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METROPOLITAN BOROUGH COUNCIL

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**respect**

# Adult Care and Health

## Portfolio Performance and Resources Annual Report 2021/22



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**ONESTOCKPORT**

Date:	8 June 2022	Version	1.0 (Scrutiny)	Approved by	CLT
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# ADULT CARE AND HEALTH PORTFOLIO OVERVIEW



## Portfolio Summary

The environment for health and social care continued to be challenging as we moved into 2022, and significant progress has been made across the portfolio priorities. Our new Health and Care Plan was approved in March and will be supported by a delivery programme and outcomes framework. A 'Fair and Inclusive Stockport' summit was held in December and a new head of service is in place to support and co-ordinate our work around tackling inequalities.

The impact of the pandemic continues to be felt, with the Spring Covid Booster programme underway for vulnerable groups alongside the continuing vaccination offer. The national 'Living with Covid' plan was introduced in April, and Stockport's PPE Hub shut at the end of March. The 'While You Wait' programme is being piloted to support the wellbeing of people on NHS waiting lists, whilst providers continue to be supported by grants. Stockport's flu vaccination rates continued to be amongst the highest in the country despite the challenges of delivering alongside the Covid vaccination programme and accessing early years and educational settings. The DoH have announced that the priority cohorts for the 2022/23 flu immunisation programme will change.

A new Mental Health and Wellbeing Strategy is being co-produced with partners and stakeholders, whilst the refreshed Active Communities Strategy is due to be launched in summer 2022. Eight new 'Early Help and Prevention' contracts were awarded from April 2022. These will be accessed through the new Stockport Support Hub alongside the existing START and Physical Activity services. The 'Enhanced Front Door' to adult social care continues to be central to the Thriving Communities and All Age programmes, whilst digitally enabled care is making a big difference through our Prospectus for All Age Living – including the new development at St Thomas' Gardens, digital platforms for care homes, data analytics and recording systems.

The strengths and asset-based approach is at the heart of delivering social care and is being further embedded across services. 'Real time' data is also helping to reduce backlogs and waiting times for care assessments and reviews, whilst work is also underway to integrate our Community Learning Disability Services.

New system leadership arrangements are under development ahead of the introduction of Integrated Care Systems from July. The 'Locality architecture' is taking shape for Stockport, supported by delivery programmes and governance arrangements, including the accountability and relationships with the GM Integrated Care Board.

Latest data from the ONS suggests that healthy life expectancy is falling, and this is more pronounced within our priority neighbourhoods, illustrating the challenge of tackling inequalities. In terms of performance, there are indications that some infections in care homes are starting to return to pre-pandemic levels, whilst there is a continued impact on programmes such as diabetes prevention, drug treatment, weight management and smoking cessation – although the latter are recovering well. More mental health clients are in employment or living independently, and the proportion of clients with a learning disability living independently is also increasing. Although there has been a fall in those in paid employment work is underway to improve the accuracy of these figures.

The backlog of DoLS cases is reducing, safeguarding outcomes are being achieved and more carers assessments are being carried out. The proportion of people receiving intermediate tier services who no longer need long-term care is increasing, whilst CQC quality ratings are unchanged since Q3 but will be increasingly difficult to improve on, with the new focus on risk-based inspections. The increase in permanent admissions to residential or nursing care is more in line with pre-pandemic figures as post-Covid demand levels increase. It also reflects pent-up demand within the system, along with higher levels of hospital discharges and tackling the backlog of Care Act Reviews. It is expected to stabilise during 2022/23. More older people are remaining at home after hospital discharge due to support from the reablement service.

## Revenue Budget (Outturn)

	£000
Cash Limit	98,807
Forecast	98,807
(Surplus)/Deficit	0

### Reserves

Approved use of reserves balance - £10.933m;

Draw down at Outturn - £1.191m

Transfer to reserves at Outturn - £11.752m

## Capital Programme

	£000
2021/22 Capital Budget	37
2022/23 Capital Budget	343
2023/24 Capital Budget	67

# 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 17<sup>th</sup> June and approved by Cabinet on 29<sup>th</sup> 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 April 2022 where this is available.







**Performance measures** are reported for all measures included in the 2021/22 Portfolio Agreement. This will reflect the latest available data, which in most cases will be the 2021/22 out-turn. 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, setting out the key factors, including the Covid-19 pandemic and resulting restrictions, which have impacted on performance. As highlighted in the Agreements, it has not been possible to set annual targets for all measures, but 'direction of travel' will continue to be shown for these. For those measures reported quarterly, actual performance for Q4 is included where this differs from the full year out-turn figure.

The updated 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 year-end position (forecast or actual) for this indicator is less favourable than the previous year-end.
	Amber; Indicator is performing slightly (<5%) below target		Stable; The year-end position (forecast or actual) 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 year-end position (forecast or actual) 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.**

Following a well-attended and well-evaluated 'Fair and Inclusive' summit in December 2021, we have now appointed a Head of Fair and Inclusive Stockport to drive this work. Work has commenced to achieve accreditation with the Greater Manchester Good Employment Charter; coordination of our crisis support offer and promoting pension credits uptake through the spring booster COVID-19 vaccination programme.

Within healthcare, the first wave pilot of a programme called 'While you wait' has commenced and evaluation and second pilot wave are due shortly. This programme contacts residents who are on the waiting list for surgery and offers support with lifestyle change to improve outcomes from the surgery and offer health improvement in the wait period. This is a national initiative in response to the impacts of the pandemic on routine care and the resultant growth in waiting list size and times.

We will continue to develop our understanding through intelligence and are most of the way through the refresh of the 2022 Pharmaceutical Needs Assessment for Stockport, which is due out for consultation during the first quarter of 2022/23.

**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 have drafted a Mental Health and Wellbeing Strategy framework and are widely engaging on it with our residents and partners. This framework was discussed at the Health and Wellbeing Board during 2021/22 and a public survey is still ongoing. The next phase of the work intends to co-produce joint actions to support wellbeing in all walks of life. This is alongside the major action areas already progressed as part of our Health and Care Delivery Plan.

**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.**

Following an extensive engagement process the refreshed ONE Stockport Active Communities Strategy 2022-2030 is due to be formally launched in June. Work has started to develop the implementation plan that will primarily focus on supporting and facilitating activity for the least active residents.

Stockport Moving Together has been identified as the brand name for the strategy and will build on the momentum of the specific work done during the pandemic. Support for older and vulnerable adults to become more active will continue through a peer mentoring 'Activity Activator' model. This model not only supports older people to be more active but also enhances wider work to help address social isolation and loneliness.

Work is ongoing to better integrate age friendly activities across providers in Stockport to provide greater opportunity for older people to engage in the mainstream offer. This includes the early development of a pilot activity hub pilot in Brinnington as part of the Local Pilot funded programme.

**We will continue to support the delivery of programmes of flu immunisation, cancer screening services and plan to deal with outbreaks of other infectious diseases**

The free NHS flu immunisation programme for 2022/23 is to have narrower focus than in 2021/22, with the age cut-off rising to 65 years once more and changes to the child programme. Work is

underway to coordinate the delivery of this programme, through training, joint planning and regular partnership meetings to identify and resolve issues. Work for 2021/22 programme has now ended and while vaccine supply issues impacted uptake levels in some cohorts, Stockport maintained rates well above average.

The three cancer screening programmes were impacted by the pandemic, but two have since recovered well and performance in Stockport is above the national average and improving, although inequalities in uptake across Stockport remain. The Breast Cancer Screening programme is however still in recovery, and although good progress has been made (the service expect to have caught up invitation programme by summer 2022) performance remains below the national average.













Outbreaks of infections continue to be managed in line with national guidance, local system requirements and the local outbreak management plan.

## Measuring Performance and Reporting Progress









PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual
<b>Contextual Measures – reported annually</b>							
PHOF E04a GMS	Premature mortality due to cardiovascular disease (per 100,000 population)	Annually	Low	65.0 (2015-17)	68.9 (2016-18)	70.7 (2017-19)	72.0 (2018-20 interim)
PHOF E05a GMS	Premature mortality due to cancer (per 100,000 population)	Annually	Low	136.7 (2015-17)	131.3 (2016-18)	134.1 (2017-19)	130.6 (2018-20 interim)
PHOF E07a GMS	Premature mortality due to respiratory disease (per 100,000 population)	Annually	Low	30.9 (2015-17)	30.9 (2016-18)	30.8 (2017-19)	29.7 (2018-20 interim)
PHOF 01a GMS	Healthy life expectancy (years) – males	Annually	High	61.7 (2015-17)	65.0 (2016-18)	66.0 (2017-19)	65.1 (2018-20)
PHOF 01a GMS	Healthy life expectancy (years) – females	Annually	High	64.7 (2015-17)	64.7 (2016-18)	63.1 (2017-19)	62.2 (2018-20)

New interim data reported by ONS shows a decrease in healthy life expectancy for both females and males to 2018/20 as the impact of the COVID-19 pandemic starts to become evident in this data. Data suggests that healthy life expectancy is significantly lower in the more deprived areas of the borough and that the impact of the COVID-19 pandemic will be felt most strongly in these areas.

PI Code	PI Name	Reported	Good Performance	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual
<b>Contextual Measures – reported annually</b>							
PHOF C16 GMS	Percentage of adults classed as overweight or obese (BMI >25)	Annually	Low	60.0%	60.1%	64.5%	63.1%
PHOF C18 GMS	Percentage of adults who smoke ( <i>Range at CI 95%</i> )	Annually	Low	13.3% 10.8%-15.7%	13.4% 10.8%-16.0%	12.8% 8.9%-16.2%	TBC
ACH 1.6 GMS	Percentage of residents reporting high levels of anxiety	Annually	Low	19.8%	15.2%	26.4%	25.9%
<p>The 3 measures above are derived from the Public Health England (PHE) Annual Population Survey.</p> <p>Sample sizes at Stockport level are relatively small, so are reported at a 95% confidence level (ie within a range of + or - 5%).</p> <p>Due to time-lags in data availability, no specific targets are set for these measures.</p> <p>Data for reported anxiety shows the impact of the COVID-19 pandemic on mental wellbeing, with rates increasing significantly over the last two years – rates and trends in Stockport are comparable to the national average. Data for future years will help us understand how quickly the population recovers from the psychological impacts of the last two years.</p>							
ACH 1.7 GMS NEW	Percentage of residents with depression or anxiety disorders who accessed psychological treatment in the last 12 months.	Annually	High	20.5% (Sept 18)	19.7%	19.1%	TBC
ACH 1.8 GMS NEW	Percentage of those completing IAPT treatment who moved to recovery in the last 3 months	Quarterly	High	56.0% (Sept 18)	56.0%	54.0%	TBC
<p>These measures are both included in the GM Strategy Dashboard, and are produced by Stockport CCG, therefore no targets are set. Data for 2020/21 is not yet published but will be included in the mid-year report.</p>							
ACH 1.5	% of eligible women screened for breast cancer in last 3 years	High	N/A	72.9% (2015-18)	73.5% (2016-19)	71.1% (2017-20)	58.3% (2018-21)
<p>The service was paused for 6 months during 2020/21 due to COVID-19 but is now recovering in 2021/22 as the programme resumed and extra appointments offered at evenings and weekends. The pause has still had a significant impact on the three-year figure however, so no target has been set, although the position will continue to be monitored closely.</p>							

Partnership Measures – reported quarterly								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
ACH 1.4 SS 5.1 GMS	Percentage of adults who are active or fairly active (three-year rolling average)	High	75.6%	73.9%	75.1%	73%		
<p>In the most recent Sport England Active Lives Survey (November 2020-November 2021) 75.3% of adults reported doing an average of over 30 minutes sport or physical activity per week over the course of the year (up from 74.4% in the previous survey), bucking national trends which show a slight decline in activity levels.</p> <p>This exceeded activity levels in GM (70.3% - Stockport is the “most active” borough in GM), the North West (71.3%) and England (72.9%). Stockport’s three-year rolling average is Stockport of 75.1%. In contrast to the impact on young people then (see Sustainable Stockport PPRR), the pandemic appears to have had only a limited impact on activity levels amongst adults in the borough.</p> <p>In recent years, these surveys have been undertaken every six months. Sport England have advised that this is now moving to an annual survey, with the next data due to be published in April 2023.</p>								
PHOF D06a	Take up of flu vaccinations by over 65s.	High	79.6%	85.6%	87.1%	85.0%		
PHOF D05	Uptake of flu vaccinations for those aged 6 months - 64 years and at risk.	High	56.7%	62.7%	60.1%	63.0%		
ACH 1.6	Uptake of flu vaccinations for pregnant women.	High	70.0%	64.5%	55.8%	65.0%		
PHOF D03I	Uptake of flu vaccinations for 2-3 year olds.	High	59.4%	70.6%	60.8%	70.0%		
ACH 1.7	Uptake of flu vaccinations for 4-10 year olds.	High	63.0%	62.1%	69.7%	65.0%		
<p>The flu vaccination programme for 2021/22 ended with Stockport maintaining its excellent first place position across Greater Manchester. The figures above represent a total of more than 100,000 vaccinations given. Those cohorts where the rating is red still, performed well compared to other areas, but were lower than previous years due to delays in vaccine supply and the systems priority on delivering COVID-19 vaccines.</p> <p>Further groups vaccinated include; Carers: 61.7%, with individual school year groups ranging from 75.7% of Year 2s to 44.1% at Year 11.</p> <p>Planning has commenced for the 2022/23 season, and we have been advised that the cohorts for vaccination will be different.</p>								



Partnership Measures – reported quarterly								
PI Code	Short Name	Good Perform-ance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
ACH 1.8	No. of MRSA infections in Stockport.	Low	2	5	3	0		
ACH 1.9	No. of C Difficile infections in Stockport.	Low	94	90	121	85		
ACH 1.10	No. of influenza outbreaks in care homes.	Low	4	0	1	3		
ACH 1.11	No. of diarrhoea & vomiting outbreaks in care homes.	Low	31	5	14	20		
<p>Three MRSA infections were reported in the second half of the year, whilst 41 C-Dif infections in Q4 meant that this measure was above target for the full year, with 70 recorded since September 2021.</p> <p>There was just one flu outbreak in a care home reported in Q4, and 10 diarrhoea &amp; vomiting outbreaks reported since September. Whilst this was significantly above the 2020/21 total, there are indications that as Covid restrictions are lifted, the number of these outbreaks are starting to increase.</p>								

## **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 government has issued its 'Living with Covid' Plan which commenced in April 2022. Prior to that date information and guidance on all aspects of the pandemic was provided to internal and externally commissioned services. This will continue however the individuals and organisations provided with advice and guidance will be in line with the government plan

COVID vaccination remained a priority during the last quarter of 2021/22, ensuring that there were various areas where individuals could get their vaccination from and providing pop up clinics in areas of lower uptake. We prioritised rolling out the COVID-19 spring booster (4<sup>th</sup> immunisation) roll out for those eligible and working with primary care and the GP federation to deliver vaccinations for care home residents and those eligible housebound individuals. We are also providing our 'evergreen' vaccination offer to all those eligible in previous cohorts.

**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.**

The Council has provided further support to internal and external providers in the form of a number of grants with the funding being received from Central Government. The total indicative funding provided to the local external care market via the grant funding and local schemes is £5.7m for 2021/22.

In addition to the continued grant funding the Council has supported external home care providers who have been particularly challenged with recruitment by providing recruitment events which have been well attended locally.

Alongside colleagues in Public Health, Adult Social Care have been continuing to support vaccine uptake, testing and safe visitation and we as working with providers to manage outbreaks in care homes. A joint protocol has been agreed for risk assessing individuals' admissions into care homes where an outbreak has been identified. This was well received by partners across the system and enabled individuals to be cared for in the most appropriate environment.

As the guidance and impact of the pandemic has evolved the Council has continued to provide weekly updates for providers to ensure accurate and consistent information is available and implemented across Stockport. This has been backed up by regular online forums which enabled providers to share information, good practice and ask questions.

**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 closed at the end of March 2022, during the time it was open 3.5 million items were distributed. The balance of stock held will be used by the Council's in house provider services during 2022/23.

The sectors who still require PPE have access to the Department for Health and Social Care (DHSC) PPE ordering portal. Orders are placed direct on the portal with delivery being made to their chosen address. The following sectors have access to the portal:-

- Personal Assistants (and/or Personal Assistant employers)
- Extra Resident Unpaid Carers

- Adult Social Care Services (extra care, day services, supported living, care homes, domiciliary care providers etc.)
- Local authority services. This includes internal local authority services, but not contracted private providers (unless these provide a health or social care service).
- Rough Sleeping Services
- Domestic Violence Refuges

It is unclear at present the extent to which the council will be funded to be able to commit to a dedicated hub long term. It is therefore likely to be wound down so it becomes 'business as usual' practice to have stocks available for staff that need it. Non-council services will be led by the national offer going forward and will not have direct access to the PPE Hub as they will be ordering their own from the national portal for the immediate future.

*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, vaccinations can also be found in the Portfolio Dashboard.*

Data to 31<sup>st</sup> March 2022 on delivering the vaccination programme is as follows;

Age group	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	Booster dose
70+	96.6%	96.2%	94.3%
50+	94.1%	93.4%	88.4%
18+	87.4%	85.2%	71.6%
16-17	73.6%	57.0%	-
12-15	63.8%	40.2%	-

The uptake of the COVID-19 vaccine in Stockport continues to be good and is high when compared to the Greater Manchester average. Significant inequalities remain, in term of age (older populations having the highest uptake), ethnicity and deprivation – but system wide efforts have narrowed these gaps, so that the equity gaps in Stockport are also lower than the GM average.

**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**

The recommissioning of the Early Help and Prevention offer in Quarters 2 and 3 resulted in the award of contracts to eight organisations/partnerships, with a contract start date of 1<sup>st</sup> April 2022. These services are funded by Adult Social Care, Public Health, Stockport CCG and Children's Services.

The new model of provision includes a central access point named 'Stockport Support Hub', which will triage referrals and allocate them to the most appropriate services(s). The range of provision available to Stockport residents is as follows:

- **Your Support** - Providing one to one support to help you make changes to improve your individual situation, health and wellbeing and build your confidence (delivered by The Prevention Alliance)
- **Community Support** - Connecting you and your family to community activities, groups, peer support, learning and volunteering opportunities, and providing support to develop community activities (delivered by Pure Innovations)
- **Home Support** - Providing practical support to help you maintain your home environment and live safely and independently in your own home (delivered by Age UK Stockport and partners)
- **Carers Support** - Supporting you if you care for someone that would struggle to manage without you because of illness, disability, frailty, a long-term condition (including mental illness or dementia) or addiction (delivered by Signpost for Carers, in partnership with Stockport Mind)
- **Transport Support** - Providing transport if you are struggling to get to appointments and activities and you would find it difficult to use public transport (delivered by Stockport Car Schemes)
- **Domestic Abuse Support** - Supporting you if you are affected by domestic abuse (delivered by Talk, Listen, Change and partners)

In addition, there are two new services commissioned by Public Health as follows:

- **Stockport Adult Drug and Alcohol Service** – for people who would like support to address drug and alcohol issues
- **Smoking Cessation and Weight Management** – for people who want to stop smoking or lose weight

The above Public Health services can be accessed via the Stockport Triage Assessment Referral Team (START) and the Specialist Physical Activity Service. A number of information sessions were held in the first quarter of 2022, to equip staff and stakeholders with information about these services.

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

The 'Front Door' continues to work with colleagues across the Council to develop the Thriving Communities Programme and All Age work. We have worked with the Stockport Family MASSH to scope out our different responsibilities and consider how an All Age Approach would benefit our citizens. The service has worked in collaboration with Stockport Homes Group to jointly fund a

social worker to work with people who are homeless or at risk of homelessness. It is hoped that this partnership working will improve outcomes for this group of people.

We have developed and delivered online referrals for both Safeguarding and Equipment Services, produced with the services and our partners. These online forms allow our professional partners to make referrals directly to the relevant teams, where information is gathered step by step in a logical way aligned to the GOV.UK design principles and Council webform template. Both forms are compatible with various accessibility software and features, such as screen readers, zoom text, colour changes etc.

Completed referrals automatically transcribe data into the back-office case management system. This saves time for the internal teams, increases efficiency and reduces the amount of call backs necessary to build an accurate picture. These forms have replaced outmoded communication channels and existing less efficient online tools. 258 referrals have been received in this way since February 2022.

We will continue to maximise the opportunities this software and approach offers through further developments.

**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. It 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.

We are commencing a 'Test of Change' in the lead up to the opening of the Academy of Living Well and will be working with these new technology suppliers and Stockport Homes to create a built-in IT infrastructure that will improve the household environment for intermediate care residents. It is also our aim to provide a package of take-home technology for residents so that their rehabilitation can be enhanced at home. Technology will also be a priority for the workforce delivering the new model of care, and our Champions of Care will test out new devices and user-friendly apps that will improve patient flow, patient care and workforce engagement.

- **Digital Platform for care homes**

We are working with Stockport CCG to support our care homes to have a digital platform to enable a digital link with Health and Social Care Services. The platform will enable efficiencies via video conferencing appointments for GPs.

We have identified 3 care homes to pilot the platform and have procured 50 devices to support further roll out. It is our aim to provide all care homes across Stockport with the tools to ensure that links with Health and Social Care professionals are as efficient as possible. We will continue to develop the platform based on user feedback.



- **Developing our reporting capabilities**

Since the implementation of our new case management and finance management systems in April 2020 we have collaborated with our Data Analytics colleagues to develop a bespoke suite of performance management dashboards which provide rich data about our frontline services and helps us to drive forward our commitment to data-led decision-making. We will continue to grow this resource and improve the richness of the data, further developing our IT systems where necessary, so that we can undertake proactive analysis, respond to patterns and trends, and adapt the service to meet population need.

- **In house provider services systems development**

The REaCH service are implementing an electronic recording system for client records, which will improve safety within service and improve record keeping. The system is currently in the pilot phase and all staff have received training in the new system. Full roll out of the system will take place in the first two quarters of 2022/23.

Opportunities Together have developed a bespoke system using SharePoint for storing client's behavioural plans which will allow appropriate staff access and provide remote auditing opportunities. The service is also developing systems to provide data, and workflow reminders on medication errors and incidents within the service to ensure these are monitored, managed appropriately and changes can be made to support plans to reduce incidents where possible. All properties will be allocated 4G tablets or have laptops connected to Council intranet/networks.

**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 Mayoral Development Corporation (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 Well)**

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 supported by an education programme within a real-life environment for training. In the lead up to the Opening of the Academy, a 'Test of Change' period will seek to ensure that the ambitious plans for the Academy can be realised. This is commencing with a mini-prototype (small scale) version of the household model of care at a location in Stockport provided by a current care operator that is keen to take part in the innovation around the provision of care.

Testing the aspirations for a new household model supported by Stockport Standards of Care, and using 'The Big Table' concept, which will be delivered by a culture-led social care workforce that is being reimagined in terms of an attractive career pathway, a new curriculum and a strategy that will support staff recruitment and retention levels. Technology will be at the heart of service delivery, from built-in environmental / ambient solutions, to smart tech that can be taken home, to workforce technology that is engaging and user friendly.

- **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 to put in place the wrap around services that will support people as they age. A campaign to provide advice and guidance to Stockport residents on how to improve ageing in place is being designed through a partnership approach 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 new Front Door into Early Help and Prevention services 'Stockport Support Hub' (see above) will be responsible for offering information and guidance to support people to access the services they need. The Community Support service will ensure that individuals and families are supported to access social groups, peer support networks, leisure activities etc in their local community. These connections may be face to face or digitally enabled.

- **ASC web content**

Migrated content from the 'My Care My Choice' website is being systematically reviewed, refreshed and republished on the Council's main website. This is to ensure that the information we present is accessible, accurate and meaningful to our users. We will also continue to restructure the content to ensure that user journeys are sensible and relevant.












We have worked directly with the service subject matter experts to publish new content on topic areas including:
















- Paying for care
- Quality Team and Complaints
- Autism (all age)
- Equipment and Adaptations





The work will continue to cover all topic areas, including the embedding the language and ethos of the strengths-based approach. Accurate content will allow residents to access relevant advice, guidance and support through being better informed.

We are looking to build a culture of awareness around web content in Adult Social Care, so we maximise the opportunities this medium provides.

## Measuring Performance and Reporting Progress

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
ACH 3.1	Number of people undertaking the National Diabetes Prevention Programme.	High	1,223	515	356	500		
Levels of referrals have been impacted by the COVID-19 pandemic, as GP Practices have had to prioritise their work, and focus on the delivery of COVID-19 vaccines and urgent care, rather than prevention services. Target levels of referrals were agreed with NHS England in 2019 and have not been renegotiated to reflect the impact of the pandemic on GP Practices. Stockport's performance continues to be high, and over 2,500 people have completed the nine-month behaviour change course since the programme began in 2017. The 356 referrals last year were lower than previously, but still amongst the highest in GM.								
ACH 3.2	Numbers of referrals to START (Stockport Triage Assessment & Referral Team).	High	3,996	2,591	2,847	2,500		
ACH 3.3	Number of people completing a weight management intervention (ABL lifestyle service).	High	136	182	73 (+158 still on prog)	150		
The most recent available data for 2021/22 shows the cumulative number of completions is 73. However, of those starting an intervention in 21/22, there are still 158 on the programme which would exceed the target comfortably if all complete in 2022/23.								
ACH 3.4	Number of people completing a smoking cessation (ABL lifestyle service).	High	316	424	594 (to end Feb 22)	400		
ACH 3.5 GMS	Percentage of deaths occurring at usual place of residence	Contextual	48.3%	50.5%	47.4%	N/A	N/A	
PHOF C21 GMS	Alcohol related admissions to hospital per 100,000 (narrow).	Low	685.4	543.9	TBC	660		
Data for 2021/22 will be published with the mid-year report. This is not yet available as we need to wait for two months after year end for the complete data to allow for hospital spells to end (people admitted on 31st March may stay in for a week or two) and then 6 / 8 weeks for NHS to process the data and release to us.								

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
PHOF C19a	Successful completion of treatment – Opiate users	High	5.6% (Sep18-Aug19)	4.8% (Sep 19-Aug 20)	4.3% (Sep 20 – Aug 21)	4.9%		
Stockport's performance is categorised as being similar to national performance. Part of our substance misuse service response to Covid was to stabilise opiate clients on substitute medication and retain them in treatment. This was part of a harm reduction approach given there was reduced support in the community to help people stay in recovery and reduce the risk of relapse.								
PHOF C19b	Successful completion of treatment – Non-opiate users	High	41.3% (Sep18-Aug19)	41.9% (Sep 19-Aug 20)	40.6% (Sep 20 – Aug 21)	40%		
PHOF C19c	Successful completion of treatment – Alcohol	High	39.5% (Sep18-Aug19)	43.6% (Sep 19-Aug 20)	42.4% (Sep 20 – Aug 21)	40%		
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	High	8.3%	12.2% (49)	13.9% (46)	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)	88.7 (297)	85.0%		
ACH 3.8	Contextual Total number of Deprivation of Liberty Safeguarding (DoLS) referrals awaiting assessment	Low	961	1,056	1,066	N/A	N/A	
ACH 3.9	Number of DoLS referrals awaiting assessment triaged as 'High' or 'Medium' priority	Low	186	304	290	Aim to minimise		
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)	85.8% (467)	95%		
Performance has improved from 82.1% at Mid-Year, with numbers increasing as cases continue to be reviewed. Although significantly below target, the work done to review cases during the year means that this figure now represents a more accurate picture, and is based on Section 42 enquiries which have been concluded during the reporting period. This also reflects a change in approach on 'Making Safeguarding Personal' with a focus on individual outcomes.								

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
ACH 3.11	Percentage of safeguarding cases where the client outcomes are wholly or partially achieved (cases) <i>(from Making Safeguarding Personal)</i>	High	82.5%	91.7%	94.9% (262)	90%		
Council Measure								
ACH 3.12	Increase in/number of people using self- care online resources (via Healthy Stockport website)	High	32,683	33,000	26,373	Aim to maximise		
<p>Measured as the number of people accessing pages on the Healthy Stockport website, the numbers are down slightly this year but still a high level of engagement with the public. The most popular pages (other than the home page) are:</p> <ul style="list-style-type: none"> <li>• Central Youth – young people's service</li> <li>• Contact us – START</li> <li>• Getting support</li> <li>• Stop smoking</li> <li>• Steady in Stockport service</li> <li>• Coronavirus</li> <li>• Healthy weight</li> <li>• Sexual health</li> <li>• Additional support and advice (healthy weight)</li> </ul>								



## **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**

We described in priority three how we will continue to build and develop our 'Front Door' offer. Through our multidisciplinary approach, we will improve our advice and information, we will embed a 'strengths and asset-based' approach, and we will implement digital referral routes. Colleagues from the Front Door will be active participants in the Thriving Communities programme, driving forward this agenda to improve the outcomes for the residents of Stockport.

The Equipment Adaptations and Sensory Loss Team will continue to work closely with NHS and social care partners in supporting the Discharge to Assess (D2A) model. We will continue in promoting independence and choice and preventing admissions to hospital and care homes through timely intervention and provision of equipment, adaptations and moving and handling advice.

We will continue to work with partners in Stockport Homes on improving the DFG process for residents to enable them to remain in their own homes. Introduction of new documentation and an Occupational Therapy model of practice will embed the strength and asset-based approach

- **Enablement & Recovery**

The REach service continues to support residents to receive reablement care within their own homes that is person centred and assists people to regain their independence. The service works closely with Health and Social Care partners to identify opportunities to improve the customer journey and to increase the number of people who can be supported within their own home.

Opportunities Together is focusing on asset-based practice and providing opportunities for integration opportunities within the local community. Service development road shows are ongoing, with all staff and tenants invited, with the aim of empowering and encouraging involvement and participation in service developments.

- **Support & Care Management**

Availability of 'real time' data across the service is providing information on the flow of Care Act assessments and reviews. This is helping to improve timeliness and efficiency, reducing waiting times and having a positive impact on customer journeys and outcomes, including hospital discharge (D2A). Alongside a consistent management structure and staff retention, a strength-based approach is also being embedded into these processes.

We are currently reviewing our Transitions offer with colleagues in Stockport Family, including considering options around a more streamlined 'all age approach'. This work is ongoing and is supported and overseen by the All Age Board.

There is also a further piece of work ongoing between Stockport CCG, Stockport PCFT and the Council to review the current integrated team model within the Community Learning Disability Teams with a view to planning and further developing an integrated and seamless health and social care offer for people with learning disabilities in the borough.

We have set up an All Age Dedicated Mental Health Discharge team to support the mental health wards in Stockport and independent hospitals. This will ensure a person centred, strength-based approach to support people back into the community. It will enable a continuity of care and prevent readmission to hospital. This ensures that delayed transfers of care (DToC) are minimal, and the Care Act needs and support is completed and reviewed when discharged by the dedicated team or social worker. This includes working with Pennine Care FT, Stockport CCG and other mental health colleagues and providers.

- **Commissioning & Infrastructure**

The recommissioning of Early Help and Prevention services will ensure that people are able to access support at the earliest opportunity, to prevent the need for more formal care and support provision and enable people to live independently for as long as possible. These services will promote positive health and wellbeing outcomes for people who require support, their carers and families.

The commissioning of a local Healthwatch service will ensure that people who access health and care services have a voice and opportunities to get involved in the monitoring of local services. This service will provide insight and feedback from Stockport residents, which will inform contract monitoring, commissioning decisions and service improvement plans.

The commissioning team have continued to work across a number of partners (Job Centre Plus, local colleges, Stockport Jobs Match) to support retention and recruitment in commissioned services across Adult Social Care.

- **Practice Quality**

We are committed to the ongoing development of our workforce to ensure high quality practice is at the heart of everything we do. We have introduced a number of new roles including a Practice Lead who acts as a vital link between frontline practitioners, Workforce Development and the Principal Social Worker as well as a Strategic Service Management post sitting between operational service delivery, IT systems and data analytics. Collectively these roles will work to drive forward a culture of continuous reflection and improvement through the development of:

- supportive learning environments such as peer support, learning circles, an improved induction & ongoing training programme.
- encouraging greater usage of Research In Practice and other learning materials for continued professional development.
- monitoring and development tools such as case file audit, practice standards, a performance management framework.

- **Safeguarding** - Adult Social Care has continued to support the work of the Adult Safeguarding Partnership. The Principal Social Worker has undertaken the role of Chair of The Quality Assurance Partnership and is the Co-Chair of The Complex Safeguarding sub-group.

The Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS) Service continue to be committed to working with partners across the social care and health economy within Stockport, striving to ensure safe and dignified care is delivered within the care home sector.

The service priority is to ensure the human rights of the residents are upheld and providers of care understand their duties in relation to the human Rights Act, the Care Act and the

Mental Capacity Act (Particularly in relation to s42, DoLS and Article 5)

As a service we are committed to the continued development and investment in skilled staff in this important statutory area of work. This includes ensuring full engagement with the revised Mental Capacity Act (Amendment) 2019 and the necessary developments required for the successful transition from DoLS to the Liberty Protection Safeguards (LPS).

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

Progress continues to be made within REaCH against the comprehensive quality improvement plan. The implementation of the electronic recording system described in priority three will support this.

**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.**

Both REaCH and Opportunities Together have changed their recruitment practices and processes, to try and improve its recruitment success and minimise the challenges in recruiting to the care sector.

The service is working closely with colleagues in Human Resources to identify further ways to attract, recruit and retain of Social Care staff. There are now four social work apprentices within the service and work is underway to develop a social work career pathway. The Principal Social Worker is working with colleagues across GM to raise the profile of Social Work, linking in with The Greater Manchester Social Work Academy. Our Occupational Therapy Leads are also linked into a North West ADASS Group who are also considering these issues.

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

PeopleToo have been working with Adult Social Care teams in Stockport to support the implementation of a strength-based approach across the whole workforce that will support the embedding of the principles of the Adults Operating Model. In the summer of 2021, PeopleToo completed the 'Diagnostic Phase' through the process of 'Guided Conversations'. Five key themes were identified as areas where we can improve: Identifying Strengths and Assets; Risk Assessment and Risk Enablement; Best Value; Case Recording and Professional Analysis; Due Legal Process.

Since then, we have:







- Delivered staff development sessions with the teams in the assessment parts of the service; we will also be developing an introduction session for the remaining parts of the service, providers and partner agencies.
- Re-designed the assessment and care planning documentation, and this will be live in May 2022. We will organically review other relevant documentation in system following this.
- Started to review and re-design some key operational policies and processes, alongside some public facing documentation to ensure it describes the approach.









**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.**

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 reviewed our 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	Actual	Target	Status	Trend
ACH 4.1	Number of carers assessments carried out	High	1,128	591	724	Aim to maximise		
ACH 4.2	Number of carers in receipt of carer's payments	High	915	468	620	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 ( <i>actual number</i> )	High	56.9%	45.4% (470)	63.5% (468)	65.0%		
<p>The out-turn of 63.5% has improved since the Mid-Year position of 61.1%. Whilst this remains below the target of 65%, it is now within the 'Amber' tolerance range and significantly above previous year's outturn figure of 45%.</p> <p>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.</p>								

Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	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)	6.7% (59)	8.0%		
ACH 4.3	Proportion of adults with autism in paid employment ( <i>actual number</i> )	High	3.0% (3)	7.9% (23)	5.7% (17)	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)	85.4% (753)	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)	72.6% (217)	80.0%		
<p>We continue to support people with autism and those with learning disabilities and employment opportunities remain an important area to support and develop. The service has commissioned support employment services and at this point we are involved with a Department for Work and Pensions Scheme with a view to scoping and delivering further targeted support.</p> <p>Stockport has historically performed well in this area, however figures for 21/22 appear to show a reduction. We feel this may be due to reduced opportunities during Covid to a limited extent, but there also remains a data recording issue as a result of the exchange of data between the former Care First and Liquid Logic IT systems which appears to be causing under-reporting in this area. Work is currently underway to rectify this and we anticipate that future reports will provide a more accurate and realistic data set for this measure.</p> <p>For ACH 4.4 the figure of 72.6% is based on the 21/22 position is below the target set of 80%, although shows an increase from the 67.1% reported at Q4 2020/21. Stockport has previously performed very well in this area and as with employment data, we believe there is a data transfer issue affecting these figures.</p> <p>There has been no change in practice relating to adults with autism between 19/20 and 21/22 to account for the reduced figures, there has been no significant increase in admission to institutional care for people in this cohort. 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.</p> <p>The ASCOF 1G data show improvement and is above target, however as above we do feel that data issues are also affecting the accurate reporting of this measure and are working to understand and resolve for future reports.</p>								



Council Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
N1	The proportion of <b>Nursing</b> 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%		
<p>The out-turn of 66.2% remains the same as reported at Q3 and below the target set of 75%, however, performance is up on the previous year's outturn figure of 55.9%.</p> <p>Improving the Care Quality Commission (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> <p>The CQC have needed to change and adapt their inspection regime in light of the challenges and restrictions in the Covid-19 pandemic. CQC have as a result adopted an intelligence led, risk-based inspection regime, meaning that they are looking to inspect providers where there have been concerns raised or incidents reported to them. Therefore, inspections over the last year have been more likely to result in ratings of 'Requires Improvement' or 'Inadequate' than 'Good' or 'Outstanding'. Across England in 2021, Care Homes were 29% less likely to be rated as 'Good', 10.5% more likely to be rated as 'Requiring Improvement' and 55% more likely to be rated as 'Inadequate' as compared to 2020.</p> <p>In this context, the fact that the CQC ratings for care homes with nursing show a slight increase the percentage of beds in Stockport rated as good or outstanding is positive compared with 2020/21 despite being below the target figure.</p>								
N2	The proportion of <b>Residential</b> 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%		
N3	The proportion of <b>Home Care Agencies</b> in Stockport with an overall CQC rating of good or outstanding (number)	High	95.0% (38)	94.9% (37)	90.7% (39)	95.0%		
<p>The out-turn figures for residential and home care quality are unchanged from the position reported at Q3. Whilst both are below target, these remain within the 'Amber' tolerance range and above the GM average.</p>								
GMS	Percentage of adult social care facilities rated as good or outstanding (number)	High	80.2%	86.4%	86.8%	85.0%		
ASCOF 1A	Overall social care related quality of life score (out of 24)	High	18.5	N/A	18.8	Aim to maximise		
ASCOF 111 GMS	Proportion of people who use services reporting that they had as much social contact as they would like	High	39.9%	N/A	39.3%	Aim to maximise		

Stockport didn't participate in the (voluntary) ASC user survey for 2020/21 due to other operational priorities, but this was undertaken for 2021/22. Around a third of the 2,000 service users responded, and results remain within the same 'confidence interval' as the previous survey undertaken in 2019/20.

There has been a slight increase in the quality of life measure, but a reduction in social contact, which is perhaps unsurprising given the continued restrictions in place in residential and nursing homes, and other social care settings.

## 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

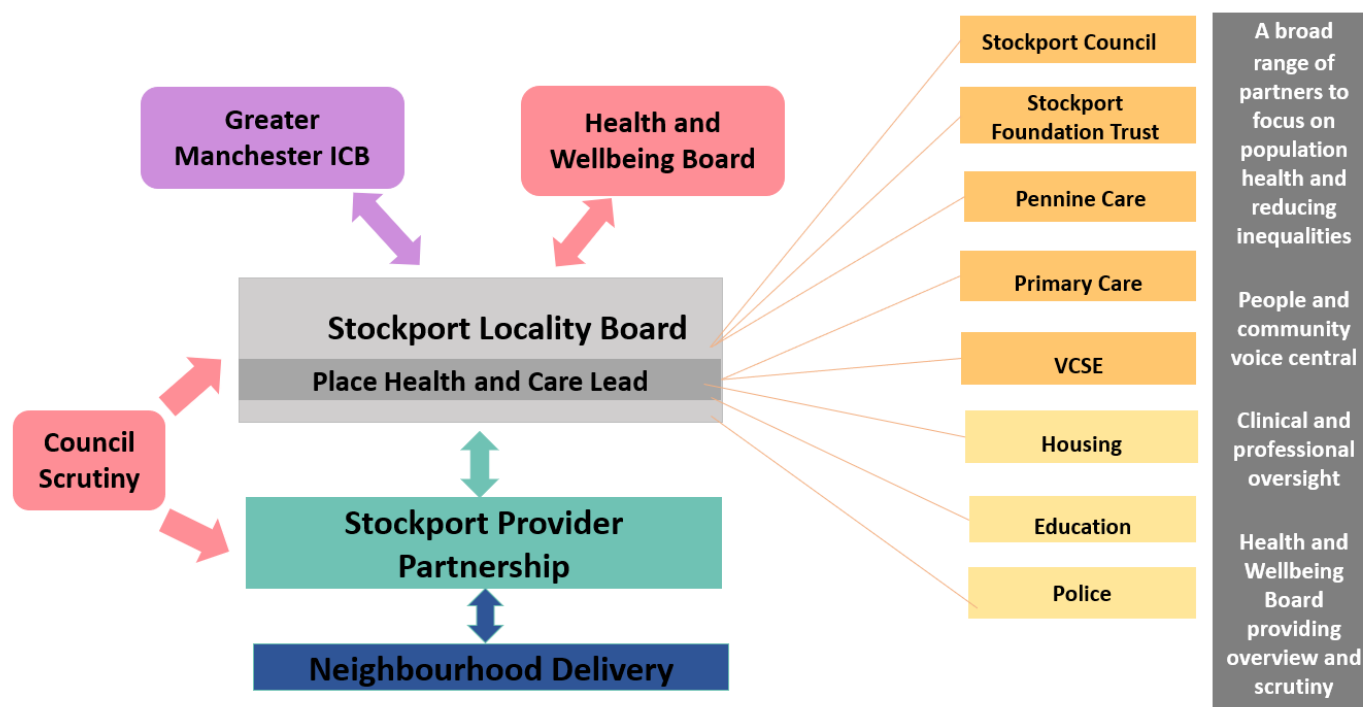
An initial One Health and Care delivery plan was presented to the Health and Wellbeing Board on 2<sup>nd</sup> March 2022. Since then a partnership wide task and finish group has been established to further develop the plan ensuring all programmes are reflected and aligned to the 'We Will Statements' included in the One Health and Care Plan and wider Borough Plan. Programme Leads are currently being identified across the system to deliver Stockport Plan which will be linked to the Outcomes Framework so that each programme will have a clear set of measures and outputs to ensure robust delivery.

As we move into 2022/23, the new system leadership arrangements will enable us to work closely together to undertake joint prioritisation and delivery.

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

The Locality architecture continues to be considered and developed through a set of 3 Locality Board development sessions. A Task and Finish group is also in place to look at the underpinning delivery programmes and governance arrangements. This work will enable the Locality to articulate the governance framework and develop clear terms of reference and scope of each board/group and forum and ensure clear relationship with the Health and Wellbeing Board, GM ICS and the other GM functional groups. Stockport is represented by lead colleagues in the CCG to agree expected levels of spatial delivery which will further inform local plans for delivery.

The agreed key features of the locality approach are set out below:



The Accountability Agreement between Stockport as a Locality and GM Integrated Care Board (ICB) has not yet been released. This should provide clarity underpinned by the Scheme of Reservations and Delegation (SORD) to hold the locality to account as a health and care system. This document is currently being worked through by the Finance and Governance workstreams at a

GM level. The document will set out the governance of the interaction between the Locality Board and the GM ICB, and describe the delegations that Stockport will have as a system such as performance reporting arrangements, quality oversight, safeguarding and CHC etc. Further consideration will be required once this document has been received.

ICSs will be held to account by the Care Quality Commission (CQC) Integrated Care System inspection framework, which will be used from 2023. The CQC will look broadly across Integrated Care Systems, and in particular at how Integrated Care Boards, local authorities, providers of NHS care, public health and adult social care services are working together to deliver safe, high quality and integrated care to the public. With this in mind, a multi-disciplinary working group will start to self-assess and ensure that Adult Social Care is clear of how the inspection will assess how well we deliver our duties under the Care Act. This includes working with our communities to provide or arrange services that help to keep people well and independent; identifying the local support and resources already available, and helping people to access them; as well as providing services aimed at reducing needs and helping people regain skills, for instance after a spell in hospital. We continue to work with other partners to think about what types of service local people may need now and in the future and this work will be strengthened as we work more closely together in neighbourhoods and as equal partners in the Stockport Provider Partnership.











**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.**

We know that the longer people remain in hospital, the more likely it is their health will deteriorate and they will be at risk of hospital acquired infections. We want to prevent and reduce this by discharging people to their home in a timely way. Our ethos is a home-first approach and we have realigned our services to ensure that our social work teams are involved in the discharge planning process from the earliest opportunity.

Our approach is strength-based and person-centred working with individuals to ensure that we achieve the outcomes that matter most to the person. We are working towards a seamless service from hospital to home and are developing pathways that enable a smooth transition between services.

We work in partnership with our colleagues within a multi-disciplinary approach. We have developed good relationships with our third sector, and we continue to work together to develop and embed new services to support independence and to enable people to have more choice and control in their lives. We also work closely with our providers developing positive relationships

## Measuring Performance and Reporting Progress

Partnership Measures								
PI Code	Short Name	Good Performance	2019/20	2020/21	2021/22			
			Actual	Actual	Actual	Target	Status	Trend
ASCOF 2A(2) GMS	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population ( <i>actual number</i> )	Low	657.9 (376)	441.0 (259)	627.8 (370)	584		
<p>The out-turn figure of 627.8 is more in line with the pre-pandemic figures for admissions. This has increased significantly during Q4 and is now higher than the target figure.</p> <p>The figure for 2021/22 reflects an element of pent-up demand from 2020/21 where people avoided admissions to residential and nursing care as the nationwide public perception was that people were more at risk from Covid-19 in a care home. This accounts for the lower figure in 2020/21 which appears to have impacted on the 2021/22 figure. The increase in long-term placements over the last 6 months is largely due to the levels of hospital discharges and also reflects the backlog of reviews. It is anticipated that the figures will stabilise in 2022/23, although some short-term placements will convert and this remains subject to future demand pressures across the wider health and care system.</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)	92.2% (as at 31/12/21)	85.0%		
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 published in October 2021 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%	24.8% (1,565)	Aim to minimise		
<p>This measure looks at all those people currently receiving services in nursing and residential settings as a percentage of the total number of people receiving services in nursing and residential settings plus services in the community. It reflects a similar picture to ASCOF 2A (2) above, with an increase in nursing and residential placements over the second half of the year.</p>								
PHOF C29 GMS	Emergency hospital admissions of over-65s due to falls (per 100,000 over 65s)	Low	2,666 (2018/19)	2,417 (2019/20)	2,400 (2020/21)	Aim to minimise		



# ADULT CARE AND HEALTH PORTFOLIO

## 2. FINANCIAL RESOURCES AND MONITORING



### 2.1 Revenue – Cash limit

#### Outturn Budget at Q4

	Previously Reported Q3 £000	Increase (Reduction) £000	Budget at Q4 £000
Adult Social Care	87,091	521	87,612
Public Health	11,168	27	11,195
<b>Cash Limit</b>	<b>98,259</b>	<b>548</b>	<b>98,807</b>

#### Budget changes since previously reported at Quarter 3

Description	Movement(s) £000
Pay Award 21/22 (ASC)	521
Pay Award 21/22 (PH)	27
<b>Total</b>	<b>548</b>

#### Outturn Position

Services	Budget Outturn £000	Outturn £000	Variance £000	Forecast Variance reported Q3 £000
Prevention Wellbeing & Independence	5,993	5,656	(337)	(194)
Enablement & Recovery	11,135	10,700	(435)	(436)
Support & Care Management	75,974	76,624	650	809
Practice Quality & Safeguarding	1,227	1,099	(128)	(130)
Commissioning & Infrastructure	1,466	1,408	(58)	(53)
DASS and Central ASC budgets	(8,183)	(7,875)	308	4
<b>Total – Adult Social Care</b>	<b>87,612</b>	<b>87,612</b>	<b>0</b>	<b>0</b>
<b>Public Health</b>	<b>11,195</b>	<b>11,195</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>98,807</b>	<b>98,807</b>	<b>0</b>	<b>0</b>

The financial resources in this portfolio total £98.807m. The outturn is a balanced position.

## **Adult Social Care**

The service is reporting a balanced position at outturn, against a budget of £87.612m. As anticipated care management financial pressures and additional Covid-19 commitments were managed within the outturn position using a combination of:

- 2021/22 BCF inflationary allocation
- Hospital Discharge Funding
- Utilisation of Workforce Retention and Recruitment Fund (WRRF) and Infection Prevention and Control grants
- ASC Winter Grant

## **Infection Control Fund / Rapid Testing Grant / Vaccine Grant**

A further ICF, Rapid Testing and Vaccine Grant allocation was announced covering October 21 – March 22. The allocation to Stockport was £2.003m.

At outturn the ICF and Rapid Testing Grant was spent in full. A minor balance of £0.022m is being returned to DHSC aligned to the Vaccine Grant. The Council has received other grant funding aligned to vaccinations which was also utilised to offset the additional commitments.

The final grant returns and statement of assurances were submitted to DHSC on the 29<sup>th</sup> April 2022.

Currently no further ICF, Rapid Testing or Vaccine Grant funding is expected to be received in 2022/23.

## **Omicron Support Fund (OSF)**

The Omicron Support Fund allocation of £0.321m to the Council is a non-ringfenced grant. Expenditure at outturn to provide funding to the external care sector and additional In-House service costs was £0.130m, with the balance of £0.191m being carried forward into 2022/23.

## **Workforce Recruitment and Retention Grant (WRRG)**

The Council received £2.473m aligned to WRRG in 2022/23:

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

This is a discretionary grant to the Council, which was to be spent aligned to grant conditions.

Both grants have been spent in full. This included passportation of funding to external care providers aligned to workforce retention and recruitment, alongside additional internal commitments aligned to predominantly winter commitments of staffing.

The final grant returns and statement of assurances were submitted to DHSC on the 29<sup>th</sup> April 2022.

## **Hospital Discharge Programme (HDP)**

During 2021/22 the Council reclaimed £3.252m via the Hospital Discharge Programme. This included:

- Recharging up to four weeks spot purchase provision, post hospital discharge
- Block booked Discharge to Assess (D2A) beds
- Additional strategic and operational D2A staffing costs
- D2A homecare provision
- Contribution towards additional equipment costs aligned to hospital discharges.

## **Outturn Analysis**

### **Prevention Wellbeing & Independence – underspend £0.337m**

As previously reported the underspend was due to reduced activity within Extra Care Housing (ECH) than anticipated at budget setting. This will be reviewed in Q1 of 2022/23 to realign budget provision, based on anticipated planned activity.

#### Variance from Q3

The underspend has increased by £0.143m from the Q3 position, as contingencies included for potential increases in ECH activity in Q4 did not materialise at outturn.

### **Enablement & Recovery – underspend £0.435m**

The underspend at outturn was mainly due to over achievement of external income than what was anticipated at budget setting. There were also Covid-19 grant contributions to specific elements of the Internal LD Tenancy service.

#### Variance from Q3

No change.

### **Support and Care Management – overspend £0.650m**

#### Learning Disabilities – underspend £0.081m

The underspend at outturn was due to the impact of client reviews to ensure Care Act eligible needs continue to be met and increased external contributions.

#### Integrated Neighbourhoods – overspend £0.485m

Financial pressures within care management and additional costs related to Covid-19 from commissioned services and reclaims from external care providers were predominantly offset by:

- Hospital Discharge Programme funding
- Overachievement of external contributions from the income targets set
- BCF inflationary uplift 2021/22
- ASC Winter Grant contribution to short term placements over the winter period

A further increase to the ASC bad debt provision was completed in 2021/22 to provide additional financial resilience aligned to the potential risks of debt recovery.

### Mental Health – overspend of £0.246m

The overspend at outturn aligns to an increase in care management commitments and additional demand for services.

### Support & Care Management - Variance from Q3

The overspend has decreased at outturn by £0.159m from the Q3 position. This is predominantly due to the service reviews and increases to external contributions. Additional commitments were also included for prudence during 2021/22 for potential future demand, which only materialised in part during the financial year.

### **Practice Quality & Safeguarding – underspend of £0.128m**

The underspend at outturn is due to in year vacancies from challenges in recruitment and retention of staff, aligned to the interim structure.

### Variance from Q3

There is no material change from the Q3 forecast position.

### **Commissioning & Infrastructure – underspend of £0.058m**

The minor underspend of £0.058m at outturn is due to a reduced forecast in external contracts and minor non pay commitments.

### Variance from Q3

There is no material change from the Q3 forecast.

### **DASS & Centralised ASC budget – overspend £0.308m**

The overspend was predominantly due to in year non recurrent commitments where the expenditure was maintained within the overall ASC outturn position, rather than utilisation of reserves. For example a contribution to complex dependencies work, commitments aligned to Mental Health programmes and a contribution to carers assessment services.

Also in year IT commitments across ASC have been maintained within the ASC outturn position rather than a transfer to the ASC capital programme.

### Variance from Q3

The overspend has increased by £0.304m from the Q3 position of breakeven. This is due to the reasons set out above.

## **Public Health**

The service has a breakeven position at outturn, which includes a £1.182m transfer to the Public Health reserve to achieve a balanced position.

The in-year underspend of £1.182m includes:

	£m
Demand led services – reduced in-year activity	0.534
Staffing and transport – staff charged onto in-year external grants	0.250
Unallocated grant/miscellaneous budgets	0.214
Tier 4 contribution – not required	0.100
Agenda for Change (AfC) - pressure not realised	0.084
<b>Total</b>	<b>1.182</b>

## **Variance from Quarter 3**

At Q3 it was anticipated that £0.607m would be transferred to the Public Health reserve. At outturn the transfer was £1.182m; an increase of £0.575m.

The additional surplus of £0.575m from Q3 was mainly due to additional underspends in demand-led, volatile services totalling £0.391m. These included Genitourinary Medicine (GUM) Out of Borough, NHS Healthchecks, Pharmacy and GP Enhanced Services, and Chlamydia Screening.

There may be a financial pressure within 2022/23, due to increased activity in the demand led services previously impacted by Covid-19. Additional in-year financial pressures will be met by Public Health reserve balances.

There was also an underspend on the contribution to Tier 4 Drug & Alcohol services of £0.100m, aligned to access and availability of provision. This will be recognised as a possible pressure for 2022/23 and a drawdown from the Public Health reserve may also be required to alleviate this.

Other minor underspends in staffing and non pay services account for the balance of £0.084m.

## **Grant Funding**

### **Contain Outbreak Management Fund (COMF) & Test and Trace Grant**

The Council received £12.245m of COMF income from the Department of Health and Social Care (DHSC) covering 2020/21 and 2021/22, including £1.474m Test and Trace funding. This was to support a wide range of schemes which were either directly or indirectly supporting the management of outbreaks of infection.

The Council received confirmation that unspent balances at 2021/22 outturn could be carried forward into 2022/23.

At 2021/22 outturn there was £2.609m unspent COMF balances, which have been carried forward into 2022/23.



## Community Champions Grant

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

From this allocation, £0.033m was spent in 2020/21 and a further £0.423m has been spent in 2021/22. It was agreed that remaining balances could again be carried forward and therefore £0.194m is available for ongoing work in 2022/23.

## Controlling Migration Fund

An amount of £0.025m was drawn down from the Revenue Grant reserve at outturn to cover 2021/22 expenditure. It is anticipated that the remaining Controlling Migration Funding of £0.056m will be utilised in 2022/23.

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

## Universal Drug Treatment Grant

An allocation of £0.297m was awarded to Stockport Council by Public Health England. This was new funding to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths. The full allocation has been spent in year.

## Adult Weight Management Service Grant

The Council received 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 was spent fully within 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 reflects drawdown of reserves and in year transfers to reserves at outturn.

Reserve balances will be reviewed during Q1 of 2022/23 as part of the Council's updated Reserves policy.

## Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Planned use of Reserves / "Approved Use" 2021/22 £000	Balance of Reserve / "Approved Use" £000
<b>Corporate Reserves</b>					
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	2,753	0	2,753
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM	2,130	0	2,130
Strategic Priority Reserve	Health and Social Care Integration Reserve	Contribution to joint funded placements and care academy development	2,529	0	2,529
Strategic Priority Reserve	Health and Social Care Integration Reserve	Liquidlogic development	263	217	46
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	100	0	100
Corporate Reserve	Revenue Grant	NESTA Co Production	23	0	23
Corporate Reserve	Revenue Grant	Hate Crime Funding	18	18	0
Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	19	5	14
<b>Directorate Reserves</b>					
Directorate Reserve - ASC	Directorate Flexibility Reserve - ASC	Funding for Extension of Carers Assessment Pilot	31	14	17
		<b>Adult Social Care - Subtotal</b>	<b>7,866</b>	<b>254</b>	<b>7,612</b>
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	81	25	56
Strategic Priority Reserve	Contain Outbreak Management Reserve	COMF applicable investment plans	1,661	812	849

# Portfolio Performance and Resources - Annual Report 2021/22

Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing Public Health	100	100	0
		<b>Public Health - Subtotal</b>	<b>1,842</b>	<b>937</b>	<b>905</b>
		<b>Total</b>	<b>9,708</b>	<b>1,191</b>	<b>8,517</b>

## Transfer to Reserves:

Reserve Category	Reserve Narration	To be used for	Reserve / Approved Use Balance £000	Transfer to Reserves at Outturn 2021/22 £000	Balance of Reserve / £000
<b>Corporate Reserves</b>					
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	0	7,568	7,568
Strategic Priority Reserve	Health and Social Care Integration Reserve	Returned direct payment balances aligned to Covid-19	0	758	758
Strategic Priority Reserve	Contain Outbreak Management Reserve	COMF applicable investment plans	0	666	666
Corporate Reserve	Revenue Grant Reserve	Safe Accommodation Duty Grant	0	245	245
Corporate Reserve	Revenue Grant Reserve	Hate Crime Funding	0	18	18
		<b>Adult Social Care - Subtotal</b>	<b>0</b>	<b>9,255</b>	<b>9,255</b>
Corporate Reserves	Revenue Grant Reserve	Public Health	1,225	1,182	2,407
Corporate Reserves	Revenue Grant Reserve	ASC & Health COVID recovery	0	94	94
Strategic Priority Reserve	Contain Outbreak Management Reserve	COMF applicable investment plans	0	1,221	1,221
		<b>Public Health - Subtotal</b>	<b>1,225</b>	<b>2,497</b>	<b>3,722</b>
		<b>Total</b>	<b>1,225</b>	<b>11,752</b>	<b>12,977</b>

## 2.3 Portfolio Savings Programme

Proposal	Risk Rating	Value (£000)	Vale Achieved (£000)	Additional Information
<b>2021/22 savings programme</b>				
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.
<b>Adult Social Care - Total</b>		<b>504</b>	<b>504</b>	

### Risk rating

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

**Amber** – progressing at a reasonable pace, action plan being pursued may 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 £98.657m at outturn.

There is a minor underspend of £0.004m at outturn for the Council element of the pooled budget. An update will be provided to the next Health & Care Integrated Commissioning Board (HCICB).

## 2.5 Capital Finance Update and Outlook

### Programme

Expenditure as at 31 Mar 2022 £000	Scheme	2021/22 Programme £000	2022/23 Programme £000	2023/24 Programme £000
0	Case Management System	0	0	0
37	Residential Care Sector Support	37	0	0
0	IT Infrastructure	0	86	67
0	Care Home Support	0	140	0
0	Grant allocations - remaining balance	0	117	0
<b>37</b>	<b>TOTAL</b>	<b>37</b>	<b>343</b>	<b>67</b>

### Resources

Resources	2021/22 £000	2022/23 £000	2023/24 £000
Capital Grants	37	273	67
Revenue Contributions (RCCO)	0	70	0
<b>TOTAL</b>	<b>37</b>	<b>343</b>	<b>67</b>

### Programme Amendments – Rephasing

Scheme	2021/22 £000	2022/23 £000	2023/24 £000	Funding Source	Reason
Case Management System	0	(14)	0	RCCO	Scheme complete
IT Infrastructure	(80)	13	67	Capital Grant	Rephasing
Care Home Support	(140)	140	0	Capital Grant/RCCO	Rephasing
<b>TOTAL</b>	<b>(220)</b>	<b>139</b>	<b>67</b>		

### Progress against individual schemes

- **Case management System** – This scheme is now complete.
- **Residential Care Sector Support** - Capital commitment to Ada Kay day centre. The capital spend of £0.037m was a contribution to the funding the provider had already raised aligned to the asset transfer, which will in turn provide a more sustainable future for this organisation.
- **IT Infrastructure** – In year IT commitments across ASC have been maintained within the ASC revenue outturn position rather than a transfer to the ASC capital programme. The balance of funding will be used to support IT equipment purchases in 2022/23 and 2023/24.
- **Care Home Support** – Additional Equipment to support care homes and their client's wellbeing. The £0.140m was to be funded from a contribution of £0.070m from the ASC capital grant allocation along with £0.070m revenue/grant contribution. This scheme has been paused



due to procurement arrangements and will be reviewed in quarter 1 of 2022/23 to determine best value and usage of this allocation.

- **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 available in 2022/23. Profiling of this allocation is under review and will be considered against the forthcoming legislative changes to care costs. In addition, consideration will be given to wider usage of this grant to other areas of care provision.
- **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, although delivery/spend for 2021/22 has been impacted by this lack of confidence earlier in the year and because of this spend for the 2021/22 financial year was below the quarter 3 forecast.

£0.846m was spent on disabled residents who qualify for mandatory DFG and £0.538m on Care Act eligible spend that does not meet the mandatory DFG qualifying criteria.

Further to the above an additional £0.140m was spent on design and project fees progressing the Academy of Living Well (*within the E&R portfolio*). This brings the total DFG spend for the 2021/22 financial year to £1.524m.

## 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. Actual expenditure will commence in 2022/23.

### Health and Wellbeing Public Health (£0.100m)

Addiction issues are a significant factor in health inequalities. Covid-19 has had a detrimental impact on people's ability to cope and that addictions like alcohol and drug dependency are on the increase. During lockdown, many people have stopped accessing support services so there is latent and increased demand in many of our communities. An additional one-off investment will support the development of a more proactive and targeted approach where the service can work with individual communities to deliver a tailored model that will engage a wider cohort of people. The investment was spent in full within 2021/22.