018/19 Actual | 2019/20 Actual | 2020/21 Actual | 2021/22 Target  |
| ASCOF 1A   | Overall social care related quality of life score (out of 24)   | Annually | High             | 18.5           | 18.5           | N/A            | Aim to maximise |
| ASCOF 1D GMS   | Proportion of people who use services reporting that they had as much social contact as they would like | Annually | High             | 43%            | 39.9%          | N/A            | Aim to maximise |
| Stockport didn't participate in the (voluntary) ASC user survey for 2020/21, but this will be undertaken during 2021/22, with results reported when available. |   |          |                  |                |                |                |                 |

**Priority 5: Providing safe, high quality health and care services through new system leadership arrangements and a joint improvement plan.**

**We will work across health and care and with partners to develop and deliver a One Health and Care Plan supported by joint prioritisation and delivery**

- **Collaborative Working** – ASC, Stockport Family & Public Health will work to further build our relationships, developing joint priorities and programmes of work. We will work together with our NHS and other partners to jointly develop and deliver the One Health and Social Care Plan ensuring that this is consistent with the shared priorities set out in the One Stockport Borough Plan. We will work with our teams to embed this shared approach across service delivery.

**We will support the development of new locality and providers constructs to deliver an Integrated Care System (with Stockport CCG), ready for implementation in March 2022.**

- **Locality Construct** - We will work with our health and other partners in the coming months to support, influence and develop recommendations and local priorities relating to the locality construct in Stockport.

**We will continue to enable and support the NHS 'Discharge to Assess' model, ensuring that people coming out of hospital get the care and support they need in their own home or community setting.**

- **Joint Working** - We will continue to support our NHS partners to fully implement the Discharge to Assess (D2A) model. As partners we will work to embed a 'Home First' ethos, ensuring that we support as many individuals as possible to be supported within their own home. Health and Social Care commissioners will work together to ensure that we have the right provision in place that will deliver efficient, effective and value for money services.

## Performance Measures and Targets

| PI Code  | PI Name  | Reported  | Good Performance | 2018/19 Actual  | 2019/20 Actual  | 2020/21 Actual  | 2021/22 Target  |
|--|--|-----------|------------------|-----------------|-----------------|-----------------|-----------------|
| <b>Partnership Measures</b>  |  |           |                  |                 |                 |                 |                 |
| ASCOF 2A(2)<br>GMS   | Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population ( <i>actual number</i> )                                 | Quarterly | Low              | 644.0 (368)     | 657.9 (376)     | 408.7 (240)     | 584             |
| This measure was impacted by Covid-19, with significantly fewer permanent admissions during 2020/21. The outlook remains uncertain both in terms of the local care market along with longer-term funding solutions. Whilst the ambition remains for older people to be cared for at home, the number of admissions through the D2A process are likely to increase, and as people in short-term accommodation are admitted. The 2021/22 target is based on the national average for 2019/20 but will be reviewed at mid-year when comparative data for 2020/21 will be available and the picture should be clearer. |  |           |                  |                 |                 |                 |                 |
| ASCOF 2B(1)  | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services ( <i>actual number</i> )<br><i>Jan – Mar only</i> | Quarterly | High             | 92.4% (122)     | 95.5% (220)     | 87.9% (800)     | 85.0%           |
| Data quality issues have been addressed, and improvements are planned to intermediate tier services. These include the screening process and referral pathways into the REACH service, along with a likely increase in D2A cases resulting in nursing or residential placements. The 2021/22 target reflects a high level of performance ahead of national (82%) and GM (80.8%) averages for 2019/20, whilst recognising the higher needs and increased vulnerability of this cohort.  |  |           |                  |                 |                 |                 |                 |
| ASCOF 2B(2)  | Proportion of older people (65 and over) who received re-ablement / rehabilitation services after discharge from hospital  | Annually  | High             | 1.3%            | 3.8%            | N/A             | TBC             |
| Data for this measure is due to be published by NHS Digital in October. Once this is available, a target will be agreed and included in the mid-year report.   |  |           |                  |                 |                 |                 |                 |
| ACH 5.1  | Balance of commissioned services to residential / nursing settings   | Quarterly | Low              | N/A             | N/A             | 24.2%           | Aim to minimise |
| This was a new measure for 2020/21 and a target has been set to continue to increase the proportion of commissioned services, thereby reducing the proportion of residential / nursing care.   |  |           |                  |                 |                 |                 |                 |
| PHOF C29 GMS   | Emergency hospital admissions of over-65s due to falls (per 100,000 over 65s)  | Annually  | Low              | 2,674 (2017/18) | 2,666 (2018/19) | 2,417 (2019/20) | Aim to minimise |
| There is a significant time lag on this measure, and Covid-19 is expected to have had a significant impact, with overall hospital admissions reducing. The target however continues to be to continue to reduce the number of older people admitted due to falls.  |  |           |                  |                 |                 |                 |                 |

## 3. ADULT CARE & HEALTH PORTFOLIO FINANCIAL RESOURCES AND MONITORING



### 3.1 Total Resources

The total resources available to the Portfolio for 2021/22 includes Cash Limit budget, Approved Use of Reserves and Capital Schemes. These funding sources are described in further detail in Sections 3.2 – 3.8 of this report.

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

### 3.2 Revenue Budget

#### 2021/22 Budget Update

The portfolio's current cash limit budget approved at the Budget Council Meeting was set at £98.011m. The table below illustrates the budget adjustments from the 2020/21 Q3 position, which aligns to the PPRR 20/21 annual report. The indicative adjustments and savings were all agreed as part of the 2021/22 budget setting process.

|  | ASC           | Health        | Total         |
|--|---------------|---------------|---------------|
|  | £000          | £000          | £000          |
| <b>Adult Care &amp; Health 2020/21 Budget at Q3</b>                                      | <b>84,644</b> | <b>10,984</b> | <b>95,628</b> |
| <b>Indicative Adjustments:</b>   |               |               |               |
| Demographic Pressures  | 1,000         |               | 1,000         |
| Strategic Commissioning Support Funds - 3 - 2020/21 Phasing Using Social Care Grant      | (100)         |               | (100)         |
| 2020/21 Phasing of Preventative Commissioning Saving Proposal - Use of Social Care Grant | (40)          |               | (40)          |
| Protection of Liberty Safeguards   | 50            |               | 50            |
| Better Care Fund Uplift - favourable adjustment to support 2021/22 Budget                | (750)         |               | (750)         |
| Digital By Design Contribution (Liquidlogic / ContrOcc)                                  | (50)          |               | (50)          |
| <b>Total Indicative Adjustments</b>  | <b>110</b>    | <b>0</b>      | <b>110</b>    |
| <b>Savings:</b>  |               |               |               |
| Adult Social Care  | (504)         |               | (504)         |
| <b>Total Savings</b>   | <b>(504)</b>  | <b>0</b>      | <b>(504)</b>  |
| <b>Contingency Allocations:</b>  |               |               |               |
| Care Management Fee increases - Inflation  | 1,646         |               | 1,646         |
| Care Management Fee increases - National Living Wage                                     | 1,131         |               | 1,131         |
| <b>Total Contingency Allocations</b>   | <b>2,777</b>  | <b>0</b>      | <b>2,777</b>  |
| <b>2021/22 Budget ASC and Public Health</b>  | <b>87,027</b> | <b>10,984</b> | <b>98,011</b> |

## **Key Investment Analysis**

### **Demand / Demographics - £1.000m**

It is anticipated the Portfolio will continue to experience significant financial pressures from additional demand and demographics within its services, for example individuals in receipt of care who continue to live longer with additional and more complex care need requirements.

The Council has invested £1.000m at budget setting into ASC to meet these pressures. It is anticipated this will be sufficient to fund clients at budget setting transitioning from Children's Services into Adult Social Care and the full year impact of younger more complex individuals (with significantly higher package cost than standard placements), who commenced services part way through 2020/21.

Further investment has been aligned to the community equipment service, due to increased demand for services especially via hospital discharges.

### **Price / Living Wage increases - £2.777m**

The annual care management fee setting paper for 2021/22, aligned to rates paid to various adult social care providers was presented to Adult Social care and Health Scrutiny Committee on the 28<sup>th</sup> January 2021.

The table below summarises the fee settings increases and the £2.737m investment which was included at budget setting:

| <b>Service</b>                 | <b>21/22 Uplift</b> | <b>Investment (£000)</b> |
|--------------------------------|---------------------|--------------------------|
| Residential & Nursing Care     | 4.0%                | 802                      |
| Homecare                       | 3.0%                | 385                      |
| Other Care Management Services | 3.5%                | 1,500                    |
| PA Rates                       | 2.1%                | 50                       |
| <b>Total</b>                   |                     | <b>2,737</b>             |

Alongside this was an additional £0.340m investment to fund the additional homecare providers who have moved from the standard rate to the ethical framework hourly rate.

This in part was offset by the additional £0.300m income generated from inflationary increases to external contributions.

## **Cash Limit budget analysis**

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

|                                     | <b>Employee Expenditure</b> | <b>Non Employee Expenditure</b> | <b>Gross Expenditure</b> | <b>Gross Income</b> | <b>Net Cash limit Budget</b> |
|-------------------------------------|-----------------------------|---------------------------------|--------------------------|---------------------|------------------------------|
|                                     | <b>£000</b>                 | <b>£000</b>                     | <b>£000</b>              | <b>£000</b>         | <b>£000</b>                  |
| Prevention Wellbeing & Independence | 1,514                       | 4,949                           | 6,464                    | (522)               | 5,942                        |

|                                    | <b>Employee<br/>Expenditure</b> | <b>Non<br/>Employee<br/>Expenditure</b> | <b>Gross<br/>Expenditure</b> | <b>Gross<br/>Income</b> | <b>Net Cash<br/>limit<br/>Budget</b> |
|------------------------------------|---------------------------------|---|------------------------------|-------------------------|--------------------------------------|
| Enablement & Recovery              | 10,672                          | 662                                     | 11,335                       | (583)                   | 10,752                               |
| Support & Care Management          | 4,061                           | 104,202                                 | 108,262                      | (32,575)                | 75,687                               |
| Practice Quality & Safeguarding    | 1,001                           | 350                                     | 1,351                        | (53)                    | 1,298                                |
| Commissioning & Infrastructure     | 1,555                           | 307                                     | 1,862                        | (282)                   | 1,580                                |
| DASS and Central ASC budgets       | (109)                           | 20,969                                  | 20,860                       | (29,091)                | (8,231)                              |
| Public Health                      | 1,555                           | 12,320                                  | 13,875                       | (2,891)                 | 10,984                               |
| <b>Adult Care and Health Total</b> | <b>20,249</b>                   | <b>143,759</b>                          | <b>164,009</b>               | <b>(65,997)</b>         | <b>98,011</b>                        |

### 3.3 2021/22 Financial Overview

#### Adult Social Care

##### Covid-19 Financial Scarring impacts

The impacts of Covid-19 on Adult Social Care and the local external care market was significant in 2020/21. The Council provided financial support to the external care market through a combination of several investment schemes, alongside additional national grant funding.

It is recognised that additional financial commitments due to Covid-19 will continue into 2021/22. This will be partially met by additional national grant funding for Infection Control and Rapid Testing totalling £1.737m for Stockport Council in Q1 2021/22.

Alongside this the Council has earmarked funding aligned to additional costs which may arise from the outcomes of clients through the Hospital Discharge Programme. This needs to be considered against anticipated baseline activity and unit costs for Q1 2021 compared to previous financial years, to quantify any additional non recurrent / recurrent financial impact.

##### Other Financial Pressures

Adult Social Care will continue to support individuals through commissioned services and direct support to meet the individuals required outcomes. Impact on levels of activity for services and cost of provision will continue to be monitored and reviewed on a regular basis, aligned to the cash limit budget for the service.

#### Public Health

##### 2021/22 Grant Allocation

An increase to the grant allocation for 2021/22 was announced by DHSC in March 2021. The additional allocation for Stockport is £0.184m, made up of an additional core allocation of £0.108m and a £0.076m adjustment to cover the costs to of the roll out of pre-exposure prophylaxis (PrEP); a medicine taken by those at risk of HIV for prevention purposes.

Covid-19 and additional funding

Covid-19 has had a significant impact on the Public Health Service in 2020/21 with the team being at the forefront of the Covid-19 response whilst also maintaining business as usual. Covid-19 related funding from the Test & Trace Grant, the Contain Outbreak Management Fund, and the Community Champions Programme was received in 2020/21 and is being managed across the Council but sits within Public Health for monitoring purposes. Grant balances have been carried forward into 2021/22, aligned to the grant conditions, to continue to implement the investment proposals.

Further funding in 2021/22 for additional drug treatment services has also recently been announced by DHSC, with £0.297m awarded to Stockport Council. This is new funding for one year to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths.

The Council will also be receiving an allocation of £0.141m from the £30.5m Adult Weight Management Services Grant in 2021/22 from DHSC to commission adult behavioural weight management services.

### 3.4 Earmarked Reserves

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

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

| Reserve Category           | Reserve Narration                          | To be used for                     | Balance of Reserve / "Approved Use" £000 | Planned use of Reserves / "Approved Use" 2021/22 £000 | Balance of Reserve / "Approved Use" £000 |
|----------------------------|--|------------------------------------|--|---|--|
| <b>Corporate Reserves</b>  |  |                                    |  |   |  |
| Strategic Priority Reserve | Health and Social Care Integration Reserve | improved Better Care Fund balances | 2,753                                    | 2,231   | 522                                      |
| 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         | 1,233        | 897          |
| Strategic Priority Reserve  | Health and Social Care Integration Reserve | Contribution to joint funded placements and care academy development | 2,529         | 2,529        | 0            |
| Strategic Priority Reserve  | Health and Social Care Integration Reserve | Service balances due to Covid-19                                     | 2,537         | 0            | 2,537        |
| Corporate Reserve           | Revenue Grant                              | NESTA Co Production  | 23            | 23           | 0            |
| Corporate Reserve           | Revenue Grant                              | Hate Crime Funding   | 18            | 18           | 0            |
| Corporate Reserve           | Revenue Grant                              | Social Care Digital Innovation Programme (SCDIP)                     | 19            | 19           | 0            |
| <b>Directorate Reserves</b> |  |  |               |              |              |
| Directorate Reserve - ASC   | Directorate Flexibility Reserve - ASC      | Funding for Extension of Carers Assessment Pilot                     | 31            | 31           | 0            |
|                             |  | <b>Adult Social Care - Subtotal</b>                                  | <b>10,197</b> | <b>6,084</b> | <b>4,113</b> |
| <b>Corporate Reserves</b>   |  |  |               |              |              |
| Corporate Reserves          | Revenue Grant Reserve                      | Public Health  | 1,225         | 100          | 1,125        |
| Corporate Reserve           | Revenue Grant                              | Public Health: Controlling Migration Fund 2                          | 82            | 82           | 0            |
| Strategic Priority Reserve  | Positive Investments                       | Managing Outbreaks investment proposals                              | 1,661         | 1,661        | 0            |
|                             |  | <b>Public Health - Subtotal</b>                                      | <b>2,968</b>  | <b>1,843</b> | <b>1,125</b> |
|                             |  | <b>Total</b>   | <b>13,165</b> | <b>7,927</b> | <b>5,238</b> |

### 3.5 Portfolio Savings Programme

| Proposal  | Risk Rating | Value (£000) | Additional Information  |
|---|-------------|--------------|---|
| <b>2021/22 savings programme</b>  |             |              |   |
| Management of inflationary increases aligned to external contracts  |             | 352          | Saving achieved and contract values maintained at current levels. |
| Continued of minor contract reductions delivered in 2020/21, including IT software now managed through the new ASC case management system |             | 117          | Saving achieved as contract reductions have been implemented.     |
| Review of ASC non pay budgets aligned to computer hardware and other IT equipment.  |             | 35           | Saving achieved following review of non pay budgets.              |
| <b>Adult Social Care - Total</b>  |             | <b>504</b>   |   |

#### Risk rating

**Green** – good confidence (90% plus) the saving is/will be delivered or minor variances (<£0.050m) that will be contained within the portfolio.

**Amber** – progressing at a reasonable pace, action plan being pursued may have some slippage across years and/or the final position may also be a little unclear.

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

### 3.6 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 for 2021/22 of £97.864m.

The total pooled budget including the Stockport CCG 2021/22 contribution will be reported to the Health and Care Integrated Commissioning Board (HCICB).

### 3.7 Capital Programme

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

Capital Funding comprises non-recurring resources from a range of sources. The Portfolio capital programme for 2021/22 and beyond is detailed below.

| <b>Scheme</b>                         | <b>2021/22<br/>Programme<br/>£000</b> | <b>2022/23<br/>Programme<br/>£000</b> |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Case Management System                | 14                                    | 0                                     |
| Residential Care Sector Support       | 32                                    | 0                                     |
| IT Infrastructure                     | 153                                   | 0                                     |
| Grant allocations - remaining balance | 0                                     | 192                                   |
| <b>TOTAL</b>                          | <b>199</b>                            | <b>192</b>                            |

| <b>Resources</b>             | <b>2021/22<br/>£000</b> | <b>2022/23<br/>£000</b> |
|------------------------------|-------------------------|-------------------------|
| Capital Grants               | 185                     | 192                     |
| Revenue Contributions (RCCO) | 14                      | 0                       |
| <b>TOTAL</b>                 | <b>199</b>              | <b>192</b>              |

### Details of the programme:

| <b>Scheme</b>   | <b>Description</b>   |
|---|--|
| Residential Care Sector Support                         | Match funded capital grants to the independent and private residential care sector to enhance the physical character of homes. This will provide dignity in care and improve the overall environment of care homes for those individual residents and their families/friends.  |
| IT Infrastructure                                       | <p>The new adults operating model places a strong emphasis on the use of technology to support the delivery of the new customer pathway. The digital opportunities available to Adult Social Care have been categorised into five key themes:</p> <p>Theme 1 – Digital communities</p> <p>Theme 2 – Intelligent information</p> <p>Theme 3 – Digital self service</p> <p>Theme 4 – Digital employee</p> <p>Theme 5 – Data and analytics</p> <p>To support the theme of digital employee it is necessary to ensure that staff across Adult Social Care have the appropriate IT equipment including hardware and software.</p> |
| 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 ( <i>within Sustainable</i> ) | Disabled Facilities Grants are provided to facilitate the provision of major adaptations or changes to non-Council owned housing (i.e. owner occupied, private rented and housing association) to meet the assessed needs of disabled people. Typical examples would include stair lifts,  |

|                      |  |
|----------------------|--|
| Stockport Portfolio) | bathroom adaptations, door widening and substantial ramps. |
|----------------------|--|

### 3.8 Positive Investments 2021/22

Cabinet proposed positive investments which were approved as part of the 2021/22 Budget. The investments cover a range of priority areas identified by Cabinet to support the Borough's recovery and response to the pandemic in terms of support for businesses, communities and individuals. These investments replace the positive investments included in the 2020/21 Budget. Investments aligned to Adult Social Care and Public Health include:

- **Health and Wellbeing Mental Health (£0.100m)** – investment in mental health support is a key part of our Covid-19 recovery plan. We know that this is valued by our residents and that understandably the pandemic and its restrictions are having a negative impact on people's health and wellbeing and is likely to be a long-term issue across our communities. The additional funding will provide much-needed early intervention support to a wider group of people and will enhance and consolidate the current offer available to residents.
- **Health and Wellbeing Public Health (£0.100m)** – addiction issues are a significant factor in health inequalities. We know that Covid-19 has had a detrimental impact on people's ability cope and that addictions like alcohol and drug dependency are on the increase. During lockdown, many people have stopped accessing support services so there is latent and increased demand in many of our communities. An additional one-off investment will support the development of a more proactive and targeted approach where we can work with individual communities to deliver a tailored model that will engage a wider cohort of people.

## GLOSSARY

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

ABL – A Better Life Stockport (lifestyle services provider)  
 ADASS – Association of Directors of Adult Social Services  
 AOM – Adults Operating Model  
 ASC - Adult Social Care  
 ASCOF – Adult Social Care Outcomes Framework  
 BAME – Black Asian and Minority Ethnic  
 BCF – Better Care Fund  
 BIA – Best Interest Assessor  
 BMA – British Medical Association  
 BMI – Body Mass Index  
 BTCOS – Balancing The Cost Of Services  
 CAZ – Clean Air Zone  
 CCG – Clinical Commissioning Group  
 CQC – Care Quality Commission  
 CSS – Corporate and Support Services  
 CURE – Conversation, Understand, Replace, Expert and Evidence Based smoking cessation programme  
 D2A – Discharge to Assess  
 DASS – Director of Adult Social Services  
 DHSC – Department of Health and Social Care  
 DFG – Disabled Facilities Grant  
 DToC – Delayed Transfer DoLS – Deprivation of Liberty Safeguards  
 DoLS – Deprivation of Liberty Safeguards  
 ECH – Extra-Care Housing  
 EQUIP – Enhanced Quality Improvement Programme  
 ESA – Employment Support Allowance  
 EWD – Excess Winter Deaths  
 FT – Foundation Trust  
 GM– Greater Manchester  
 GMCA – Greater Manchester Combined Authority  
 GMHSCP – Greater Manchester Health & Social Care Partnership  
 GMS – Greater Manchester Strategy  
 HCICB – Health and Care Integrated Commissioning Board  
 HDP – Hospital Discharge Programme  
 HWB – Health and Wellbeing Board  
 IAPT – Improving Access to Psychological Therapies  
 IAG – Information, Advice and Guidance  
 ICS – Integrated Care System  
 IMCA – Independent Mental Capacity Advocate  
 JSNA – Joint Strategic Needs Assessment

LFT – Lateral Flow Test (for Covid-19)  
LPS – Liberty Protection Safeguards  
MAARS – Multi Agency Adults at Risk System  
MRSA - Methicillin-Resistant Staphylococcus Aureus (bacteria resistant to antibiotics)  
NAO – National Audit Office  
NESTA - National Endowment for Science, Technology and the Arts  
NDPP – National Diabetes Prevention Programme  
NHIP – National Institute for Health Protection  
NHSE – National Health Service for England  
OBC – Outline Business Case  
PCFT – Pennine Care Foundation Trust  
PCR – Polymerase Chain Reaction (test for Covid-19)  
PHE – Public Health England  
PHOF – Public Health Outcomes Framework  
PPE – Personal Protective Equipment  
PPRF – Portfolio Performance and Resources Framework  
PPRR – Portfolio Performance and Resources Report  
PRPR – Paid Relevant Persons Representatives  
RCCO - Revenue Contributions to Capital Outlay  
REaCH – Reablement and Community Home Support  
SALT – Short and Long Term Services (statutory data return for ASC to NHS Digital)  
SCDIP – Social Care Digital Innovation Programme  
SDS – Self-Directed Support  
SEND – Special Educational Needs and Disabilities  
SHAPES – Schools Health, Activity, Physical Education & Sport  
SLAS – Stockport Local Assistance Scheme  
SME – Small and Medium Enterprises  
SNC – Stockport Neighbourhood Care  
SPARC – Stockport Progress And Recovery Centre  
START – Stockport Triage Assessment & Referral Team  
TAP– Team Around the Place  
TPA – The Prevention Alliance  
UKHSA – United Kingdom Health Security Agency  
VCSE – Voluntary, Community and Social Enterprise  
WIN – Wellbeing and Independence Network