



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

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Adult Care and Health

Portfolio Performance
and Resources
Mid-Year Report 2021/22



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ONESTOCKPORT

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ADULT CARE AND HEALTH PORTFOLIO OVERVIEW



Portfolio Summary

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



Public Health and Adult Social Care continue to be at the forefront of our Covid response alongside our local recovery work focused on addressing the long-term health inequalities that have been negatively impacted by the pandemic.

The continued transformation programme is being embedded across services to ensure we deliver a 21st century service that puts people and communities and the heart of the model.

I would like to pass my continued thanks to all the staff working in ASC and Health, our care provider partners, our vibrant third sector and the wonderful volunteers across the borough for their continued commitment and professionalism in these challenging times.

The global pandemic continues to impact on some of the performance data, it is a credit to colleagues across our system partnership that these have been minimised and mitigations have been implemented to assure enhanced performance.

It is important to highlight that services such as Health Protection have continued to reach out to people and offer support around key areas such as health screening, smoking cessation and substance misuse, the performance in these areas given the conditions is to be commended.

The focus on early intervention and prevention and the embedding of the neighbourhood care model continues. This is being underpinned the commissioning of a range of new services with our third sector partners to ensure we have long-term services that are fit for purpose and deliver our ambitions to provide person centred and community focused support at the right time and in the right place.

This year, we have a number of major strategy refreshes including active communities, mental health and wellbeing, prevention and early help, health

protection programmes and sexual health, all of these will play a major part in ensuring we have robust and proactive models of care that will help deliver the above.

A key area of work over this quarter is the move to implement the new Integrated Care System from April 2022, the work on the One Health and Care plan across our system partnership is the roadmap for the future that articulates our ambition and plans for our locality and our commitment to citizens.

The portfolio is reporting a balanced position based on Q2 information, against a budget of £98.405m. The underlying position at Q2 is an overspend of £1.6m, due to residual costs aligned to Covid-19 and increased costs within care management services.

This is being offset by a combination of Better Care Fund inflationary uplift funding, indicative corporate allocations and a contribution to In House Services from the extended Infection Control and Rapid Testing Grant.

I am pleased to introduce the report and welcome your questions and comments on its content.

Cllr Jude Wells, Cabinet Member for Adult Care and Health

Revenue Budget (Forecast)		Capital Programme	
	£000		
Cash Limit	98,405		
Forecast	98,405		
(Surplus)/Deficit	0		
<u>Reserves</u>			£000
Approved use of reserves balance is £10.934m;		2021/22 Capital Budget	339
Planned draw down at Q2 is £7.810m		2022/23 Capital Budget	122
		2023/24 Capital Budget	0

ADULT CARE AND HEALTH PORTFOLIO



1. DELIVERING OUR PRIORITIES

This report is based on the **2021/22 Portfolio Agreement**, considered by the Adult Social Care and Health Scrutiny Committee on 17th June and approved by Cabinet on 29 June 2021. The link to the Agreement can be [found here](#).

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

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

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

The Portfolio Performance Dashboards are being launched alongside these reports, and the Adult Care and Health Dashboard can be [found here](#). This contains further historical trend data in addition to comparative data (where available) the latest of which relates to 2020/21.

The criteria for RAG rating and direction of travel status is shown below. The rationale for any variations to this will be clearly highlighted within the commentary.

Key to symbols used in tables

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

Bold measures are 'headline' measures included in the Corporate Report.

GMS – measure is included in the Greater Manchester Strategy outcomes 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.

The One Health and Care Plan continues develop and has a focus on improving population health and reducing inequalities at its heart. The strategy is nearing final completion and publication, with work underway to agree the actions needed to achieve our vision and to determine the outcome measures we will use to assess our progress.

Analysis into the impact of the Covid-19 pandemic on the health and wellbeing of Stockport's residents continues, with a particular focus on the impact on inequalities. National life expectancy modelling shows the pandemic cause a loss in life expectancy of 0.9 years for females and 1.3 years for males between 2019 and 2020. There have been reductions in life expectancy in each deprivation decile, but the decreases have been largest in the most deprived areas, with a loss of 1.6 years for females and 1.9 years for males in the most deprived decile. Local data suggest that these trends are likely to be the same in Stockport.

Working with the Inclusive Neighbourhoods Portfolio, we are developing a shared framework with One Stockport partners to tackle inequality, with a particular focus on the impact of the pandemic across our communities. A draft framework has been developed. This framework will provide an easily accessible model for all organisations in Stockport – no matter their sector – to consider how they can build approaches to tackle inequality into the way they work – either as a provider of goods or services; a purchaser or commissioner; an employer; or as a leader or role model in their sector or local community. It will form the basis of a campaign or “movement” to encourage small changes that add up to make a big difference. The framework has been shared at two bitesize workshops with a range of organisations and further shaped as a result of the input and feedback at these sessions. Further details of the framework can be found in the Inclusive Neighbourhoods Portfolio Report (Priority 1: Building connected and inclusive communities).

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.

We are currently compiling a JSNA focused on Mental Health and Wellbeing, refreshing the findings of our 2016 JSNA and adding insight about impact of the pandemic this will be part of the evidence base for the Mental Health and Wellbeing Strategy. A strategy development group, supported by a new programme manager, is developing this work. We are also progressing the development of a mental health campaign for Stockport.

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

The refreshed Active Communities Strategy 2022-2030 is currently undergoing soft targeted engagement. Strategy development will take place during October and November 2021 with wider public engagement of the draft strategy to take place from December 2021 to February 2022.

Stockport Moving Together has provided support through a range of programme activities, including:

- Care Home Activity Packs (11 Borough Care Homes)
- Covid Patient Rehab Packs (over 500 residents)
- Delivery of over 200 online classes
- Lancashire Hill Lads & Dads Group

- Brinnington Women's & Girls Boxing Project (BOOST)

The focus will gradually shift from immediate intervention to longer-term recovery with more clinical support being integrated into the Specialist Physical Activity Service commissioned by Public Health and the Waiting Well programme (building on learning from the Prehab 4 Cancer model). Stockport Moving Together was a UKActive Awards Finalist for 'Developing & Supporting Communities During Covid-19.'

Support for older people to become more active has now been incorporated into the broader work of the Active Communities Strategy rather than as a discrete programme. As well as improving physical wellbeing and mitigating the impact of deconditioning as a result of long periods of lockdown during the pandemic, the key drivers for increasing activity levels also include reducing social isolation and loneliness.

Key work streams are now being re-established, including:

- Sky digital buddies – working with Sky to upskill older people to use technology, targeting those who are unemployed or socially isolated.
- Walking football – a new walking football session being run by Age UK Stockport in partnership with Life Leisure that will engage with local people, businesses and organisations and target 40-60 year olds with long term health conditions and those currently workless.
- Walk & Talk - a programme providing 1:1 support through the development of a volunteer workforce to encourage older people to walk more – again targeting 40-60 year olds with long term health conditions.

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.

The final draft of the GM Clean Air Plan (CAP) was agreed by the Council Meeting in July. This follows a review of all of the information gathered through the GM CAP consultation and wider data, evidence and modelling work which is to be agreed by the ten GM districts.

The GM-wide charging Clean Air Zone is expected to be introduced on 30 May 2022, with some discounts and exemptions. It's designed to protect everyone's health by bringing harmful nitrogen dioxide air pollution at the roadside within legal limits as soon as possible.

Stockport is working with TfGM to build on the use of the cycling and walking infrastructure built in TCAP with maps of the routes to access the town centre and Woodbank Park being produced to promote the use of the new infrastructure.

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

Delivery of the flu immunisation is currently underway with most of the programme delivered from within Primary Care and Pharmacy provision. There have been some delays with delivery of the vaccine from the manufacturer and a reduced amount being delivered when the vaccine is available. This is currently being investigated and plans are being proposed to ensure that patients can get their vaccine easily.

Outbreaks of infection (including Covid) are being managed as they occur, however extensive work has been undertaken in providing infection prevention and control training (including PPE and testing) to all social care providers, alongside bespoke sessions for any areas that have staff who are reluctant to have their Covid vaccination.

Cancer screening and other preventative services have all been impacted by the Covid-19 pandemic and are now moving forward with recovery plans. Some programmes such as Bowel Cancer Screening are accelerating the programme to catch up activity, while others such as Breast Cancer Screening are still operating at a reduced capacity due to the continued need for social distancing in health and care settings. We are working closely with the commissioners and providers of these services to ensure that they are delivered safely and catch up as quickly as possible. Recently the Breast Screening Service has secured funding for additional staff to accelerate recovery and are planning to catch up within 32 weeks.

Measuring Performance and Reporting Progress

Partnership Measures – reported quarterly

PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ACH1.4 SS 5.1 GMS	Percentage of adults who are active or fairly active	High	75.6%	73.9%	74.4% (May 20-May 21)	73%		
<p>In the most recent Sport England Active Lives Survey (May 2020-May 2021) 74.4% of adults reported doing an average of over 30 minutes sport or physical activity per week over the course of the year (up from 73.9% in the previous survey), bucking national trends which show a slight decline in activity levels.</p> <p>This exceeded activity levels in GM (69.5% - Stockport is the 'most active' borough in GM), the North West (71.1%) and England (71.3%) and a three-year rolling average in Stockport of 75.2%. The next survey (covering November 2020 to November 2021) is due for publication in the spring and should be available in time for the Quarter 4 report.</p>								
ACH 1.8	No. of MRSA infections in Stockport.	Low	2	5	0	0		
ACH 1.9	No. of C difficile infections in Stockport.	Low	94	90	85	85		
ACH 1.10	No. of influenza outbreaks in care homes.	Low	4	0	3	3		
ACH 1.11	No. of diarrhoea & vomiting outbreaks in care homes.	Low	31	5	10	20		

Forecasts are based on data to Q2, with seasonal factors included for outbreaks in care homes.

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.

The Health Protection team have continued to support colleagues across the care system to;

- implement appropriate prevention measures to reduce the risk of spread of infection, this has included the provision of PPE and supporting risk assessment processes;
- support delivery of testing procedures for staff, residents, clients and visitors;
- support the management of both isolated cases and outbreaks in settings; and
- support in maximising vaccine uptake.

The Covid vaccine 'Evergreen' and Booster offer is currently being worked through by Primary Care and Pharmacies. There are many sites across Stockport where individuals can get their vaccine irrespective of their stage within the programme, and details of these sites are available on the CCG website. Extensive work has been undertaken (and continues to be provided) on infection prevention and control training (including PPE and testing) to all social care providers, alongside bespoke sessions for any areas that have staff who are reluctant to have their COVID vaccination.

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 are undertaking evaluation of the various responses to the Covid-19 Pandemic, including the outbreak management plan, the response for supporting vulnerable people and the work of the Pandemic Response Team to support businesses and enforcement of Covid-19 regulations. The findings of this evaluation will be used to inform any further responses needed to this pandemic as well as our ongoing emergency response plans.

In Adult Social Care, REaCH have reviewed the business continuity plans and included the learning from the pandemic. In house learning disability provider services are looking at opportunities for staff or tenants/service users to connect, learn or develop within the digital world. Following lockdown, the service has developed a digital improvement plan, based on the need to adapt and work within Covid restrictions. This has provided the opportunity to improve quality of service delivery and has been a driver to start focusing on future pathways and delivery plans and improve digital skills across the service.

All LD tenancies now have access to electronic devices to support communication and participation with families, friends and wider group activities. SharePoint provides a communication platform and will create better working relationships across teams and with partner organisations. Support continues to be provided to external providers to manage the continuing impact of the pandemic, with regular contact both on an individual provider level and through wider forums where information and best practice can be shared.

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

The PPE hub has issued just over 3 million items of PPE, equating to nearly 4,500 requests, to people and organisations across Stockport since March 2020. In the last 6 months there has been a reduction in the number of requests coming to the hub due to the national PPE portal working well and providing free PPE directly to the care sector. In addition to providing PPE, the hub provides a delivery service for LFT pop-up sites across Stockport and is supporting the school vaccination programme, collecting vaccines from Stepping Hill, and delivering into schools.

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

Recovery plans are being developed on a service by service basis, as each is taking the time to understand how the revised offer during the pandemic has impacted the volumes and outcomes for users. Where positive changes are identified services are ensuring these are retained. We still however have a number of preventative services where activity levels are lower than pre-pandemic levels and a catch-up programme may be needed, such as the NHS Health Check.

Adult Social Care and Public Health are participating in development and delivery of a Thriving Communities (TC) programme. The cross-directorate TC board is currently reviewing the key objectives and timetable within this stream, which includes the One Neighbourhood Model, Fair and Inclusive Communities and Early Help and Prevention. Further development of Team Around Place and the Orange Umbrella community action on Domestic Abuse have also taken place.

The 'Stockport Community Champions' programme, co-produced with the VCFSE, went live in May, reporting to the Outbreak Management Board. We have been working with 11 strategic partners to enable them to develop and support their own health and wellbeing champions and networks for their communities of interest under the champions banner. A champion organisation network has been established and more champion organisations (CCO's) are being recruited.

Potential champions, (not already supported by a Champion Organisation) are signing up via the Stockport Volunteer Hub - www.stockportvolunteerhub.org.uk An 'Essentials' session has been developed to provide a brief introduction to being a Champion. This can be delivered by the Champion Organisation or the Community Champion team. Advanced Training is also offered to Community Champions through a Starting Point and Stockport College Partnership.

In Adult Social Care, all reviews have been undertaken within timescale to ensure that people have been transitioned to alternative arrangements under the Covid recovery work earlier in the year. Outcomes based on assessment included people receiving support at home, residential care or no ongoing services where appropriate. Work continues around the hospital discharge pathways into neighbourhood teams and Discharge to Assess arrangements.

Work 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 is in progress, being undertaken by a dedicated team of social workers in the review team and is on track as planned for completion by end of financial year. A further piece of work is underway to ensure a sustainable approach to undertaking annual reviews in future as part of our work to embed our operating model.

The in-house learning disability service will continue to reintroduce service users to day care and encourage family visits whilst adhering to any new and emerging guidance. This includes guidance on residents' activities and outings, continuing to deliver these activities in a safe way. Risk Assessments have been undertaken for day services with Public Health and Pennine Care to support the transition in a gradual and flexible way. These services have been re-branded as 'Opportunities Together' to provide a broader range of activity and develop partnerships with other organisations and the community, supporting people to transition back into the community. The respite service at Millview has continued throughout Covid lockdown, with a risk assessment and recovery plan in place to support the service back to full capacity.

Latest data on Covid infection rates, testing, vaccinations, hospitalisations and deaths in Stockport is available [via this link](#). This is updated on a daily basis, and longer-term trends for infections, trends and vaccinations can also be found in the Portfolio Dashboard.

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

Work around Prevention and Early Help has taken place through the early part of 2021/22 and we have now defined the scope of the model. This includes a range of service areas including those linked traditionally to Adult Social Care and Public Health. The key aims and outcomes vary across each service area, but they include the following overarching principles:

- Services will be person-centred, working with the individual to identify their assets and needs, aspirations and goals, adopting a strengths-based approach;
- People will be supported to develop a sense of purpose and together we will celebrate their achievements and contributions to the community of Stockport;
- Co-production and collaboration will be at the heart of service design and delivery;
- People will receive information, advice and guidance at the time they need it and if further help is required, will be linked into the most appropriate service for their needs;
- Services will support people holistically to improve their physical health and mental wellbeing and develop tools and strategies to maintain this in the longer term;
- Through the range of preventative services on offer, people will be supported to maintain independent living;
- People will be supported to achieve and maintain financial independence at all stages of adult life;
- Informal carers will be supported and recognised for the valuable work they do;
- People will be connected to their wider support networks of families, friends, peer groups and communities and encouraged to link into the informal support networks which will support them in the longer term;
- Technology and digital inclusion will be promoted to ensure that people can access services and activities online and feel better equipped to live in an increasingly digital world.

Commissioning is underway to identify providers for a range of services in this new framework, for Public Health this includes the sexual health, specialist behaviour change and the substance misuse services. We are now in the tendering stage and at the time of writing will be evaluating the submissions and will be in a position to award new contracts by the end of December.

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

The 'front door' team aims to improve 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. It involved a multi-disciplinary team of ASC professionals who enable a range of possible outcomes and avoid unnecessary onward referrals and more effective problem resolution, thereby reducing demand for long term packages of care.

The Enhanced Front Door team is still being embedded with new specialist roles being added. On average, the Referral and Information Officers receive around 2,500 calls per month, with 75% of these answered first time or called back. Along with emails, these generate around 900 referrals per month which are then triaged by the team. A number of workstreams are in place to support the work of the team, including live case studies, process mapping, reviewing roles and remits, and development of an online portal.

There has been some delay in implementing the portals due to a system upgrade planned by the providers in early November. This has been something out of SMBC's control. We have however developed online referrals for both Safeguarding and Equipment Services which have been produced both with the services and our partners. These digital referrals will be launched as soon as the upgrade takes place. There is further development planned.

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)** – Our ambition to move from a traditional, commissioned telecare offer to a new universal offer, that is accessible to all has been developed and launched and is designed to promote self-care and self-funding, with support for those who need it. As well as improving the service we will also see substantial savings over a number of years as the need to commission the service decreases. We are continuing to develop our relationships with existing and new technology suppliers to increase the range of technological solutions that will enable people to enjoy a happy and healthy life at home - staying safe, independent and connected.
- **Digital Platform for care homes** – In partnership with health colleagues this programme is enabling remote GP consultations to take place in care homes. A pilot of up to five GP practices and care homes is underway to test secure video consultations between GPs and care home residents, with a view to rolling this out for winter.
- **Developing our reporting capabilities** – During the first six months of 2021/22 the service have launched a number of performance dashboards which have significantly improved reporting capabilities. This enhanced information will enable social work teams and REaCH to better understand, manage and respond to demand pressures. The service is now working with colleagues in Business Intelligence to launch performance reporting for safeguarding, the enhanced front door team and to develop external reporting capabilities. Development work will continue throughout 2021/22 and into 2022/23.
- **REaCH systems development** – Tablets have now been rolled out across all the REaCH service and a new project group has started for the PASS. The group meet on a weekly basis, and they are starting to work through a project plan to further digitalise record keeping that will enable the workforce to improve efficiency and effectiveness when the system is rolled out early next year.

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.

- **St Thomas Gardens** - Stockport Council and Stockport MDC are bringing the former St Thomas' hospital site back to life and reinventing the way that we deliver transitional care. Our new facility will push the boundaries of design and innovation to create modern households where people receive care and get well alongside a new residential community. The Academy will sit alongside new homes creating an affordable place to live that will attract a truly inter-generational community.
- **Prospectus of All Age Living (Academy of Living)** The Academy of Living Well is a transitional care facility and a beacon of excellence for delivering a new model of care which will be delivered by a multi-skilled, self-managed, and autonomous workforce, and support by an education programme within a real-life environment for training.

- **Prospectus of All Age Living (Living Well at Home & Market Shaping)** – An ethnographic research project has been undertaken to better understand the challenges and pain points, and gain insight into the older population. A series of interviews with Stockport residents pre and post Covid have taken place to identify the challenges they face in living well at home, and in accessing services. Work has also taken place to look at current provision and future demand for accommodation in Stockport. This research is being used to plan for future housing needs and the wrap around services that will support people to age in place. A campaign to provide advice and guidance to Stockport residents on how to improve ageing in place is being designed and will be rolled out over the next year.

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

- **Preventative Commissioning** – The commissioning for the Prevention and Early Help offer has commenced and will support the achievement of this objective.
- **ASC web content-** Following on from the migration of content from the My Care My Choice website onto the Councils external website, a programme of work has been launched to update and modernise our offer. This will ensure that our information is accessible and relevant for individuals and their families, as well as being consistent with our strengths and asset-based approaches.
- Information, resources and links to local support continue to be added to the **Healthy Stockport** website. New sections include: ‘Brain Health and Dementia’, ‘Loneliness and isolation’ and ‘Gambling’. Every opportunity has been taken to promote health and wellbeing information through regular council communications and working with partners, Viaduct and Sector 3. National awareness days and weeks have also been promoted to focus on particular areas – these have included Loneliness Awareness Week, Men’s Health Week and Diabetes Prevention week.

Measuring Performance and Reporting Progress

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 3.1	Number of people undertaking the National Diabetes Prevention Programme.	High	1,223	515	206	750		
<p>The lower figure forecast – based on 103 people in Q1 and 2 - has been impacted by reduced capacity for routine preventative work in primary care and national issues with blood test availability. The regular checks by GPs required to generate referrals to the programme have reduced significantly due to ongoing pandemic pressures. Whilst Stockport referrals are higher than GM overall and a recovery plan is in place, these are not expected to increase to the levels specified within the GM contract by March 2022, although we anticipate that referral levels will increase over the next two quarters.</p>								

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 3.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	High	3,996	2,591	3,000	3,000		
<i>Forecast based on Q1 and 2 – total of 1,328 referrals and adjusted for seasonality.</i>								
ACH 3.3	Number of people completing a weight management intervention (ABL lifestyle service).	High	136	182	172	150		
ACH 3.4	Number of people completing a smoking cessation (ABL lifestyle service).	High	316	424	652	400		
PHOF C1	Successful completion of treatment – a) Opiate users b) Non-opiate users c) Alcohol	High	a) 5.6% b) 41.3% c) 39.5% (Sep18-Aug19)	a) 4.8% b) 41.9% c) 43.6% (Sep 19 – Aug 20)	a) TBC b) 44% c) TBC (Jan – Dec 20)	a) 4.9% b) 40% c) 40%		
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	High	8.3%	12.2% (49)	14.3% (40)	8.0%		
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently with or without support	High	89.9%	87.3% (350)	88.9% (249)	85.0%		
ACH 3.8	Contextual Total number of Deprivation of Liberty Safeguarding (DoLS) referrals awaiting assessment	Low	961	1,056	1,089	N/A	N/A	
ACH 3.9	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Low	186	304	316	Aim to minimise		
Although the DoLS backlogs have risen slightly they are more stable. Work is continuing to focus on assessing the 'High' and 'Medium' priority referrals and it is expected that numbers will reduce by year-end. As outlined under Priority 4 (Practice Quality and Safeguarding) it is expected that introduction of the new Liberty Protection Safeguards will be delayed until later in 2022.								

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 3.10	Safeguarding outcomes - Percentage of safeguarding cases where the risk has been reduced or removed (no. of cases)	High	81.8% (121)	96.7% (348)	82.1% (174)	95%		
Please note – the 2020/21 out-turn has been revised from 99.3% to 96.7% to bring in line with statutory safeguarding returns. Data is being reviewed to ensure cases are being recorded accurately and this work should result in a higher percentage during the second half of the year.								
ACH 3.11	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (<i>from Making Safeguarding Personal</i>)	High	82.5%	91.7%	94.4% (117)	90%		
Please note – the 2020/21 out-turn has been revised from 86.7% to 91.7% to bring in line with statutory safeguarding returns, and the target has been increased accordingly.								
<i>Data on alcohol-related hospital admissions (PHOF C26) has not been available since the end of 2019, but work is now underway to produce data for this complex measure, with latest data expected to be available to report for the Third Quarter Update.</i>								

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.

- **Prevention Wellbeing & Independence** – An update on progress in developing our Enhanced Front Door is outlined in Priority 3 above, incorporating a multidisciplinary approach, improving advice and information, embedding a strengths and asset based approach, and implementing 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** – We continue to develop and embed change and service improvement plans, for both REaCH and Opportunities Together. Colleagues in our Communications team have analysed the results of the REaCH service user's surveys, and there are some key areas that service users have commented on which will be considered as part of improvements to the service. REaCH have completed a Provider Information Return (PIR) in anticipation of the CQC inspection.

Connections have been made with local younger people groups, an invite to a planned event in December will support connections between adults with learning disabilities and children and younger people. The service has put forward two applications for 'Kick Start' candidates offering placements for younger unemployed people. A volunteering pilot is in progress presently there are two volunteers within the day service, the organisation and development of a volunteers and placement programme is being explored.

- **Support & Care Management** – The Review Team continue to undertake reviews and assessments of clients in-year to ensure that people are receiving the most appropriate care and support to meet their individual needs. Within Mental Health we are working to develop and embed a new social care Mental Health offer in Stockport which compliments the local health offers. 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** – The business group continues to support the provider market in response to the pandemic (as described in priority one). In priority three, we have updated on our work to recommission the preventative service offer. We 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**
There has been a significant delay in the consultation on the code of practice regarding LPS and to date this still has not been launched. There has been no official statement from the government that the implementation of LPS will be delayed. However, given the previous timescale commitments implementation in April 2022 is looking doubtful with experts quoting October 2022 as the earliest date for implementation. This has therefore impacted upon the local programme of work which has been put on hold until the launch of the code of practice. ASC have agreed that we will respond to the consultation in collaboration with our health partners, Stockport Family and both at a GM and North West level supported by North West ADASS.

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

- **Development Plans** - As part of the improvement work, REaCH will be making changes to working practices whilst keeping the service user at the heart of decisions, to improve and drive forward change and quality. 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. Learning disability services have re-branded with a vision that promotes strength-based practices, underpinned by service and digital improvement plans. A supported tenancy Covid infection control pilot is shaping a future long-term infection control plan, whilst a training plan has been developed to give the service more control with its mandatory training matrix and planning shift cover.

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. Adult Social Care has recently launched a number of social work apprentice schemes, and recently organised a jobs fair specifically for the home care provider market in response to challenges on recruitment and retention.

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

- **Strengths and Asset based programme** - A Diagnostic Feedback Report from Peopletoo was published in September, highlighting the work on strength-based practice to date and next steps. A sample of cases were selected across all Social Work Teams and Peopletoo met with team managers and employees to discuss current practice and culture. Key findings suggested that, whilst there is some strengths-based practice, most staff had a limited understanding of this approach. There is variation across teams but broadly five key themes were identified as areas to improve;
 - Identifying Strengths and Assets
 - Risk Assessment and Risk Enablement
 - Best Value
 - Case Recording and Professional Analysis
 - Due Legal Process

Alongside these themes, a number of process and organisational challenges were impacting on the roll out of a strength-based approach and need to be addressed alongside staff training. Over the coming months, staff across the service will be involved in the programme through key activities including process and documentation re-design; staff development sessions and work with managers.

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.

- **Direct Payments** - The council continues its commitment to offer people a direct payment as an alternative to traditional formally commissioned support. Direct payments offer greater flexibility and enable people to make empowered choices about what support they receive and who provides it. We have recently implemented a new direct payment policy and are currently in the process of reviewing all direct payment support plans to ensure that people are in receipt of the support they need and have advice and guidance about how to effectively utilise direct payments and remain in control of their support.

Measuring Performance and Reporting Progress

Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ACH 4.1	Number of carers assessments carried out	High	1,128	591	672	Aim to maximise		
ACH 4.2	Number of carers in receipt of direct payments	High	915	468	616	Aim to maximise		
ASCOF 2D	The outcome of short-term services: sequel to service. Proportion of people accessing short-term services that no longer require long-term packages of care (actual number)	High	56.9%	45.0% (383)	61.1% (229)	65.0%		

The forecast of 61.1% based on Q2 position is below the target set of 65%, though significantly above previous year's outturn figure of 45%. If this trajectory continues into the second half of the year, the target should be achieved.

Recently-published data from NHS Digital shows a national average of 74.9% and a NW average of 75.7% for 2020/21 – still some way above current performance levels.

Looking at the reason the client left, for the Q4 outturn, there were almost half of clients which fell into 3 categories - residential care, transfers to Better@Home, and transfers to agency. However, for this year so far, there have been significant reductions in these as they accounted for less than a third of the denominator for Q2.

Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ASCOF 1E	Proportion of adults with a learning disability in paid employment (<i>actual number</i>)	High	8.7% (100)	8.5% (73)	8.4% (73)	8.0%		
ACH 4.3	Proportion of adults with autism in paid employment (<i>actual number</i>)	High	3.0% (3)	7.9% (23)	7.7% (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>)	High	95.3% (669)	81.3% (700)	83.2% (726)	85.0%		
ACH 4.4	Proportion of adults with autism who live in their own home or with their family (<i>actual number</i>)	High	97.9% (97)	67.1% (196)	70.1% (209)	80.0%		

We continue to support people with autism and those with learning disabilities. For 2020/21, the national average for adults with a learning disability in paid employment was just 5.1% and 4.5% in the North West, well below Stockport's figure of 8.5%. For independent living, this was 78.3% and 87.0% respectively, with Stockport higher than the national average but below the NW figure.

The forecast figure of 70.1% is based on the Q2 position and is significantly below the target set of 80%, although shows an increase in the 67.1% reported at Q4 2020/21. There has been no change in practice relating to adults with autism to suggest that 30% are in institutional care, or even 17% of the wider cohort of adults with LD. Further work around recording systems is being carried out to ensure accurate figures for clients living independently are reported. This which is likely to be significantly higher on both ASCOF 1G and ACH 4.4 when this work is completed.

Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
N1	The proportion of Nursing bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	79.0%	55.9% (604)	67.6% (682)	75.0%		
<p>Forecast of 67.6% based on the Q2 position is below the target set of 75%, however, performance is up on the previous year's outturn figure of 55.9%. Due to two nursing homes (Bowerfield House & Fernlea) moving from 'Requires Improvement' to 'Good' and also two nursing homes which were rated as 'Requires Improvement' not being used for Q2.</p> <p>Improving the CQC ratings has been challenging as inspection regimes are still patchy and several providers in the RI category are still awaiting re-inspections. We continue to work hard with providers to improve all standards especially regulatory ones.</p>								
N2	The proportion of Residential bed capacity in Stockport with an overall CQC rating of good or outstanding (number)	High	96.0%	90.8% (1,140)	90.7% (1,125)	90.0%		
N3	The proportion of Home Care Agencies in Stockport with an overall CQC rating of good or outstanding (number)	High	95.0% (38)	94.9% (37)	90% (36)	95.0%		
<p>Forecast of 90% based on the Q2 position is below the target set of 95% and also down on the previous year's outturn figure of 94.9%. Due to Assured Care (Stockport) Ltd which went from 'Good' to 'Requires Improvement' and also Westwood Homecare (NorthWest) Ltd Stockport which is a new home care agency for this quarter that is rated 'Requires Improvement'.</p>								
GMS	Percentage of adult social care facilities rated as good or outstanding (number)	High	80.2%	86.4%	88.1% (89)	85.0%		

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

The One Health and Care Plan has been developed in collaboration with partners and stakeholders. Adult Social Care and Public Health continue to actively participate and help steer the Strategy and its implementation, ensuring that tackling inequalities in health remains a priority for all.

A final draft of the Plan was approved by Cabinet in September and signed off by Health & Wellbeing Board in October. An outcomes framework is being developed to track and report progress alongside the wider Borough Plan framework.

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.

We are continuing to work with our health and other partners to support, influence and develop recommendations and local priorities relating to the locality construct in Stockport.

Cabinet approved a proposal to set up a Joint Commissioning Framework for residential and nursing care beds through a Flexible Purchasing System (FPS) across Adult Social Care and Health in Stockport. This work is in line with the developing plans for an Integrated Care System in the Borough with Stockport CCG and would be for a term of up to 5+2 years and accreditation awarded to providers carries no guarantee of business during that time

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 are continuing to support our NHS partners to embed and develop the Discharge to Assess (D2A) model. As partners we are working 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 are working together to ensure that we have the right provision in place that will deliver efficient, effective and value for money services. This has been a key element of our planning for winter 2021/22.

Measuring Performance and Reporting Progress

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Forecast	Target	Status	Trend
ASCOF 2A(2) GMS	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (<i>actual number</i>)	Low	657.9 (376)	441.0 (259)	526 (310)	584		
<p>Following completion of the statutory returns to NHS Digital, the 2020/21 out-turn figure has been adjusted upwards from 408.7 (240 admissions) since the Annual Report and PPRA. The national average for 2020/21 was 498, and the regional average 637.</p> <p>As we emerge from the pandemic, admissions are moving back towards pre-Covid levels. The forecast based on Q2 position is 526 (310 admissions) which is an increase on the previous outturn figure of 441. This is flagged as deteriorating performance against the objective to support more people in their own homes and reduce admissions to residential or nursing care. This remains below the target figure for the full year.</p>								
ASCOF 2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services (<i>actual number – based on Q4 only</i>)	High	90.6% (220)	87.9% (200)	92% (264) (Q1)	85.0%		
<p>Latest comparative data for 2020/21 shows a national average of 79.1% and a NW average of 79.9% - both significantly below Stockport's current performance.</p>								
ASCOF 2B(2)	Proportion of older people (65 and over) who received re-ablement / rehabilitation services after discharge from hospital	High	3.8%	2.4%	Figure not available until Oct 2022	Aim to maximise		
<p>This measure is based on data from Stockport Foundation Trust and was recently published for 2020/21. Stockport's performance reduced significantly since 2019/20, and is below the regional and national average of 3%. The reduction in re-ablement is likely to be due to referrals to the REaCH service being paused following the CQC inspection alongside an overall increase in discharges.</p> <p>ASCOF 2B (1) above is considered to be a more accurate measure of the effectiveness of reablement and shows that Stockport is significantly above both national and regional performance.</p>								
ACH 5.1	Balance of commissioned services to residential / nursing settings (number)	Low	N/A	24.2%	24.1% (1,398)	Aim to minimise		

ADULT CARE AND HEALTH PORTFOLIO

2. FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

Current Budget at Q2

	Previously Reported Q1+ £000	Increase (Reduction) £000	Budget at Q2 £000
Adult Social Care	87,327	(90)	87,237
Public Health	11,168	0	11,168
Cash Limit	98,495	(90)	98,405

Budget Changes since previously reported at Quarter 1+

Description	Movement(s) £000
Transfer of funding from ASC to Support Funds aligned to agreed Support Funds staffing model	(50)
Transfer of funding and costs for complaints post from Quality Assurance Team into CSS	(40)
Total	(90)

Outturn Forecast

Services	Q2 Budget £000	Forecast Outturn Q2 £000	Forecast Variance Q2 £000	Forecast Variance reported Q1+ £000
Prevention Wellbeing & Independence	5,953	5,677	(276)	(295)
Enablement & Recovery	10,870	10,815	(55)	(32)
Support & Care Management	75,811	76,294	483	431
Practice Quality & Safeguarding	1,298	1,187	(111)	(111)
Commissioning & Infrastructure	1,497	1,457	(40)	11
DASS and Central ASC budgets	(8,192)	(8,193)	(1)	(4)
Total – Adult Social Care	87,237	87,237	0	0
Public Health	11,168	11,168	0	0
Total	98,405	98,405	0	0

The financial resources in this portfolio total £98.405m. The forecast is a balanced position based on Q2 (Period 6) information.

Adult Social Care

The service is reporting a balanced position based on Q2 information, against a budget of £87.237m. The underlying position at Q2 is an overspend of £1.6m. This represents an increase of £0.6m from the Q1+ position.

The £1m overspend reported at Q1+ was due to combination of additional costs or reduced income due to Covid-19, net of the Covid-19 Hospital Discharge Programme (HDP) reclaim contribution from Stockport CCG.

The additional £0.6m variance is due to an increase in clients in receipt of Mental Health Services and confirmation of the full year financial effect of forecasting for complex Learning Disability clients.

The £1.6m overspend reported at Q2 is being funded in year by a combination of:

- Indicative 2021/22 BCF inflationary uplift to ASC, offsetting in year Covid-19 commitments.
- Continued notional allocation from corporate contingencies for ASC, aligned to demographic / demand pressures.
- Infection Control Funding (ICF) covering April 21 – September 21 and the recently announced additional ICF covering October 21 – March 22, aligned to Internal LD Tenancies Covid-19 commitments.

Infection Control Fund / Rapid Testing Grant

The service continues to receive grant allocations, aligned to the Infection Control Fund (ICF) and Rapid Testing Fund (RTF). This includes both mandatory passportation of funding to local care providers and more discretionary funding to support both internal and external providers to prevent and manage infection outbreaks, while also supporting testing requirements. Funding received in this financial year to date includes:

- £1.737m ICF 3 & RTF – for the period April 21 – June 21 inclusive – fully spent, aligned to grant conditions.
- £1.301m ICF 4 & RTF – for the period July 21 – September 21 – fully spent, aligned to grant conditions.
- £2.003m - A further ICF / Rapid Testing Grant allocation has been announced covering October 21 – March 22.

Workforce Recruitment and Retention Fund

The Council is also receiving £0.869m from the national Workforce Recruitment and Retention Grant, aligned to ASC. This funding is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, covering the period 21 October 2021 and 31 March 2022.

Prevention Wellbeing & Independence – underspend £0.276m

The underspend continues to predominantly align to Extra Care Housing activity compared to the budget provision.

Variance from Q1+

The underspend has reduced by £0.019m from the Q1+ position, due to a small increase in commitments in Extra Care Housing.

Enablement & Recovery – underspend £0.055m

The minor underspend mainly aligns to an anticipated overachievement of external income compared to the income target at budget setting, predominantly offset by additional staffing costs within the Internal LD Tenancy service, to continue to support complex clients in their chosen settings.

Variance from Q1+

There is a minor increase in the underspend of £0.023m from the Q1+ position, aligned to the variance reported above.

Support and Care Management – overspend £0.483m

Learning Disabilities – underspend £0.033m

The overspend within care management budgets, has been offset by client and external contributions being above the income target set at budget setting.

Integrated Neighbourhoods – overspend £0.246m

In year Covid-19 commitments aligned to post hospital discharge placements, alongside the rephased implementation of the non-residential care charge increases, have had a significant impact on the Neighbourhoods care management budget.

This is in part being offset by reclaims aligned to the conditions set within the Hospital Discharge Programme (HDP).

There continues to be significant financial pressures and risks aligned to residential and nursing care, in particular short-term placements.

The service is managing these risks via the creation of the Short-Term Placements project board. This is to ensure clients are supported via the most appropriate hospital discharge pathway to meet their required outcomes. Ensuring their longer-term care needs are assessed and services commissioned which are both timely and delivers value for money.

Also partially offsetting the care manage commitments are:

- Better Care Fund inflationary uplift for 2021/22
- Indicative corporate contingency allocation aligned to ASC.

Mental Health – overspend of £0.270m

The overspend in Mental Health is due to new clients in receipt of residential / nursing care services noted during Q2.

Support & Care Management - Variance from Q1+

The overspend has increased by £0.052m from the Q1+ position. This is due to:

- £0.580m increase within Learning Disabilities care management services, aligned to the full year effect of complex individuals in receipt of services.
- £0.271m increase within Mental Health care management services, due to new clients in Q2 in receipt of provision.
- (£0.799m) – a combination of Additional BCF inflationary uplift included from Q2 and a net reduction in care management commitments incorporating the HDP reclaims to date.

Practice Quality & Safeguarding – underspend of £0.111m

The underspend is due to in year vacancies, aligned to the interim structure and on best interest assessments and follow up medial reports, based on current levels of demand.

Variance from Q1+

There is no change from the Q1+ forecast position.

Commissioning & Infrastructure – underspend of £0.040m

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

Variance from Q1+

There has been an improved position by £0.051m from that reported at Q1+ due to an updated position on anticipated non pay commitments.

DASS & Centralised ASC budget – breakeven position

Variance from Q1+

No material changes from the Q1+ position.

Public Health

The Public Health service is forecasting a breakeven position at Q2. This assumes a forecast surplus of £0.249m would be transferred to the Public Health reserve to achieve a balanced position at outturn.

Following five years of recurrent reductions to the grant allocation, totalling £2.550m, there was an increase to the allocation in 2020/21 of £0.853m and a further increase in 2021/22 of £0.184m.

The £0.184m is made up of an additional core allocation of £0.108m and a £0.076m adjustment to cover the costs of the roll out of pre-exposure prophylaxis (PrEP); a medicine taken by those at risk of HIV for prevention purposes.

The surplus is due to forecast underspends in staffing and transport of £0.221m, due to vacant posts and permanent staff being funded from non-recurrent COVID-19 grants for 2021/22. In addition, there is a £0.013m forecast underspend in Lifestyles as the Stay Steady/Smile service is being grant funded in 2021/22, plus a £0.050m underspend in Sexual Health, due to the anticipated Agenda for Change (AfC) pressure not being realised.

These underspends are partially offset by a forecast overspend of £0.028m in the AfC budget for Health Visiting/School Nursing contract within Public Health in Children's & Family Services, a forecast overspend of £0.006m in Drug & Alcohol prescribing and further miscellaneous forecast overspends of £0.001m.

Community Champions Grant

In 2020/21, a Community Champions grant allocation of £0.650m, received from the Department for Communities and Local Government, was allocated to Public Health. This funding is for expanding support for communities disproportionately impacted by Covid-19 and to boost vaccine take up.

From this allocation, £0.033m of expenditure was spent in 2020/21. The balance of £0.617m has been brought forward and is required to be spent in 2021/22.

Controlling Migration Fund

It is anticipated that the remaining Controlling Migration Funding of £0.082m will be drawn down from the Revenue Grant reserve and utilised in 2021/22.

Further funding has been received in 2021/22 for additional drug treatment services and adult weight management services:

Universal Drug Treatment Grant

An allocation of £0.297m has been awarded to Stockport Council by Public Health England. This is new funding for one year to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths. It is anticipated that the full allocation will be spent in year.

Adult Weight Management Service Grant

The Council is 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. This is anticipated to be spent fully within 2021/22.

Variance from Quarter 1+

At Q1+ it was anticipated that £0.193m would be transferred to the Public Health reserve. At Q2, the transfer is anticipated to be £0.249m; an increase of £0.056m. The variance is due to further forecast staffing underspends from additional permanent Public Health staff being seconded to other roles funded from non-recurrent sources in 2021/22.

2.2 Earmarked Reserves

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

The table below includes the updates on the 2021/22 Reserves Policy via the report taken to CRMG on the 7th September 2021.

Transfer From / (To) reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Use of Reserves / "Approved Use" 2020/21 £000	Balance of Reserve / "Approved Use" £000
Corporate Reserves					
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	2,753	2,156	597
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM*	2,130	1,077	1,053
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	Liquidlogic development	263	263	0
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	100	100	0
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
Directorate Reserves					
Directorate Reserve - ASC	Directorate Flexibility Reserve - ASC	Funding for Extension of Carers Assessment Pilot	31	31	0
		Adult Social Care - Subtotal	7,866	6,216	1,650

Corporate Reserves					
Corporate Reserves	Revenue Grant Reserve	Public Health	1,225	(249)	1,474
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	82	82	0
Strategic Priority Reserve	Cabinet Positive Investments	COMF applicable investment plans	1,661	1,661	0
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing Public Health	100	100	0
		Public Health - Subtotal	3,068	1,594	1,474
		ASC & PH - Total	10,934	7,810	3,124

2.3 Portfolio Savings Programme

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

Risk rating

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

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

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

2.4 Pooled Budget

The s.75 pooled budget with Stockport CCG incorporating services which can be statutorily pooled within the Adults Care and Health portfolio, had a Council baseline resource of £98.257m at Q2.

The Q2 outturn forecast is a balanced position. An update will be provided to the next Health & Care Integrated Commissioning Board (HCICB) on the 6th December 2021.

2.5 Capital Finance Update and Outlook

Programme

*Expenditure as at 30 Sep 2021 £000	Scheme	2021/22 Programme £000	2022/23 Programme £000	2023/24 Programme £000
0	Case Management System	14	0	0
0	Residential Care Sector Support	32	0	0
153	IT Infrastructure	153	0	0
0	Care Home Support	140	0	0
0	Grant allocations - remaining balance	0	122	0
153	TOTAL	339	122	0

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

Resources

Resources	2021/22 £000	2022/23 £000	2023/24 £000
Capital Grants	255	122	0
Revenue Contributions (RCCO)	84	0	0
TOTAL	339	122	0

Programme Amendments – Rephasing

Scheme	2021/22 £000	2022/23 £000	2023/24 £000	Funding Source	Reason
Care Home Support	140	0	0	Cap. Grant/RCCO	Scheme Addition
Grant allocation	0	(70)	0	Cap. Grant	Rephasing/Virement
TOTAL	140	(70)	0		

Progress against individual schemes

- **Residential Care Sector Support** - Capital allocated to residential care providers to support adaptations in care homes. This programme has been rephased to 2021/22 and is under consideration for future years usage. In the last 18 months the sector has benefited from COVID Infection Control Payments and capital improvements have been limited. However, for the remainder of the year consideration will be given to supporting those homes that have had to undertake physical adaptations to their properties to accommodate visits during the lockdown period.

- **IT Infrastructure** – The programme of work to upgrade IT equipment across the service will continue throughout 2021/22. We are replacing kit across our service to ensure that our teams can work in an effective, hybrid way.
- **Care Home Support** – Additional Equipment to support care homes and their client's wellbeing. This is to be funded from a contribution of £0.070m from the ASC capital grant allocation with a further £0.070m from ASC Revenue/Grant contributions.
- **Grant allocations - remaining balance** – £0.070m has been allocated to the above Care Home Support Scheme leaving the remaining balance of £0.122m allocated to 2022/23. Profiling of this allocation will be reviewed and updated on a regular basis.
- **Disabled Facilities Grant (DFG) (within Sustainable Stockport Portfolio)** – Grants are offered to facilitate the provision of major adaptations to non-council owned housing (i.e. owner occupied, private rented and housing association) to meet the needs of disabled people of all ages. Provision is demand led. Offers of grant are based on the outcome of an assessment of need and are mandatory, subject to a grant applicant meeting the eligibility criteria, which for disabled adults includes a financial means test. Typical examples of adaptations funded by a DFG include stairlifts, hoists, level access showers, door widening and ramps.

Customer confidence has returned following the Covid-19 pandemic and demand has returned to pre Covid-19 levels. It is forecast that £1.950m will be spent by the end of 2021/22, £1.200m on disabled residents who qualify for mandatory DFG and £0.750m on Care Act eligible spend that does not meet the mandatory DFG qualifying criteria.

2.6 Positive Investments 2021/22

Health and Wellbeing Mental Health (£0.100m)

This investment is being committed against a combination of early help support, mental health awareness training, support with reengagement after lockdown/pandemic, and a Stockport-wide mental health communications campaign.

Health and Wellbeing Public Health (£0.100m)

Commitments align to additional provision within Drug and Alcohol Services, including further support to individuals who can find it challenging to engage with services. There is also additional investment into the ASC front door service.