



Health and Adult Social Care

Portfolio Performance and Resources Annual Report 2022/23



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HEALTH AND ADULT SOCIAL CARE PORTFOLIO SUMMARY



This report is based on the **2022/23 Portfolio Agreement**, considered by Adult Social Care and Health Scrutiny Committee and approved by Cabinet in September 2022. This Year-End report includes updates on delivery projects, programmes and other initiatives set out in the portfolio agreement.

We have made progress in improving health outcomes and tackling inequalities. The Stockport All-age Mental Health and Wellbeing strategy was completed, with follow-up work on delivery plans. In addition £55,000 for mental health initiatives was awarded across nine VCFSE organisations. The ONE Stockport Active Community Strategy implementation plan is now live, with targeted actions facilitated by partner organisations. Life Leisure has refreshed their organisational strategy and business plan to reflect these priorities. And physical activity is part of the social prescribing pathway models being piloted in Brinnington and Bramhall.



While Covid-19 has not gone away, we must now respond to its impact. The Spring Booster programme will be delivered by Primary Care Networks and community pharmacies. The Local Outbreak Management Plan was signed off at the Health Protection Board, with management more in line with respiratory infections like influenza. The Diabetes Prevention Programme in Stockport has seen a significant increase in referrals. And responsibility for the community champion programme has now transferred to Sector 3, with the Public Health lead continuing to hold regular monitoring meetings.

We continue to keep a focus on early help and prevention. Referrals to the Stockport Support Hub are increasing quarter on quarter, due in large part to referrals for the Household Support Grant, where Age UK Stockport, Signpost for Carers and Disability Stockport are all "Trusted Partners". A gap in befriending services is being addressed through short-term funding to Age UK Stockport. Work in Opportunities Together continues to ensure that the shared lives service achieves CQC compliance. The REACH service was reinspected and rated "Good". The new Public Health contract for drug and alcohol services is now fully operational, with a continued focus on harm reduction, increased treatment capacity, criminal justice care pathways and recovery support.

The council has continued to engage with the local provider market, which informed the development of the Fair Cost of Care Report and the Provisional Market Sustainability Plan. A draft of our co-produced review of services funded by the Better Care Fund was completed and will now go through internal governance. The template submission to the national Better Care Fund team was spent in full.

We continue to enhance arrangements to deliver safe, high quality health and care services. We are developing and implementing our workforce strategy and responding to staff feedback, and as part of the Greater Manchester workforce partnership programme are seeking to understand how we can work better through integration. We have changed where and how we advertise and the entire recruitment process, which has resulted in our filling some vacant posts. We have also improved our workforce communication. We have completed a review of the Community Learning Disability Service, that has facilitated better relationships with our partners and people who use the services.

I am pleased to submit this Annual Report to members of Scrutiny Committee.

Cllr Keith Holloway, Cabinet Member for Health and Adult Social Care

Revenue Budget (Outturn)		Capital Programme	
	£000		£000
Cash Limit	106,386	2022/23 Capital Budget	32
Outturn	106,386	2023/24 Capital Budget	308
(Surplus)/Deficit	0	2024/25 Capital Budget	0
<u>Reserves</u> Approved use of reserves balance was £17.782m Transfer from reserves was £6.498m Transfer to reserves was £8.198m			

HEALTH AND ADULT SOCIAL CARE

1. DELIVERING OUR PRIORITIES



This report is based on the **2022/23 Portfolio Agreement**, considered by Adult Social Care and Health Scrutiny Committee and approved by Cabinet in September 2022. The link to the Agreement can be found by clicking [here](#).







This Quarter 4 (Year-End) report includes updates on all **delivery projects, programmes and other initiatives** set out in the portfolio agreement, up to the end of March 2023 where this is available.

Data is reported for all **performance measures** included in the agreement. This will reflect the latest available data, which in most cases will be the 2022/23 outturn. 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.

The updated Portfolio Performance Dashboards are published alongside these reports, and the new Health and Adult Social Care Portfolio Dashboard can be [found here](#). This contains the latest data across the full set of portfolio measures, including historical trends and comparative data (where available).

The criteria for RAG ratings and direction of travel status are 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.
GMS – measure is included in the Greater Manchester Strategy outcomes framework.			

Priority 1: Improving health outcomes and tackling inequalities

Progress with each of the delivery projects aligned to this priority in the 2022/23 Portfolio Agreement is summarized below.

The Stockport All Age Mental Health and Wellbeing Strategy is now complete and was presented to the Health and Wellbeing Board, One Stockport Health and Care Board (Locality Board) and Mental Health, Learning Disability and Autism boards during quarter 4. The draft mental health and wellbeing joint strategic needs assessment has also been shared for consultation. Work is now continuing on the development of detailed delivery plans, which include both short term actions and longer-term ambitions to support the delivery of the strategy. A summary version of the strategy will also be produced for sharing more widely with the public and other stakeholders.

£55k of council mental health investment funding for VCFSE organisations was also awarded during quarter 4, following a bidding round. Six large projects received up to £10k and three smaller projects received funding allocations of up to £1k.

The ONE Stockport Active Communities Strategy (Stockport Moving Together) implementation plan is now live, with targeted actions being facilitated by partner organisations across the public, VCFSE and private sectors. The Stockport Moving Together outcomes framework is due for completion during quarter 1 of 2023/24 and will help focus the integrated actions within the plan to positively impact the priorities set out in the strategy. This will include the rebranding of the annual 'Stockport' event in the town centre to 'Stockport Moves', with events and activities better focused on engaging with more inactive residents.

Life Leisure has completely refreshed their organisational strategy and business plan to reflect the priorities within the Active Communities Strategy. Further discussions are ongoing with health sector colleagues on the integration of the Active Communities Strategy priorities into the One Stockport Health and Care Board's Neighbourhoods and Prevention priorities planning.

Finally, physical activity is also part of the social prescribing pathway models currently being piloted in Brinnington and Bramhall, in partnership with primary care colleagues and VCFSE partners. More information about the pilot's outcomes will be reported in future PPRRs.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a "Red" RAG rating, as well as those rated "Amber" with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
HASC 1.7: Number of people accessing mental health self-care online resources	- (Partnership)		10345	9,456 (31/03/2023)		Maximise	N/A	
HASC 1.9: People completing a weight management intervention	High (Partnership)	182	140	204 (31/03/2023)		220	R	
HASC 1.10: People completing a smoking cessation programme	High (Partnership)	424	656	635 (31/03/2023)		450	G	

Commentary on performance

- In relation to measure HASC 1.9 'people completing a weight management intervention,' the indicator relates to the number of people starting a weight management programme in 2022/23, who went on to complete programme. It is important to note that the completion may happen outside of the given year due to the nature of the programme which can last for up to 12 weeks (about 3 months). On 31st March 2023, 204 people who started the programme in 2022/23 completed it. In addition, there are a further 69 people who started in 2022/23 who are still on the programme. Based on an average 55% completion rate, we estimate a further 37 people will complete, which will exceed the target of 220.

Priority 2: Responding to/recovering from impacts of the Covid-19 pandemic

Progress with each of the delivery projects aligned to this priority in the 2022/23 Portfolio Agreement is summarised below.

Plans have been developed for the delivery of the spring booster to commence from April 2023 for people aged 75 years and over; those in care homes; and those aged 5 years and over with a weakened immunity system. The spring booster programme will be delivered by Primary Care Networks (PCNs) and community pharmacies

The Local Outbreak Management Plan was formally signed off at the Health Protection Board in February. Plans are underway to develop a health protection borough exercise with the civil contingencies service and external stakeholders. Covid outbreak management has significantly changed within the adult social care sector and management is now more in line with outbreaks of other respiratory infections such as Influenza.

Work is continuing to maximise uptake of the National Diabetes Prevention Programme across Stockport and we saw 73% more referrals in 2022/23 in comparison to 2021/22. An enhanced offer group is now running in Brinnington, with a focus on affordable healthy eating. The group meets regularly, with a smaller initial cohort to facilitate discussion, and has a current retention rate of 70%.

Responsibility for the community champion programme has now transferred to Sector 3, who are funded to lead the delivery until March 2024. The programme will undergo a refresh in quarter 1 of 2023/24, based on feedback from champions and champion organisations. The Public Health Healthy Community Lead will continue to hold regular monitoring meetings to ensure the programme aligns with strategic priorities and is delivered to the agreed implementation plan.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a "Red" RAG rating, as well as those rated "Amber" with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
HASC 1.5: Take up of flu vaccinations for 4-10 yr olds	High (Partnership)	62.1 %	69.7 %	55.7 % (31/03/2023)		N/A	N/A	↓
HASC 2.2: Uptake of flu vaccinations for those aged 50-64 years	High (Partnership)			54.8 (31/03/2023)		TBC	G	↑
HASC 2.3: Take up of flu vaccinations for pregnant women	High (Partnership)	64.5 %	55.8 %	55.9 % (31/03/2023)		65%	R	→
HASC 2.5: Uptake of flu vaccinations for secondary school children	High (Partnership)			18.9 (31/03/2023)		TBC	G	↑
HASC 2.6: Number of active Community Champions	High (Partnership)		790	996 (31/03/2023)		800	G	→

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
HASC 2.7: People undertaking the National Diabetes Prevention Programme	High (Partnership)	515	356	651 (31/03/2023)		1030	R	↑
HASC 2.8: NHS Health Checks completed	High (Partnership)		1681	3,420 (31/12/2022)		2500	G	↑
PHOF D03I: Take up of flu vaccinations for 2-3 yr olds	High (Partnership)	70.6 %	60.8 %	60 % (31/03/2023)		70%	R	↓
PHOF D05: Take up of flu vaccinations for under 65s	High (Partnership)	62.7 %	60.1 %	56.4 % (31/03/2023)		63%	R	↓
PHOF D06a: Take up of flu vaccinations for over-65s	High (Partnership)	85.6 %	87.1 %	85.3 % (31/03/2023)		85%	G	↓

Commentary on performance

- In relation to measure HASC 2.7 'people undertaking the National Diabetes Prevention Programme' (NDPP), the target is set nationally based on our prevalence of diabetes. Since the programme started in June 2017 over 7,500 referrals have been made to the NDPP, and more than 3,600 people have started the programme. This year the NHS has asked for an additional 1,030 starters from Stockport which is a significant increase in volumes seen over the last 2 years (2020/21 = 518 and 2021/22 = 377). Since the Covid 19 pandemic fewer people are visiting GP practices for routine blood tests and NHS health checks, and therefore there are fewer identified eligible people to be referred to the NDPP. This is a national issue that is still ongoing, but targets have not been adjusted to reflect this. We are working with practices to increase volumes and some NHS funding is expected to be made available to support this work. Please see the commentary above for further information.
- In relation to HASC 2.3 'take up of flu vaccinations for pregnant women' and PHOF D03I 'take up of flu vaccinations for 2–3-year olds', Stockport had the highest take up rate in Greater Manchester and nationally in 2022/23 for pregnant women and three-year-olds (3rd highest nationally for 2-year-olds) however performance remains below our challenging targets.
- In relation to PHOF D05 'take up of flu vaccinations for under 65s', 50–64-year-olds (not normally included in the national programme) were included during the pandemic years due to the risk of co infection with both flu and Covid. During 2022/23 GP practices and community pharmacies were only allowed to vaccinate this group once most over 65's and under 65's at risk were completed. Take up of vaccinations in Stockport amongst under 65s at risk was the highest in Greater Manchester and 9th highest nationally.

Priority 3: A Radical Focus on Early Help and Prevention

Progress with each of the delivery projects aligned to this priority in the 2022/23 Portfolio Agreement is summarised below.

Stockport Support Hub (SSH) received 1705 referrals during quarter 4, which is higher than previous quarters. This is due to referrals for the Household Support Grant (HSG). Age UK Stockport, Signpost for Carers and Disability Stockport are all Trusted Partners for the HSG, so any referrals made to SSH for financial assistance are referred to these providers, who are all delivery partners within SSH.

Demand for all the services available through the Stockport Support Hub remains high, but waiting lists are reassuringly remaining at a manageable level and people are waiting between 1 and 4 weeks for support to start, depending on the service they require. Staffing is an issue for some providers, who are currently recruiting vacant posts.

During quarter 4 SSH has provided 1198 pieces of information and advice to 891 people for the following reasons:

- Economic (836)
- Health and wellbeing (192)
- Housing (91)
- Social (57)
- Education, skills and training (22)

A gap in befriending support is being addressed through short-term funding to Age UK Stockport, which began in quarter 4 and is for six months. A review will take place in quarter 1 of 2023/24 to identify a longer-term solution to this important area of need. Discussions with Saint Vincent de Paul charity are also taking place with a view to exploring how we can create additional capacity to extend the offer of befriending to some of the borough's most socially isolated residents.

Demand for the hoarding service within Home Support also remains high, with 24 people currently receiving support and 10 people on the waiting list. A peer support group has been established for people affected by this issue, which is proving to be a positive development and has resulted in an increase in referrals for specialist support.

The end of quarter 4 marked the first anniversary of the implementation of Stockport Support Hub and planning is underway in relation to the development of an Impact Report. We are working with the providers to plan for an event in July 2023 to launch the report and to share the successes of the first year, with a particular focus on the outcomes achieved for Stockport residents.

Quarter 4 has also seen work in Opportunities Together continue to ensure that the shared lives service achieves CQC compliance, and the service has recruited two new carers. In addition, the Reach service has been inspected by CQC and has achieved an improved rating of 'Good'

The new Public Health contract for adult drug and alcohol services, which commenced in April 2022, is now fully operational after an initial period of mobilisation and change. In quarter 4 there was additional focus on development areas, including outreach. We have reported to the Office of Health Improvement and Disparities (OHID) on progress in relation to our 2022/23 local plans and have submitted proposals for 2023/24 which have been approved. Our continued focus is on harm reduction, increased treatment capacity and quality, developing criminal justice care pathways and enhancing recovery support. A paper on progress to date and future plans has also been taken to the One Stockport Safety Partnership.

We have also received confirmation of the 2023/24 supplemental substance misuse treatment and recovery grant (£429,234) to support additional work linked to treatment under the National Drug Strategy.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a “Red” RAG rating, as well as those rated “Amber” with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
ASCOF 2B.1: Percentage of over 65s in receipt of re-ablement still at home 91 days after discharge from hospital	High (Partnership)	88.5 %	92.2 %	88.7 % (31/03/2023) 134 / 151	88.7%	85%	G	↓
HASC 3.2: Number of DOLS referrals awaiting assessment	Low (Council)	1056	1066	1,214 (31/03/2023) 1214 / 1	1214	N/A	N/A	↓
HASC 3.3: Number of high and medium priority DOLS referrals awaiting assessment	Low (Council)	304	290	357 (31/03/2023) 357 / 1	357	Minimise	R	↓
HASC 3.4: Percentage of safeguarding cases where risk reduced or removed	High (Council)	96.7 %	85.8 %	78.5 % (31/03/2023) 333 / 424	78.5%	90%	R	↓
HASC 3.5: Percentage of safeguarding cases where client outcomes wholly/partially achieved	High (Council)	91.7 %	94.9 %	93.9 % (31/03/2023) 295 / 314	93.9%	95%	A	↓
PHOF C19a: Percentage of clients successfully completing drug treatment programmes - opiate users	High (Partnership)	4.8 %	6.1 %	5.2 % (31/08/2022)		4.9%	G	↓
PHOF C19b: Percentage of clients successfully completing drug treatment programmes - non-opiate users	High (Partnership)	43.4 %	39.5 %	30.4 % (31/08/2022)		40%	R	↓
PHOF C19c: Percentage of clients successfully completing drug treatment programmes - alcohol	High (Partnership)	43.6 %	34.2 %	33.1 % (31/08/2022)		40%	R	↓
PHOF C21: Alcohol related admissions to hospital (per 100,000 pop)	Low (Partnership)	543.9	569.3	345.4 (31/12/2022)		660	G	↑

Commentary on performance

- In relation to measures HASC 3.2 and 3.3 ‘DOLs referrals awaiting assessment’, like other councils we continue to face challenges with managing demand for DOL’s assessments. We have an action plan in place to improve performance and we have now procured some external support to help us to increase the numbers of assessments. However, given our challenges and the announcement that Liberty Protection Safeguards (LPS) will not be delivered within this parliament in 2023/24 we will be undertaking a full review of our approach to DOL’s and associated business processes.

- In relation to measure HASC 3.4 'the percentage of safeguarding cases where risk is reduced or removed', we are reviewing all safeguarding adults pathways; recording; and the workforce training and development offer in order to ensure that the right offer is available for people who need safeguarding.
- In relation to measure HASC 3.5 'percentage of safeguarding cases where the client outcomes are wholly / partially achieved', we are undertaking a review of our safeguarding adult's pathway in adult social care and working effectively with our partners to support individuals and their families. The target is challenging (95%), however our performance of 93.9% indicates that we continue to positively meet an individual's outcomes. We will continue to develop our systems to improve the way we record data in relation to Safeguarding.
- In relation to measures PHOF C19b and C19c 'percentage of clients successfully completing drug treatment programmes', these measures relate to the percentage of all people in treatment who successfully completed treatment and did not re-present within 6 months as a proportion of all in treatment. The numbers are low and can be subject to some fluctuation. In addition to local targets, we also monitor against the national rate and Stockport's performance is classed as "similar" to the national rate. It is also important to note that in autumn 2021, we went out to tender for a new adult drug and alcohol service, with the new adult drug and alcohol service starting 1st April 2022. The data reported above predominantly relates to the previous model.

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

Progress with each of the delivery projects aligned to this priority in the 2022/23 Portfolio Agreement is summarised below.

As part of meeting the council's obligations under the Care Act (2014) and the Department of Health and Social Care's (DHSC) expectations in respect of market sustainability and the Improvement Fund, the council has continued to engage with the local provider market to inform the development of the Fair Cost of Care Report and the Provisional Market Sustainability Plan (MSP). Both documents were presented to Cabinet on 31st January 2023 and the Fair Cost of Care reports for care homes (for people aged 65+) and domiciliary care (for people aged 18+) were published on the council's website on 1st February 2023. The final Market Sustainability Plan was published on the Council's website, in line with the DHSC requirements, on 27th March 2023.

During quarter 4 we also completed a draft of our co-produced review of services funded by the Better Care Fund (BCF). The draft report meets DHSC conditions and will now go through internal governance before the final agreement at the Health and Wellbeing Board in June. Agreement on the 2023/24 BCF plan in line with national guidance is anticipated for May 2023

At 2022/23 outturn, the discharge funding (£1.069m Council and £1.873m Greater Manchester Integrated Care Board - Stockport) was spent in full of a template submission made to the national Better Care Fund team detailing commitments made against the allocations.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a “Red” RAG rating, as well as those rated “Amber” with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
ASCOF 1E: Learning Disability clients in employment	High (Partnership)	8.5 %	6.7 %	4.7 % (31/03/2023) 29 / 614	4.7%	6%	R	↓
ASCOF 1G: Percentage of clients with a learning disability living independently	High (Partnership)	81.3 %	85.4 %	93.2 % (31/03/2023) 572 / 614	93.2%	90%	G	↑
ASCOF 2D: Percentage of people accessing short-term services who no longer need long-term care	High (Partnership)	45.4 %	63.5 %	94.3 % (31/03/2023) 482 / 511	94.3%	65%	G	↑
HASC 4.1: Number of Carers Assessments carried out	High (Council)	591	724	796 (31/03/2023) 796 / 1	796	Maximise	G	↑
HASC 4.2: Number of carers receiving direct payments	High (Council)	468	620	771 (31/03/2023) 771 / 1	771	Maximise	G	↑
HASC 4.3: Percentage of adults with autism in paid employment	High (Partnership)	7.9 %	5.7 %	4 % (31/03/2023) 11 / 275	4%	6%	R	↓
HASC 4.4: Percentage of adults with autism living independently	High (Partnership)	67.1 %	72.6 %	89.1 % (31/03/2023) 245 / 275	89.1%	80%	G	↑

Commentary on performance

- In relation to measures ASCOF 1E ‘percentage of learning disability clients in employment’ and HASC 4.3 ‘percentage of adults with autism in paid employment’, whilst our performance in relation to ASCOF 1E is currently less than our target of 6% we remain one of the top performing authorities within Greater Manchester. Our figure of 4.7% is above the national average.
- In respect of HASC4.3 our performance appears to have reduced over the prior two years. Previous capture of this data did not require a formal diagnosis of autism and as a result the current information is not comparable.

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

Progress with each of the delivery projects aligned to this priority in the 2022/23 Portfolio Agreement is summarised below.

We are developing and implementing our workforce strategy and responding to the feedback from the staff survey, in line with the ambitions set out in the People Plan. In addition, we are part of the Greater Manchester workforce partnership programme and with our partners across Stockport we are seeking to understand how we can work better together through integration.

In relation to our health and care workforce, a significant amount of work has been completed resulting in changes to where we advertise, how we advertise and the entire recruitment process. These changes to our recruitment practices have resulted in recruitment to some of the vacant posts within Direct Delivery services. This work is ongoing to fill the remaining existing vacancies.

We have also improved our workforce communications, including;

- Introduction of an Adult Social Care colleague newsletter
- Delivery of regular Let's Talk Sessions
- Regular update and listening sessions with the Director for Adult Social Care (DASS).













During quarter four we have reviewed our training programme for adult social care colleagues, with a new training matrix being launched early in 2023/24.

We have also completed a review of the Community Learning Disability Service. Pennine Care Foundation Trust (PCFT) have formulated proposals with respect to the management of Health Service colleagues going forwards. During this process we have facilitated better relationships with our partners and the individuals who use these services, through consultation and engagement activity.

The proposals are currently undergoing governance processes. The intention however remains that the Community Learning Disability Team will remain co-located working as a Multi-Disciplinary Team.

Measuring Performance and Reporting Progress

The latest available performance on all measures relating to this priority is summarised in the table below. Commentary on any measures that have a “Red” RAG rating, as well as those rated “Amber” with a deteriorating trend, is set out beneath the table.

Indicator Name	Good Perf.	2yr Prev. (YE)	Prev. Year End	Values	Forecast	Target		
ASCOF 2A.2 : Over 65s permanently admitted to residential or nursing care (per 100,000 pop)	Low (Partnership)	441	627.8	558.3 (31/03/2023) 329 / 59604	558.3	584		
GMS: Percentage of adult social care facilities rated as good or outstanding	High (Partnership)	86.4 %	86.8 %	82.9 % (31/03/2023) 92 / 111	82.9%	85%		
N1: Percentage of nursing beds in Stockport rated as good or outstanding	High (Partnership)	55.9 %	66.2 %	45.9 % (31/03/2023) 436 / 95	45.9%	70%		
N2: Percentage of residential care beds in Stockport rated as good or outstanding	High (Partnership)	90.8 %	86.9 %	80 % (31/03/2023) 1034 / 1292	80%	90%		
N3: Percentage of home care agencies in Stockport rated as good or outstanding	High (Partnership)	94.9 %	90.7 %	91.8 % (31/03/2023) 45 / 49	91.8%	90%		
PHOF C29 GMS: Number of over 65s admitted to hospital due to falls (per 100,000)	Low (Partnership)	2417	2266.8	1,360.6 (31/12/2022)		Minimise		

Commentary on performance

- In relation to measures N1 and N2, we have previously reported these have been stubborn targets to improve on as there are a limited number of inspections in the Stockport Locality between reporting periods.

However, we know that the specific area of concern where providers are predominantly ‘Requires Improvement’ are our homes that provide nursing care. As such in order to address this for the year ahead we are prioritising these homes, there will be a refreshed programme of work with our health colleagues. This will strive to improve performance and compliance with regulatory bodies.

HEALTH & ADULT SOCIAL CARE

1. FINANCIAL RESOURCES AND MONITORING



2.1 Revenue – Cash limit

Budget at Outturn

	Previously Reported Q3 £000	Increase (Reduction) £000	Budget at Outturn £000
Adult Social Care	94,251	392	94,643
Public Health	11,743	0	11,743
Cash Limit	105,994	392	106,386

Budget changes since previously reported at Quarter 3

Description	Movement(s) £000
Covid scarring allocation (non-recurrent)	392
Total	392

Outturn Position

Service	Budget at Outturn £000	Net Expenditure £000	Net appropriation (from) / to reserves £000	Outturn Variance £000	Forecast Variance reported Q3 £000
Adult Social Care	94,643	93,438	1,205	0	0
Public Health	11,743	10,229	1,514	0	0
Total	106,386	103,667	2,719	0	0

Service Detail	Current Budget	Outturn	Variance	Forecast Variance reported Q3
	£000	£000	£000	£000
Prevention Wellbeing & Independence	5,812	5,693	(119)	(137)
Enablement & Recovery	12,062	11,949	(113)	(144)
Support & Care Management	82,581	82,823	242	179
Practice Quality & Safeguarding	1,305	1,305	0	0
Commissioning & Infrastructure	1,638	1,583	(55)	(30)
DASS and Central ASC budgets	(8,755)	(8,710)	45	132
Total – Adult Social Care	94,643	94,643	0	0
Public Health	11,743	11,743	0	0
Total	106,386	106,386		0

The financial resources in this portfolio total £106.386m. There was a balanced position at outturn.

Adult Social Care

The Service reported a balanced position at outturn, against a budget of £94.643m. As reported at Q3 this includes:

- £0.608m from corporate resources aligned to ASC for recurrent pressures
- £0.392m from Covid-19 scarring aligned to ASC non recurrently in 2022/23

This funding was utilised to support ASC care management financial pressures.

Winter Funding

The locality received £2.943m through a combination of funding direct to the Council and via Greater Manchester Integrated Care (GMIC) out of the national £500m Adult Social Care Discharge Fund. The funds were to be pooled as part of the Better Care Fund. At outturn, the fund was spent, with a template completed of expenditure against the ASC Discharge Fund submitted to the national Better Care Fund Team within the 2nd of May 2023 deadline.

Market Sustainability Plan

An updated Market Sustainability Plan (MSP) was submitted to DHSC and published on the Councils website within the grant condition deadline of the 27th of March 2023. This was in response to a modified MSP template following the Government decision to delay elements of the Social Care reform.

Forecast Outturn Analysis

Prevention Wellbeing & Independence – underspend £0.119m

As reported previously, the underspend at outturn was due to marginally lower than anticipated activity within Extra Care Housing (ECH) provision, based on activity and payments made within the financial year.

Variance from Q3

No material variance from Q3

Enablement & Recovery – underspend £0.113m

The underspend was due to a combination of surpluses in non-pay budgets and over achievement of external income into the service, from the initial income budget set.

Variance from Q3

No material variance from Q3.

Support and Care Management – overspend £0.242m

Learning Disabilities – overspend £0.321m

There is additional demand for care management services within Learning Disabilities residential and nursing care provision and within community provision such as Day Services to support individuals with complex needs to continue to live as independently as possible within their appropriate care setting. In addition, and as noted at Q3 there were continued financial pressures within the external Learning Disabilities Supported Accommodation provision aligned to new individuals accessing services alongside additional provision for current individuals, to ensure their Care Act eligible services were being met, which supported increasingly complex needs.

Integrated Neighbourhoods – underspend £0.377m

The service continued to hold the balances from the Council's investment into fee uplifts and calculating rates at RLW. This has been realigned permanently as part of 2023/24 budget setting.

In year balances from external funding were aligned at outturn to Neighbourhoods to support the overall ASC balanced budget position.

There continued to be high demand for services following Discharge from Hospital for both bed-based and home-based provision. This is partially aligned to clients' acuity, whilst ensuring adequate patient flow out of the hospital. This is with a focus on ensuring Care Act eligible services are commissioned following hospital discharge within the community that best meet a client's outcomes to support them to live as independently as possible, with a continued focus on Home First services.

As highlighted at Q3 there was also an increase to the Adult Social Care aged debt provision at outturn to mitigate the financial impact of debt balances increasing within the service.

Mental Health – overspend of £0.298m

The overspend at outturn was due to an increase in new demand for individuals accessing services alongside the change in need for some current individuals in receipt of care.

Support & Care Management - Variance from Q3

There has been a minor increase in the overspend of £0.063m at outturn from the Q3 position.

Practice Quality & Safeguarding – balanced

The balanced position at outturn includes a contribution to the Head of Service and strategic support into the continued development of the Practice Quality and Safeguarding service.

Investment for Liberty Protection Safeguards (LPS) continues to be aligned to the service, noting that there has been a further delay to the national implementation of LPS.

Commissioning & Infrastructure – underspend of £0.055m

There is a minor underspend at outturn of £0.055m due to balances within non-pay commitments.

Variance from Q3

No material variance from Q3

DASS & Centralised ASC budget – overspend £0.045m

The overspend is due to increased contributions to GM partnership programmes alongside the service holding the residual savings targets from its contribution to wider savings programmes, which are being managed in year within the overall ASC position.

Variance from Q3

The overspend reduced at outturn by £0.087m from the Q3 position, due to an internal contribution to part offset the wider savings programme balances.

Public Health

The Service reported a balanced position at outturn, against a budget of £11.743m.

This includes a transfer to the Public Health reserve of £0.635m. The balanced position aligns to what was reported in Q3, with a £0.257m increase in the Q3 forecasted amount being transferred to reserves.

The underspends relate to in year staffing vacancies and external grant funding of posts. Alongside this was a lower than forecasted level of activity in Public Health commissioned demand led services.

A contribution to the All-Age Programme will now take place in 2023/24 and the service are in discussions with external partners aligned to the Healthy Child Programme in year funding balances and future budget provision.

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.

At 2021/22 outturn there was £2.609m unspent COMF balances, which were brought forward into 2022/23. These balances were spent in full by Q3 2022/23.

Previously aligned balances will be available from reserves for portfolio investment plans in 2023/24.

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.

Cumulative spend to date against the grant is £0.488m. The remaining funding of £0.162m has been carried forward to 2023/24 for ongoing work.

Controlling Migration Fund

A total of £0.007m was drawn down from the Revenue Grant reserve at outturn to cover 2022/23 expenditure. The remaining Controlling Migration Funding of £0.049m is committed and it is anticipated to be drawn down from the Revenue Grant reserve and utilised in 2023/24.

Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant

An allocation of £0.421m was received for Supplemental Substance Misuse Treatment and Recovery in 2022/23 from DHSC. This has been spent in full in year.

A further allocation of £0.429m is expected in 2023/24.

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 tables below reflect transfers from reserves to reserves within the financial year.

Transfer from reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000	Use of Reserves / "Approved Use" £000	Balance of Reserve / "Approved Use" £000
Corporate Reserves					
Strategic Priority Reserve	Health and Social Care Integration Reserve	improved Better Care Fund balances	1,253	454	799
Budget Resilience Reserve	Adults Reserve	Transformational Schemes	1,500	0	1,500
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC (SNC balances) – Aligned to AoM	2,130	7	2,123
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	10,252	5,738	4,514
Strategic Priority Reserve	Health and Social Care Integration Reserve	Liquidlogic development	45	31	14
Strategic Priority Reserve	Cabinet Positive Investments	Health and Wellbeing - Mental Health	100	9	91
Corporate Reserve	Revenue Grant	NESTA Co Production	23	0	23
Corporate Reserve	Revenue Grant	Hate Crime Funding	18	3	15

Corporate Reserve	Revenue Grant	Social Care Digital Innovation Programme (SCDIP)	14	4	10
Corporate Reserve	Revenue Grant Reserve	Safe Accommodation Duty Grant	245	245	0
Reserve Linked to Budget					
Reserve Linked to Budget	Transformation – Double Running Reserve	Reserves aligned to savings programme	535	0	535
Directorate Reserves					
Directorate Reserve - ASC	Directorate Flexibility Reserve - ASC	Funding for Extension of Carers Assessment Pilot	17	0	17
		Adult Social Care - Subtotal	16,132	6,491	9,641
Corporate Reserves	Revenue Grant Reserve	Public Health	1,500	0	1,500
Corporate Reserve	Revenue Grant	Public Health: Controlling Migration Fund and Controlling Migration Fund 2	56	7	49
Corporate Reserves	Revenue Grant Reserve	ASC & Health COVID recovery	94	0	94
		Public Health - Subtotal	1,650	7	1,643
		Total	17,782	6,498	11,284

Contain Outbreak Management Fund Schemes (COMF) schemes were funded in year via direct COMF grant funding rather than via contributions from reserves.

Transfer to reserves:

Reserve Category	Reserve Narration	To be used for	Balance of Reserve / "Approved Use" £000
Corporate Reserves			
Strategic Priority Reserve	Health and Social Care Integration Reserve	Locality balances to support Health and Social Care financial commitments	7,178
Strategic Priority Reserve	Health and Social Care Integration Reserve	ASC Workforce & Assessment Grant	130
Corporate Reserve	Revenue Grant Reserve	Safe Accommodation Duty Grant	255
		Adult Social Care - Total	7,563
Corporate Reserves	Revenue Grant Reserve	Public Health	635
		Public Health - Total	635
		Total	8,198

*The net appropriation from / to reserves within the outturn position table includes other cross service transfers which are not aligned to the reserve tables presented above.

2.3 Portfolio Savings Programme

Proposal	Risk Rating	Value (£000)	Double Running (£000)	Value Balance (£000)	Value Achieved (£000)	Additional Information
2022/23 savings programme						
Demand Management (future)		1,000		1,000	1,000	Not in cash limit budget
Demand Management		2,035	(535)	1,500	1,500	Saving balance being achieved from further DFG Capitalisation, 22/23 BCF investment contribution and joint funding of placements
Robust Corporate Governance		850		850	850	
Value For Money		470		470	470	
ASC Total		4,355	(535)	3,820	3,820	
Robust Corporate Governance		100		100	100	
Value For Money		470		470	470	
Public Health Total		570		570	570	

Overall Total		4,925	(535)	4,390	4,390	
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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.

The service achieved a balanced outturn position in year without the need to draw down on the £0.535m non recurrent double running reserve balance.

The permanent saving of £0.535m forms part of the approved 2023/24 savings proposals.

<h2>2.4 Pooled Budget</h2> <p>The total pooled budget at outturn for 2022/23 was £37.339m and consisted of:</p> <ul style="list-style-type: none"> • £24.685m - Better Care Fund • £9.711m - improved Better Care Fund • £2.943m - ASC Discharge Fund <p>In addition, was £2.886m of Disabled Facilities Grant funding, which is part of the Better Care Fund, but is a capital grant allocation, rather than revenue funding.</p> <p>The outturn position was a £0.684m underspend on the pooled budget, which included:</p> <ul style="list-style-type: none"> • £0.161m overspend for Stockport Road apartments (a Learning Disabilities Support Accommodation provision), due to the staffing provision required to continue to meet the needs of complex individuals • £0.845m underspend on DFG capital grant balances, which will be aligned to the residual DFG balances for the St Thomas's Care Academy development. <p>There were also further contributions aligned to a Memorandum of Understanding (MoU) totalling £6.333m:</p> <ul style="list-style-type: none"> • £3.808m - Non-Acute Services to Older People • £1.595m - Learning Disability Services • £0.289m - Mental Health Services • £0.236m - LDRC Premises costs • £0.405m - Sexual Health Service premises costs
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2.5 Capital Finance Update and Outlook

Programme

Expenditure as at 31 Mar 2023 £000	Scheme	2022/23 Programme £000	2023/24 Programme £000	2024/25 Programme £000
0	IT Infrastructure	0	153	0
0	Care Home Support	0	70	0
32	Grant allocations - remaining balance	32	85	0
32	TOTAL	32	308	0

Resources

Resources	2022/23 £000	2023/24 £000	2024/25 £000
Capital Grants	32	308	0
TOTAL	32	308	0

Programme Amendments – Rephasing

Scheme	2022/23 £000	2023/24 £000	2024/25 £000	Funding Source	Reason
IT Infrastructure	(86)	86	0	Capital Grants	Scheme Rephasing
Care Home Support	(70)	70	0	Capital Grants	Scheme Rephasing
Grant allocation/other	(85)	85	0	Capital Grants	Scheme Rephasing
TOTAL	(241)	241	0		

Progress against individual schemes

IT Infrastructure – The adults operating model places a strong emphasis on the use of technology to support the delivery of our customer pathway. The digital opportunities available to Adult Social Care have been categorised into five key themes:

Theme 1 – Digital communities

Theme 2 – Intelligent information

Theme 3 – Digital self service

Theme 4 – Digital employee

Theme 5 – Data and analytics

To support the theme of digital employee it is necessary to ensure that staff across Adult Social Care have the appropriate IT equipment including hardware and software.

The IT infrastructure programme will continue throughout 2023/24, this will ensure that our workforce have the appropriate equipment to support them in their roles.

Care Home Support – Purchase of equipment to support care homes and their client’s wellbeing.

As part of the fair cost of care exercise being undertaken, it was envisaged that determination would be made in 2022/23 whether this allocation will support the sustainability strategy for care homes.

This work, however, is on-going, and the full impact is unlikely to be known until early in the new financial year. It is proposed re-profiling of capital allocations will be done in this period.

Grant allocations/other – There is a balance of £0.085m available in 2023/24. The 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 (*Communities & Housing Portfolio*) - Disabled Facilities Grants are provided to facilitate the provision of major adaptations or changes to non-council owned housing (i.e., owner occupied, private rented and housing association) to meet the assessed needs of disabled people 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.

A total of £2.041m for DFG has been spent in 2022/23. This includes in year capitalisation of ASC revenue expenditure aligned to equipment purchases. The remainder of the allocation along with any prior year unutilised DFG will be used to support the Academy of Living Well scheme within the Economy & Regeneration portfolio.

A review of the Better Care Fund was completed in the fourth quarter of 2022/23 and was an opportunity to explore more flexible ways of utilising elements of the DFG. Recommendations of the review highlighted the need to align DFG to improving outcomes for individuals for out of hospital care and to support a strong ‘home first’ approach.

2.6 Positive Investments 2022/23

The Cabinet proposed positive investments approved as part of the 2022/23 Budget. The investments cover a range of priority areas identified by Cabinet to support the Borough's recovery and response to the pandemic in terms of support for businesses, communities and individuals. These one-off investments replace the positive investments included in the 2021/22 Budget. Investments aligned to Adult Social Care and Public Health include:

Health and Wellbeing – supporting mental health and addiction services £0.150m (Public Health)

The additional investment in mental health and alcohol and drugs services will enable the continued targeted outreach support to our communities with high needs. This delivery model of care has made significant progress over the last year and the extension of the funding will allow this bespoke model of support to expand to address the additional needs and health inequalities made even worse by the pandemic.

Plans are in place for this investment, however given challenges in staff recruitment, it is anticipated that the investment of £0.150m will be spent in 2023/24, with £0.090m committed against two posts, £0.020m committed for further mental health awareness training and the remainder to be determined by the emerging Delivery Plan for the Mental Health Strategy.

GLOSSARY

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

ABL – A Better Life Stockport (lifestyle services provider)
 ADASS – Association of Directors of Adult Social Services
 AOM – Adults Operating Model
 ASC - Adult Social Care
 ASCOF – Adult Social Care Outcomes Framework
 BAME – Black Asian and Minority Ethnic
 BCF – Better Care Fund
 BMI – Body Mass Index
 CCG – Clinical Commissioning Group
 CQC – Care Quality Commission
 D2A – Discharge to Assess
 DASS – Director of Adult Social Services
 DHSC – Department of Health and Social Care
 DFG – Disabled Facilities Grant
 DToC – Delayed Transfer DoLS – Deprivation of Liberty Safeguards
 DoLS – Deprivation of Liberty Safeguards
 EQUIP – Enhanced Quality Improvement Programme
 FT – Foundation Trust
 GM – Greater Manchester
 GMCA – Greater Manchester Combined Authority
 GMHSCP – Greater Manchester Health & Social Care Partnership
 GM ICB – Greater Manchester Integrated Care Board
 GM ICP – Greater Manchester Integrated Care Partnership
 GMS – Greater Manchester Strategy
 HDP – Hospital Discharge Programme
 HSG – Household Support Grant
 IAPT – Improving Access to Psychological Therapies
 IAG – Information, Advice and Guidance
 ICS – Integrated Care System
 JSNA – Joint Strategic Needs Assessment
 LPS – Liberty Protection Safeguards

MRSA - Methicillin-Resistant Staphylococcus Aureus (bacteria resistant to antibiotics)

NAO – National Audit Office

NESTA - National Endowment for Science, Technology and the Arts

NDPP – National Diabetes Prevention Programme

NHSE – National Health Service for England

OBC – Outline Business Case

PCFT – Pennine Care Foundation Trust

PCR – Polymerase Chain Reaction (test for Covid-19)

PHE – Public Health England

PHOF – Public Health Outcomes Framework

PPE – Personal Protective Equipment

PPRF – Portfolio Performance and Resources Framework

PPRR – Portfolio Performance and Resources Report

PRPR – Paid Relevant Persons Representatives

RCCO - Revenue Contributions to Capital Outlay

REaCH – Reablement and Community Home Support

RLW – Real Living Wage

SCDIP – Social Care Digital Innovation Programme

SEND – Special Educational Needs and Disabilities

SHAPES – Schools Health, Activity, Physical Education & Sport

SME – Small and Medium Enterprises

SNC – Stockport Neighbourhood Care

SPARC – Stockport Progress And Recovery Centre

SSH – Stockport Support Hub

START – Stockport Triage Assessment & Referral Team

TPA – The Prevention Alliance

VCSFE – Voluntary, Community, Faith and Social Enterprise

WIN – Wellbeing and Independence Network