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Adult Care and Health

Portfolio Performance and Resources Third Quarter Update Report 2021/22



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ADULT CARE AND HEALTH PORTFOLIO OVERVIEW



Portfolio Summary

I am pleased to present this Q3 Portfolio Update report. Despite a continuing challenging environment, progress across a wide range of indicators is being made. More detail is available via the portfolio dashboard. Inevitably, some areas have been impacted as a result of the need to prioritise our response to the Omicron outbreaks over this performance period. The teams are determined to progress improved performance and mitigation measures are in place to assure these.



As always, I would like to commend the work of all our teams and partners who again have stepped up to respond to the highest Covid rates and service winter pressures we have ever seen. The booster programme over the Christmas period was exemplary and highlights the incredibly successful joint working relationships we have across the whole of health and care in Stockport. The Covid vaccine programme has been one of our great achievements this year where we have now reached the target of 75% of adults having their first jab across all our MSOA areas.

One of the key factors in increasing vaccination rates in localities has been our Community Champions, with over 500 Champions recruited so far, helping to build resilient networks and capacity across our neighbourhoods. Evaluation is being carried out as we move to the next phase of this programme. Our focus on prevention and early help are central to our offer to residents, and a range of services have recently been recommissioned, with new contracts due to start in April.

Work has continued throughout Quarter 3 at a local and GM level to develop Integrated Care Systems. I'm optimistic that these changes will provide the opportunity for greater integration of health and social care, building on our excellent partnership working to improve outcomes for residents. This was evidenced by the recent CQC inspection of Stepping Hill hospital, and the new arrangements will be introduced from July.

Business as usual has continued and this is reflected in our performance on the annual flu vaccination programme which remains good despite competing priorities and supply issues. I am particularly pleased to see great progress in our work with family carers. We know that the last few years have placed additional burdens on them so the work we are doing to reach out and support them is key.

Finally, the portfolio is reporting a balanced financial position based on Q3 information. The underlying position at Q3 continues to be an overspend of £1.6m within Adult Social Care, which is due to a combination of continued care management pressures and anticipated non recurrent commitments aligned to Covid-19. This is as per the position reported at Q2. This overspend is being funded in-year by a Better Care Fund inflationary uplift and returned Direct Payment funding.

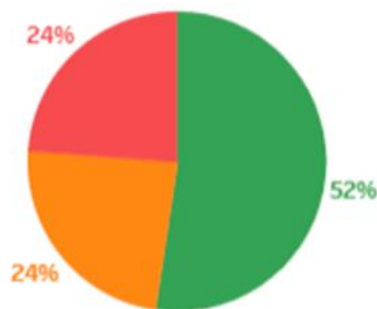
I would like to thank all staff working in social care and health for their continued commitment and professionalism in their care for all our residents. Well done Team Stockport!

Cllr Jude Wells, Cabinet Member for Adult Care and Health

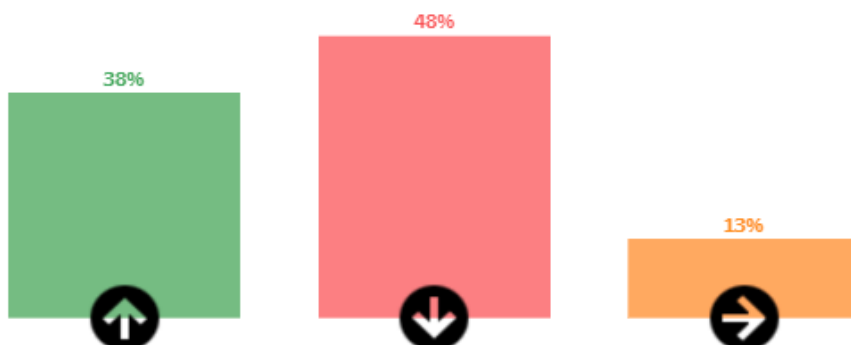
Revenue Budget (Forecast)		Capital Programme	
	£000		£000
Cash Limit	98,259	2021/22 Capital Budget	257
Forecast	98,259	2022/23 Capital Budget	204
(Surplus)/Deficit	0	2023/24 Capital Budget	0
Reserves Approved use of reserves balance is £10.934m; Planned draw down at Q3 is £7.172m			

Portfolio Performance Summary (targeted measures only)

Performance Against Target (RAG Rating):



Performance Against Previous (Trajectory):



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](#).

The Third Quarter Update Report focuses on the Portfolio **performance measures** which are reported where new data or forecasts are available since the Mid-Year Report. 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 those performance measures reported. 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 published 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**Measuring Performance and Reporting Progress**

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual
Contextual Measures – reported annually							
PHOF 01a GMS	Healthy life expectancy (years) – males	Annually	High	63.6 (2014-16)	61.7 (2015-17)	65.0 (2016-18)	66.0 (2017-19)
PHOF 01a GMS	Healthy life expectancy (years) – females	Annually	High	66.0 (2014-16)	64.7 (2015-17)	64.7 (2016-18)	63.1 (2017-19)
New data reported by ONS shows a decrease in healthy life expectancy for females and a slower rate of increase for males. This is significantly lower for more deprived areas of the borough and pre-dates the impact from the Covid pandemic.							
PHOF C16 GMS	Percentage of adults classed as overweight or obese (BMI >25)	Annually	Low	60.6%	63.3%	65.1%	N/A
New data from PHE for 2019/20 shows an increase in overweight or obese adults.							

Partnership Measures – reported quarterly									
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22				
			Actual	Actual	Q3 Actual	F'cast	Target	Status	Trend
PHOF D06a	Take up of flu vaccinations by over 65s.	High	79.6%	85.6%	86.5%	88%	85.0%		
PHOF D05	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	High	56.7%	62.7%	52.2%	60%	63.0%		
ACH 1.6	Uptake of flu vaccinations for pregnant women.	High	70.0%	64.5%	53.6%	60%	65.0%		
PHOF D03I	Uptake of flu vaccinations for 2-3 year olds.	High	59.4%	70.6%	53.1%	60%	70.0%		
ACH 1.7	Uptake of flu vaccinations for 4-10 year olds.	High	63.0%	62.1%	43.9%	55%	65.0%		









The flu vaccination programme is still very much underway, although has had to be delivered alongside the Covid vaccination programme. Uptake amongst young children and pregnant women is likely to be lower than for 2020/21. Issues with flu vaccine supply for younger adults, high levels of school absence and parents not being able to attend school to support delivery are the main reasons uptake in these groups is lower than in previous years. There is also an issue with the data flow on vaccination of pregnant women.

These are nationwide issues and are affecting all areas, but Stockport continues to perform well when compared to other areas across all cohorts. Providers are still working to increase uptake, as reflected in

forecasts, but it is expected that performance at the end of the programme will remain below target for these groups.

This year's flu vaccination programme has seen a huge expansion in coverage, including vaccination for all under-16s which isn't fully reflected in the indicators above. The number of vaccinations delivered far exceeds previous years, and has diluted the efforts on some priority cohorts.

Partnership Measures – reported quarterly

PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 Forecast	Target	Status	Trend
ACH 1.8	No. of MRSA infections in Stockport.	Low	2	5	2	0		
ACH 1.9	No. of C difficile infections in Stockport.	Low	94	90	104	85		
ACH 1.10	No. of influenza outbreaks in care homes.	Low	4	0	0	3		
ACH 1.11	No. of diarrhoea & vomiting outbreaks in care homes.	Low	31	5	6	20		

No MRSA infections or flu outbreaks have been reported up to the end of Q3, whilst there were no diarrhoea & vomiting outbreaks reported during the quarter. We are, however, aware of two MRSA infections in Q4, so this has been factored into the full-year forecast.

A higher number of C Difficile infections were however reported in Q3 which means the projected forecast now exceeds the target. This is largely due to the higher numbers of people in hospital with respiratory infections, including those being treated from the Omicron Covid variant in December, who are more vulnerable to C Difficile infection.

It is pleasing to note that we have had no flu outbreaks in care homes since 2019/20. Much of this is attributable to measures in place around social distancing, PPE and restrictions on visitors, as well as the high percentage of residents and staff having flu vaccinations. The overall rate of flu has also greatly reduced in the wider population. These measures have also resulted in a big reduction in diarrhoea and vomiting outbreaks in care homes.

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













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.












Data to 31st December 2021 on delivering the vaccination programme is as follows;

Age group	1st dose	2nd dose	Booster dose
70+	96.5%	96.0%	93.1%
50+	93.9%	93.0%	85.9%
18+	86.8%	84.1%	65.1%
16-17	68.1%	43.0%	-
12-15	53.6%	2.6%	-

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







Measuring Performance and Reporting Progress









Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 Forecast	Target	Status	Trend
ACH 3.1	Number of people undertaking the National Diabetes Prevention Programme.	High	1,223	515	303	500		
Whilst numbers have increased from 44 in Q2 to 124 in Q3 and the projected forecast has increased from 206, this remains well below the target from the GM contract, due to the ongoing impact of the pandemic on GP referrals. The target was originally 750 but this has since been revised to 500.								
ACH 3.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	High	3,996	2,591	2,600	2,500		
The cumulative number of referrals (Q1-3) is 1,949, and although these reduced slightly since Q2, the resulting forecast is above the target figure reflecting a seasonal increase in referrals in the new year. The target was revised from 3,000 to take account of the impact of Covid on delivering the START programme.								
ACH 3.3	Number of people completing a weight management intervention (ABL lifestyle service).	High	136	182	150	150		
Whilst there were no further completions in Q3, there are 108 people still on the programme. Whilst not all of these will complete in Q4, combined with the 73 completions in the first 6 months of the year, this measure is forecast to be on or ahead of the annual target of 150 completions.								
ACH 3.4	Number of people completing a smoking cessation (ABL lifestyle service).	High	316	424	671	400		
There were a further 163 completions in Q3, bringing the forecast to well in excess of the annual target.								
PHOF C21 GMS	Alcohol related admissions to hospital per 100,000 (narrow).	Low	685.4	543.9	550	660		
PHOF C19a	Successful completion of treatment – Opiate users	High	5.6% (Sep18-Aug19)	4.8% (Sep 19-Aug 20)	4.1% (June 20 - May 21)	4.9%		
Latest figures cover the first year of the pandemic, where the emphasis was on harm reduction and maintaining contact, particularly with opiate users, keeping clients in treatment programmes rather than discharging them. Performance still compares favourably with GM and NW completion rates.								









Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 Forecast	Target	Status	Trend
PHOF C19b	Successful completion of treatment – Non-opiate users	High	41.3% (Sep18-Aug19)	41.9% (Sep 19-Aug 20)	45.3% (June 20 - May 21)	40%		
PHOF C19c	Successful completion of treatment – Alcohol	High	39.5% (Sep18-Aug19)	43.6% (Sep 19-Aug 20)	44.3% (June 20 - May 21)	40%		
ACH 3.8	Contextual Total number of Deprivation of Liberty Safeguarding (DoLS) referrals awaiting assessment	Low	961	1,056	1,062	N/A	N/A	
ACH 3.9	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Low	186	304	254	Aim to minimise		
<p>Whilst the overall backlog of referrals remains slightly higher than that at the end of 2020/21, the Q3 figure is a slight reduction on the 1,089 figure reported at Q2. It is encouraging to see that the work on reducing the backlog of priority referrals is having an impact with a 20% reduction since the 316 figure reported at Q2.</p>								
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)	84.8% (301)	95%		
<p>Although performance at Q3 remains significantly below target and the 2020/21 figure, this has increased from 82.1% reported at Q3 along with a 73% increase in cases. As cases continue to be reviewed, we would expect this figure to increase further by year-end and closer to the target figure.</p> <p>It should be noted that this metric is based on those Section 42 enquiries which have concluded during the reporting period.</p>								
ACH 3.11	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (cases) (from Making Safeguarding Personal)	High	82.5%	91.7%	93.8% (180)	90%		
<p>The Q3 figure has reduced from 94.4% at Q2 but remains ahead of target. The number of cases has increased from 117 to 180, reflecting a more accurate picture.</p>								

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

Measuring Performance and Reporting Progress







Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 Forecast	Target	Status	Trend
ACH 4.1	Number of carers assessments carried out	High	1,128	591	685	Aim to maximise		
ACH 4.2	Number of carers in receipt of direct payments	High	915	468	635	Aim to maximise		
<p>The forecast of 635 based on Q3 snapshot figure is almost 36% higher than the previous year's outturn figure of 468' with the target to maximise this figure. It is possible that the increased number of carers receiving DPs could be due to a change in recording practice, not necessarily because we are paying out more. This is because all carer one-off payments are now recorded in the system on the carer's record whereas previously they were routinely paid to the client and were often indistinguishable from their own DP for reporting purposes. These are one-off payments of £150, £300 and now the new flat-rate of £200 discretionary payment we give to carers as recognition for their caring role.</p>								
ASCOF 2D	The outcome of short-term services: sequel to service. Proportion of people accessing short-term services that no longer require long-term packages of care (<i>actual number</i>)	High	56.9%	45.0% (383)	62.3% (325)	65.0%		
<p>The forecast position at Q3 has improved from 61.1% at Q2, and is now within the 'amber' tolerance range of the target. The numbers have also increased from 229 to 325.</p>								

Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 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)	8.0% (70)	8.0%		
ACH 4.3	Proportion of adults with autism in paid employment (<i>actual number</i>)	High	3.0% (3)	7.9% (23)	7.5% (22)	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)	83.4% (727)	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)	71.2% (208)	80.0%		
<p>Forecasts for clients in paid employment have reduced slightly since Q2, although remain on or within the target tolerance range. Q3 forecasts for those living independently have both increased slightly, but the figure for adults with autism remains off target.</p> <p>Given that the number of adults with autism in paid employment is so small, the percentage figure reported is highly sensitive to any change. There is one less individual at Q3 compared to mid-year, so whilst this is slightly over 5% below target, it has been agreed to show this as 'Amber' for the purposes of this report.</p> <p>As highlighted at mid-year, Stockport's figures remain significantly above both national (5.1%) and NW (4.5%) average figures for adults with a learning disability in paid employment. It's also important to note that this cohort, and the sub-group of those with autism, only includes those who are in receipt of long-term support and therefore likely to have more complex needs. Whilst it isn't possible to quantify the figure for all adults with autism, it's likely to be significantly higher across all these measures.</p> <p>It should also be noted that there is an exercise underway to with update the accommodation and employment data for LD and autism clients within the LiquidLogic system which we hope will be completed in time for the year end reporting cycle.</p>								

Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 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)	66.2% (780)	75.0%		
Nursing bed quality has fallen slightly from 67.6% (98 fewer beds) at Q2 and remains significantly below target, though this still represents an improvement from 55.9% at March 2021. The change is due to a new organisation being used this quarter, Bramhall Manor Care Centre, which requires improvement, along re-inspections not happening as frequently. Three homes have been graded as 'Requires Improvement' for 3 years and a great deal of work has been done to support them to improve quality standards. Should a re-inspection find them to be 'good' or 'outstanding' this would take us above the 75% target for total bed capacity.								
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)	86.9% (1,078)	90.0%		
The forecast figure of 86.9% based on the Q3 position is below the target set of 90% and also showing a deterioration from previous year end figure of 90.8%. Bruce Lodge moved from 'Good' last quarter to 'Requires Improvement' in Q3 which accounts for 47 beds. However, the figure is still slightly above the GM comparator figure for this quarter.								
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)	90.7% (39)	95.0%		
The forecast figure of 90.7% based on the Q3 position is below the target set of 95% though is now within the 'amber' tolerance range for the target. Assured Care (Stockport) Ltd moved from 'Good' in Q2 down to 'Requires Improvement' in Q3, however, there were 3 new agencies rated as 'Good' which were in use this quarter. The figure is also still slightly above the GM comparator figure for this quarter.								
GMS	Percentage of adult social care facilities rated as good or outstanding (number)	High	80.2%	86.4%	86.8% (92)	85.0%		

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

Measuring Performance and Reporting Progress

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Q3 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)	545.2 (241)	584		
The latest figure shows a continued increase in admissions since Q2, closer to pre-pandemic levels and within the target level.								
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)	92.3% (611) (Q2)	85.0%		
Performance has improved slightly from 92.0% at Q1, with an increase in the numerator representing the cumulative number of people discharged in Q1-Q2. This measure is reported a quarter in arrears due to the 91 day period having to be monitored following discharge. The figure reported at year-end will be based on Q4 only, hence the lower numbers for previous years.								
ACH 5.1	Balance of commissioned services to residential / nursing settings (number)	Low	N/A	24.2%	24.2% (1,454)	Aim to minimise		

ADULT CARE AND HEALTH PORTFOLIO

2. FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

Budget changes and updated outturn forecasts between Q2 and Q2+ were reported as part of the 2021/22 Q2+ Budget Monitoring Update taken to Corporate Resource Management and Governance Scrutiny Group (CRMG) held on 18th January 2022 and the Cabinet on 1st February 2022. For further information, please see agenda item 7 at this link:

<https://democracy.stockport.gov.uk/ieListDocuments.aspx?CId=1015&MId=27529&Ver=4>

Current Budget at Q3

	Previously Reported Q2+ £000	Increase (Reduction) £000	Budget at Q3 £000
Adult Social Care	87,091	0	87,091
Public Health	11,168	0	11,168
Cash Limit	98,259	0	98,259

Outturn Forecast

Services	Q3 Budget £000	Forecast Outturn Q3 £000	Forecast Variance Q3 £000	Forecast Variance reported Q2 £000
Prevention Wellbeing & Independence	5,953	5,759	(194)	(276)
Enablement & Recovery	10,870	10,434	(436)	(55)
Support & Care Management	75,811	76,620	809	483
Practice Quality & Safeguarding	1,211	1,081	(130)	(111)
Commissioning & Infrastructure	1,438	1,385	(53)	(40)
DASS and Central ASC budgets	(8,192)	(8,188)	4	(1)
Total – Adult Social Care	87,091	87,091	0	0
Public Health	11,168	11,168	0	0
Total	98,259	98,259	0	0

The financial resources in this portfolio total £98.259m. The forecast is a balanced position based on Q3 (Period 9) information. The outturn forecast at Q3 is compared to the variance analysis at Q2 as this represents the most recent detailed published portfolio report.

Adult Social Care

The service is reporting a balanced position based on Q3 information, against a budget of £87.091m. The underlying position at Q3 continues to be an overspend of £1.6m, which is due to a combination of continued care management pressures and anticipated non recurrent commitments aligned to Covid-19. This is as per the position reported at Q2.

The £1.6m overspend reported at Q3 is being funded in year by:

- 2021/22 BCF inflationary uplift to ASC, predominantly offsetting in year Covid-19 commitments.
- Returned Direct Payments (DP) funds from clients back to the Council to reduce client's residual DP balances back down to pre Covid-19 levels

Infection Prevention and Control Fund / Rapid Testing Grant

The service continues to receive grant allocations, aligned to Infection Prevention and Control, Rapid Testing and Vaccine Support. Grant funding received of £3.039m has been fully spend between the period April 2021 – September 2021.

More recent announcements have provided additional grant funding aligned to the Omicron Support Fund (OSF). The current grants which are being committed against include:

- £2.003m – Infection Prevention Control, Rapid Testing and Vaccine allocation covering October 21 – March 22.
- £0.321m – Omicron Support Fund to support the sector with additional costs aligned to infection prevention and control to reduce the rate of Covid-19 transmission within and between care settings. The funding can also be used to support ventilation, direct payment offers and to support workforce capacity impacted by Covid-19.

Workforce Recruitment and Retention Fund (WRRF)

The Council is also receiving funding aligned to Workforce Recruitment and Retention. 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.

- £0.869m WRRF – Round 1 - covering the period 21st October 2021 - 31st March 2022.
- £1.604m WRRF – Round 2 - covering the period 10th December 2021 - 31st March 2022.

Prevention Wellbeing & Independence – underspend £0.194m

As reported at Q2 the underspend continues to predominantly align to Extra Care Housing activity compared to the budget provision.

Variance from Q2

The underspend has reduced by £0.082m from the Q2 position, predominantly due to a forecasted increase in equipment services.

Enablement & Recovery – underspend £0.436m

The underspend mainly aligns to an anticipated overachievement of external income compared to the income target at budget setting and external income funding an element of the staffing commitments.

Variance from Q2

The underspend increase of £0.381m from Q2 relates to the increased forecast of external income alongside the additional external funding available to support staffing commitments within the In-House Tenancy and Hospital based services.

Support and Care Management – overspend £0.809m

Learning Disabilities – overspend £0.385m

The overspend forecasted is within care management budgets aligned to homecare services, additional costs within supported accommodation and the adult placement service. These forecasted commitments are partially offset by overachievement from internal and external income compared to the income targets set.

Integrated Neighbourhoods – overspend £0.225m

There continues to be significant financial risks and challenges aligned to care management services, in both bed based and community based provision. This has been significantly impacted by Covid-19 and the requirements of the Hospital Discharge Programme (HDP) creating additional activity in community care settings.

The significant overspend is partially being met in year via reclaims aligned to the HDP.

Further offsetting the overspend is alignment of the 2021/22 BCF inflationary uplift and returned direct payment fund balances.

Mental Health – overspend of £0.199m

The overspend in Mental Health is due to new clients in receipt of residential / nursing care services, as reported in Q2.

Support & Care Management - Variance from Q2

The overspend has increased by £0.326m from the Q2 position. This is due to a forecasted increase within Learning Disability supported accommodation and adult placement services, including commitments aligned to short breaks.

Practice Quality & Safeguarding – underspend of £0.130m

As reported at Q2, the underspend is due to in year vacancies, aligned to the interim structure,

Variance from Q2

The underspend has increased by £0.019m from the Q2 position, due to a minor change to the in-year vacancies.

Commissioning & Infrastructure – underspend of £0.053m

As reported at Q2 the minor underspend is due to a reduced forecast in external contracts and minor non pay commitments.

Variance from Q2

The underspend has increase by £0.013m, aligned to non-pay commitments.

DASS & Centralised ASC budget – £0.004m overspend

Variance from Q2

No material changes from the Q2 position.

Public Health

The Public Health service is forecasting a breakeven position at Q3.

At Quarter 3, there is a forecast underspend of £0.607m, which would be transferred to the Public Health reserve to achieve a balanced position at outturn.

The underspend is due to vacancies alongside external funding of posts in 2021/22 and reduced transport costs totalling £0.233m and reduced commitments of £0.084m aligned to Agenda for Change (AfC).

In addition, there are in year forecast underspends in demand-led services totalling £0.142m. These are across Smoking Cessation, Pharmacy and GP Local Enhanced Services (LES) and Genito-Urinary Medicine (GUM) services.

The remaining earmarked balance of the 2021/22 grant allocation of £0.161m is also not expected to be spent in year. This is because additional pressures within Public Health are being directed to non-recurrent funding sources.

The remaining balance is due to in year external funding of services offset by minor forecast overspends across programme budgets.

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, approximately £0.080m is outstanding for commitment.

Controlling Migration Fund

It continues to be forecasted 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 continues to be forecasted 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. It is still anticipated this grant will be fully committed in year.

Variance from Quarter 2

At Q2 it was anticipated that £0.249m would be transferred to the Public Health reserve. At Q3, the transfer is anticipated to be £0.607m; an increase of £0.358m.

The variance is due to:

Q2 to Q3 change in anticipated transfer to reserve	£m
Realisation of uncommitted balances in year	0.161
Forecast underspend across demand-led services	0.142
Reduced forecast on AfC pressures	0.034
Additional forecast underspend in staffing and transport	0.012
Additional forecast underspend in miscellaneous budgets	0.009
Total	0.358

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.

Transfer From / (To) reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Use of Reserves / "Approved Use" 2021/22 £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	2,016	737
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM*	2,130	937	1,193
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	5,936	1,930
Corporate Reserves					
Corporate Reserves	Revenue Grant Reserve	Public Health	1,225	(607)	1,832

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	1,236	1,832
		ASC & PH - Total	10,934	7,172	3,762

2.3 Portfolio Savings Programme

Proposal	Risk Rating	Value (£000)	Value 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 £98.111m at Q3.

The Q3 outturn forecast is a balanced position.

2.5 Capital Finance Update and Outlook

Programme

*Expenditure as at 31 Dec 2021 £000	Scheme	2021/22 Programme £000	2022/23 Programme £000	2023/24 Programme £000
0	Case Management System	0	14	0
37	Residential Care Sector Support	37	0	0
54	IT Infrastructure	80	73	0
0	Care Home Support	140	0	0
0	Grant allocations - remaining balance	0	117	0
91	TOTAL	257	204	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	187	190	0
Revenue Contributions (RCCO)	70	14	0
TOTAL	257	204	0

Programme Amendments – Rephasing

Scheme	2021/22 £000	2022/23 £000	2023/24 £000	Funding Source	Reason
Case Management System	(14)	14	0	RCCO	Rephased to 2022/23
Residential Care Sector Support	5	0	0	Cap Grant	Virement/Rephasing
IT Infrastructure	(73)	73	0	Cap Grant	Rephased to 2022/23
Grant allocation	0	(5)	0	Cap Grant	Virement/Rephasing
TOTAL	(82)	82	0		

Progress against individual schemes

- **IT Infrastructure** – The programme of work to upgrade IT equipment across the service will continue for the remainder of 2021/22, including the replacement of kit across the service to ensure that teams can work in an effective, hybrid way. Of the £0.153m remaining, £0.080m is expected to be spent in 2021/22 with the remaining £0.073m being rephased to 2022/23.
- **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 and £0.005m to the Residential Care sector support scheme leaving

the remaining balance of £0.117m 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 anticipated that total spend for 2021/22 will be £1.650m - £1.100m on disabled residents who qualify for mandatory DFG and £0.550m on Care Act eligible spend that does not meet the mandatory DFG qualifying criteria.

The mandatory DFG expenditure has been revised down slightly since quarter 2 to reflect delays in completion of adaptations due to ongoing shortages in the construction industry for experienced tradespeople as well as shortages of materials due to Covid-19.

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.