ONE STOCKPORT

Health & Care Plan

A Healthy & Happy Stockport

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ONE STOCKPORT

FOREWORD

Stockport is a confident and ambitious Borough. United in the face of the coronavirus pandemic, our communities pulled together to support each other, overcome new challenges and build hope for the future. ONE Stockport - our new Borough Plan - is based on the priorities which have come from extensive engagement with the people who live and work in Stockport.

Health and Wellbeing are at the forefront of Stockport's vision for 2030 and a key priority for local people. If 2020 taught us anything, it's that we're stronger working together. We believe that the best way to deliver Stockport's vision is through collaboration across the wide range of partners who support health and wellbeing for local people. That means teams from statutory health and care bodies working together with voluntary and faith groups, private health and care providers, care homes and domiciliary care providers, community groups, family, friends and carers who, together, help to keep us healthy, happy and independent.

We want to build on the innovation, community spirit and outpouring of compassion that brought us together during the pandemic to tackle long-standing issues of inequalities and make Stockport a place where everyone has the best start in life, is supported to live well and age well.

Working together is about so much more than health and care services. It is about all the factors that make us happy and healthy, from education and employment to housing and security. It is also about people living their best lives, supported to make good lifestyle choices that improve their health and wellbeing and allow them to be independent.

This plan sets how we will work together as a system to deliver ONE Stockport's vision for **a Healthy and Happy Stockport**.

Dr. Cath Munro

Chair of NHS Stockport
Clinical Commissioning Group

Cllr. Jude Wells

Cabinet Member for Adult
Care and Health

Prof. Tony Warne

Chair of Stockport NHS
Foundation Trust

ONE STOCKPORT

0. EXECUTIVE SUMMARY

ONE Stockport[1] is our new 10-year borough plan based on priorities which have come from extensive engagement with people who live and work in Stockport. Health and wellbeing are at the forefront of Stockport's vision for 2030, to be delivered through a single, system-wide plan for health and care over the next 5 years. The key areas highlighted for action include:

- a collective, proactive, all-age approach to prevention and early intervention from a physical, mental and social wellbeing perspective to enable people to live healthy, happy lives
- taking a "whole person" holistic approach to the delivery of health and social care services, coordinating care delivered by multiple teams and organisations
- ensuring equity and equality in access to all services
- recognising and increasing the significant role of our Voluntary, Community and Social Enterprise (VCSE) providers have in supporting and connecting our local communities and providing advice and guidance to our residents
- improving access to and local information about mental health and emotional wellbeing services
- embedding design work in taking forward plans, including our neighbourhood model and implementation of Healthier Together
- improving local employment, economic growth, education, housing and transport – the areas which have such a significant impact on people's health and wellbeing
- supporting our carers who are so vital to helping people retain their independence and prevent the need for high level health and care interventions
- working together to recover from the negative impact of Covid-19 on so many people in terms of physical and mental health - particularly those communities hardest hit through loss of employment, exacerbation of long-term conditions, increased waiting times, as well as the emotional impacts of loss, isolation, stress and grief
- locking in the benefits of increased collaboration between public services, the voluntary sector and local communities during the pandemic to support each other and the most vulnerable in our communities; retaining the digital advances in care provision; and learning from the success of the rapid, far-reaching and agile delivery of the COVID vaccination programme.

This 5-year plan brings together existing strategies and plans, including Stockport's Locality Plan[2], Health & Wellbeing Strategy[3], and local partners' strategies into a single document and ONE vision for health and care. This is our new locality plan for Stockport in the Greater Manchester Integrated Care System[4]. Underpinning this are specific, detailed action plans which will ensure local delivery of the requirements of the NHS Long Term Plan[5] - a schedule of these deliverables can be found in Appendix 1.

We recognise that health and wellbeing are strongly influenced by a wide range of external factors. Achieving our aims will require a full-system approach and full delivery of all the plans set out under ONE Stockport.

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[1] https://www.onestockport.co.uk/the-stockport-borough-plan/
[2] https://www.stockportccg.nhs.uk/about-us/what-are-our-plans-and-priorities/
[3] https://www.stockportccg.nhs.uk/stockport-joint-health-and-wellbeing-strategy-2017-2020/
[4] https://www.gmhsc.org.uk/our-plans/about-our-plans/
[5] https://www.longtermplan.nhs.uk/

ONE STOCKPORT

ONE Stockport – *10-year plan*
- High level ambition
- Feeds into Greater Manchester Health & Care Partnership plan

Borough Plan

Partnership Plans

Taking partnership vision into action. Plans include:
- **ONE Health and Care Plan – *5-year plan***
- Children & Young People Partnership Plan
- Safer Stockport Strategy

Organisational Plans

Individual partners' organisational plans, such as:
- Stockport NHS FT Strategy
- Stockport Homes Delivery Plan
- Stockport CCG Strategic Plan 2019-2024

Delivery Programmes, projects and operational plans

- Joint quality improvement plan
- All-age mental health & wellbeing strategy
- Joint Workforce Plan
- Ageing Well Strategy

National Context

This plan sits within the context of major national change in the organisation of the health service. The Health and Care Bill[6] establishes Integrated Care Systems (ICS) to deliver joined-up place-based working across health and care providers. This Plan is therefore focused on how we continue our transformation of the local health and care system as part of the Greater Manchester ICS.

Our work also sits within the context of significant financial challenges. Growth in long-term conditions and need for health and care services has put a strain on public sector organisations. Collaboration will be key to ensuring the best use of the 'Stockport Pound', eliminating duplication and creating economies of scale. We will work together with partners to build a sustainable health and care system with the capacity to flex in response to future needs and challenges.

Living with and beyond COVID

Responding to COVID-19 and the emerging unprecedented challenge has placed significant demand on the Stockport health and care system, as well as the wider public and private sector. The impact of the pandemic is becoming increasingly evident, and both public services and communities are likely to be dealing with the economic, social, and physical and mental health consequences for many years to come. Some of the issues we face include:

- COVID-19 as an acute illness likely to be prevalent in the population in future years
- the ongoing impact of 'long COVID' requiring access to existing or new services and additional support
- undiagnosed illness unrelated to COVID-19 and a directly correlated negative impact on population outcomes into the future
- increased mental health issues – both acuity and prevalence
- significant increases in the number of people on waiting lists for diagnostics, treatment and social care support
- increases in the number of Looked After Children (LAC) and placement breakdowns

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[6] https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf

- an increased proportion of children and young people experiencing Adverse Childhood Experiences (ACEs)
- a significant decrease in the number of people in employment and the consequent negative impact on our local economy.

We were able to respond quickly and effectively to the pandemic, despite a rapidly changing and uncertain environment:

- public services and local communities have worked together to support each other and the most vulnerable in our locality
- we have seen an agile and rapid response from VCSE and demonstrated the significant role the sector will play going forwards
- we have significantly accelerated health and care integration
- care homes have worked together to provide mutual aid and provided excellent care to our residents
- we rapidly transformed the way we delivered primary care and outpatient services
- we accelerated progress in digital delivery; although we fully recognise the challenges faced of digital exclusion and the appropriateness of digital delivery in more complex interventions
- we effectively rolled out the largest mass vaccination programme in the country's history, including specialist vaccination services for vulnerable groups such as refugees and asylum seekers.

Delivering Change
We want to build on this learning and harness the opportunities presented by national changes to continue our transformation of the local health and care system.

Ultimately, we want to create the conditions that enable people to live healthy and happy lives, offering proactive support when needed from teams of professionals working together at a neighbourhood level.

Delivery will be through the eight programmes of work set out in this plan (see infographic below). The impact of these changes will be seen in the following high-level outcomes:

- **Stockport residents will be healthier and happier**, with tangible improvements seen in life expectancy; happiness & emotional wellbeing; the proportion of children and young people who are thriving; and reductions in social isolation and loneliness.
- **Health inequalities will be significantly reduced**, as evidenced through healthy life expectancy levels; access to key preventative services such as screening; early diagnosis of cancer, heart disease, and respiratory disease; reductions in smoking and obesity; and reductions in premature mortality among people with the worst health outcomes.
- **Safe, high quality services will work together for you**, resulting in positive CQC and service user ratings for all local services; delivery of national standards; improved access to services and reduced waiting times.
- **Stockport residents will be independent and empowered to live their best lives**, as evidenced through the proportion of people who are active, eat well and drink healthily; reductions in avoidable emergency hospital admissions and permanent admissions to care homes.
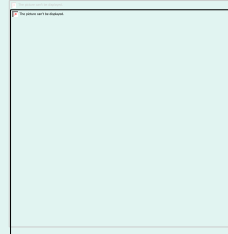
Strategic Ambition
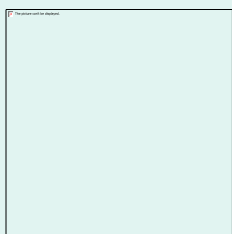
Stockport residents will be healthier and happier

Health inequalities will be significantly reduced

Safe, high quality services will work together for you

Residents will be independent and empowered to live their best lives

Outcome Measures

Life Expectancy
Happiness scores
Emotional wellbeing
iThrive scores
Loneliness

Healthy life expectancy
Access to screening
Early diagnosis rates
Smoking rates
Obesity levels
Premature mortality

CQC ratings
Satisfaction levels
Improved Access
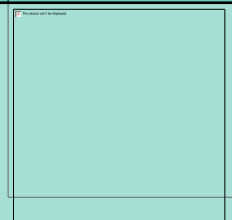Waiting times
Delivery of national standards

Physical activity
Healthy eating and drinking
Hospital admissions
Permanent care home admissions
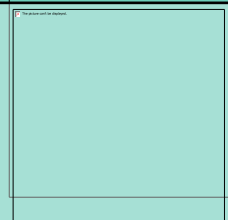
Delivery Programmes
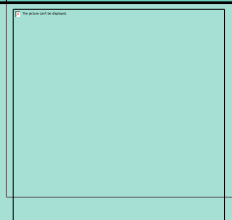
Quality & Leadership

Early Help & Prevention

Independence & Reablement

Mental Health & Wellbeing

Tackling Inequalities

Stockport's Neighbourhoods

Age-Friendly Borough

Valued Workforce

1. INTRODUCTION

Stockport's Borough Plan – ONE Stockport[7] - is the overarching strategy that sets our shared strategic aspirations for Stockport 2030. It was developed through extensive engagement with local people, who told us that health and care is one of their top priorities.

ONE HEART

At the heart of Stockport are its people and the communities in which they live.

1 **A caring and growing Stockport**
Stockport is a great place to grow where children have the best start in life

2 **A healthy and happy Stockport**
People live the best lives they can - happy, healthy and independently

3 **A strong and supportive Stockport**
Confident and empowered communities working together to make a difference

ONE HOME

Stockport is a great place to live, where no one is left behind.

1 **A fair and inclusive Stockport**
A borough for everyone - diversity and inclusion is celebrated and everyone has equity of opportunity

2 **A flourishing and creative Stockport**
Stockport is an exciting place to live, where people are active and celebrate the culture

3 **A climate friendly Stockport**
Stockport is a responsible and sustainable borough

ONE FUTURE

Growing, creating and delivering a thriving future for Stockport.

1 **An enterprising and thriving Stockport**
A thriving economy which works for everyone

2 **A skilled and confident Stockport**
Everyone has the opportunities and skills to successfully achieve their ambitions

3 **A radically digital Stockport**
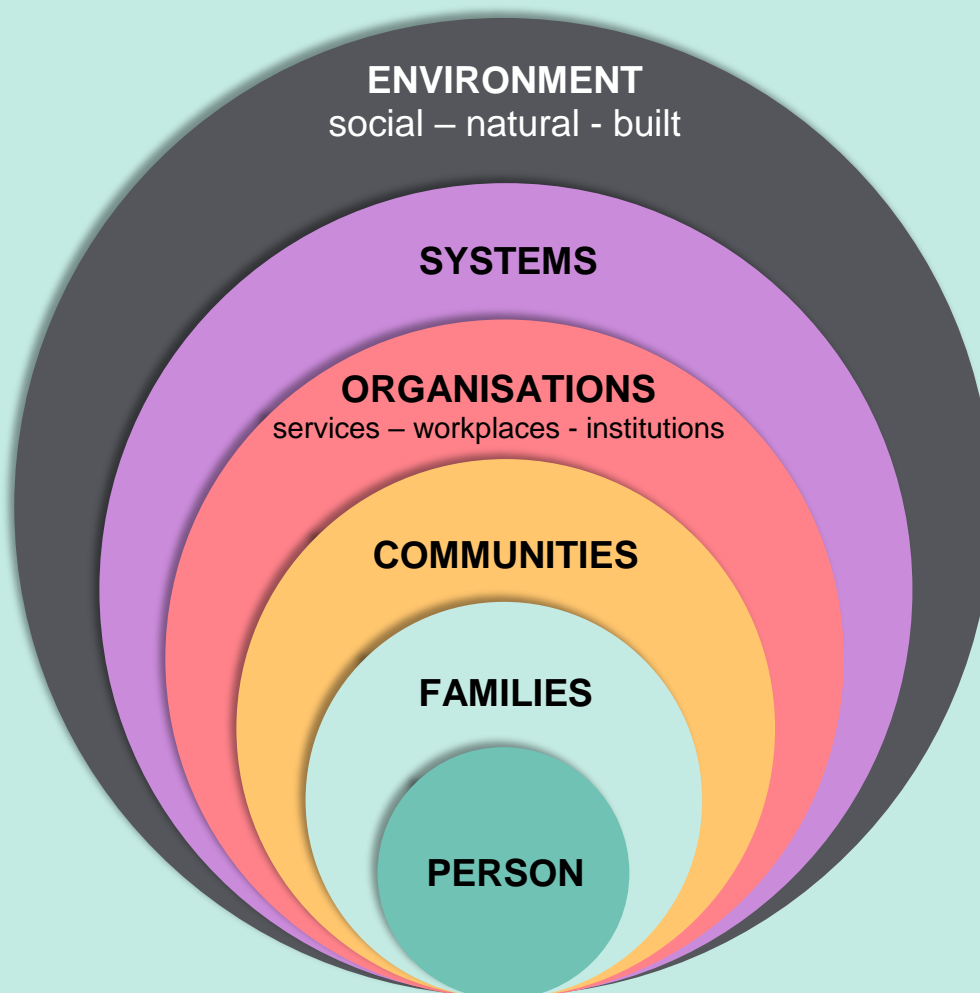A digitally inclusive and dynamic borough

This Plan sits under the 'ONE Heart' section of ONE Stockport, setting out our shared approach to improving health and care outcomes through all partners working together to support local people to be Healthy & Happy. We recognise that health and wellbeing are strongly influenced by a wide range of factors, especially employment, connected communities and access to green spaces and activities. Delivery of the aims set out in this plan will be achieved as part of the full-system approach set out in the Borough plan and all of its delivery plans.

NHS Stockport Clinical Commissioning Group	STOCKPORT METROPOLITAN BOROUGH COUNCIL		**NHS** Stockport NHS Foundation Trust	**NHS** Pennine Care NHS Foundation Trust
Clinical Commissioners	Adult Social Care, Stockport Family & Public Health	Schools, Colleges and local education providers	Hospital Care & Community Health Services	Acute & Community Mental Health
VIADUCT CARE cic	Mastercall Out of Hospital Healthcare	**NHS**	Sector³ STOCKPORT IN SYNERGY	healthwatch Stockport
Federation of 36 local GP practices	Out of Hours Primary Care	Pharmacy, Dentists, Opticians & Ambulance Services	Voluntary & Community Services	Patient Voice

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[7] https://www.onestockport.co.uk/the-stockport-borough-plan/

ONE STOCKPORT

One Heart, One Home, One Future

At the heart of Stockport are its people and the communities in which they live. We recognise the importance of *all* elements of the Borough plan in creating the conditions in which we can grow and thrive together.

ENVIRONMENT
social – natural - built

SYSTEMS

ORGANISATIONS
services – workplaces - institutions

COMMUNITIES

FAMILIES

PERSON

Our lives are understood as being interdependent and shaped by the contexts we live in. Therefore, all our health, education, community, and social care services must also work together with individuals, their families and communities to improve local care and outcomes.
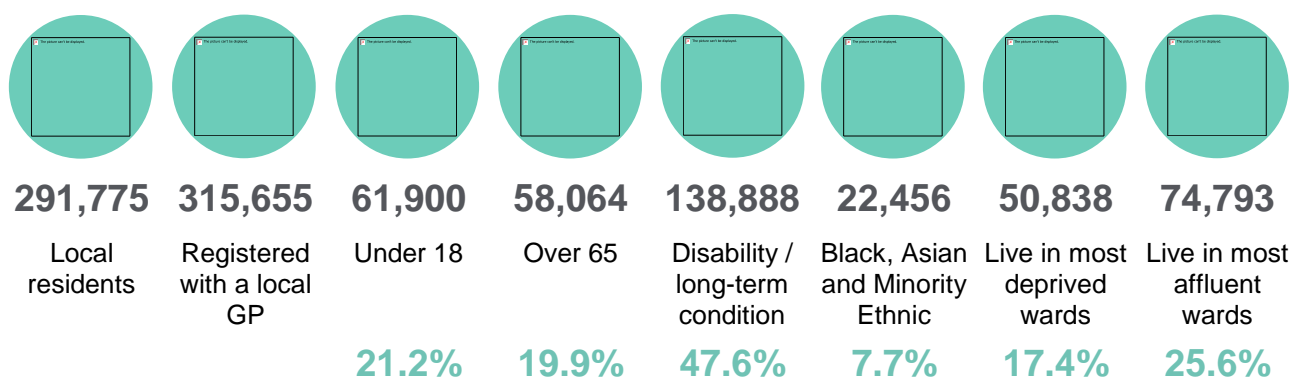
This plan provides a framework to guide our work across all stages of the life course from birth to death, to prevent risks becoming problems and challenges from becoming entrenched or turning into crises so that everyone in Stockport can live their best lives, be happy, healthy and independent.

ONE STOCKPORT

2. THIS IS STOCKPORT

Stockport is made up of a wide range of communities, unique neighbourhoods, local villages and district centres. We are proud of where we live and celebrate the diversities that make up our borough. We're part of Greater Manchester, but we're also lucky to have Cheshire, North Derbyshire and the Peak District on our doorstep, sharing wide open countryside and farmland. This unique geography and sense of community is why Stockport is one of the healthiest places to live in the North West.

Our Population

291,775	315,655	61,900	58,064	138,888	22,456	50,838	74,793
Local residents	Registered with a local GP	Under 18	Over 65	Disability / long-term condition	Black, Asian and Minority Ethnic	Live in most deprived wards	Live in most affluent wards
		21.2%	19.9%	47.6%	7.7%	17.4%	25.6%

Stockport is home to 291,775 local residents, with 315,655 people registered at one of Stockport's 36 GP Practices. Stockport's population is split almost equally by gender - 50.5% female, 49.5% male - which mirrors the national trend. Stockport is one of the most polarized boroughs in the country, with some of the most affluent and some of the most deprived local areas, generating significant inequalities among community groups.

Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently 19.9% of people are aged 65+ and this is likely to rise to 21% by 2024. 9.4% of the population is aged 75+, 2.8% are over 85 and 1% are aged 90 or over. The number of children and young people in Stockport is also rising – particularly in areas of higher deprivation - though at a lower rate than the growth of our older population. Stockport's more affluent areas to the South and East of the borough tend to have older populations, while the more deprived wards in the Centre and North have younger populations.

In Stockport the Black, Asian & ethnic minority population has risen from just 4.3% in 2001 to around 11% at the 2011 census. Areas to the West of the borough have the highest proportion of ethnic diversity - particularly among younger populations.

40% of people registered with a Stockport GP have one or more long-term health conditions and around 30,000 people have caring responsibilities, including 4,230 children. 7,560 local children have special educational needs and / or a disability. Over 2,000 children are classed as 'in need' with 660 Looked After Children[8].

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[8] 230 placed in Stockport by SMBC; 300 placed in Stockport by another Local Authority; 130 placed by Stockport in another Local Authority.
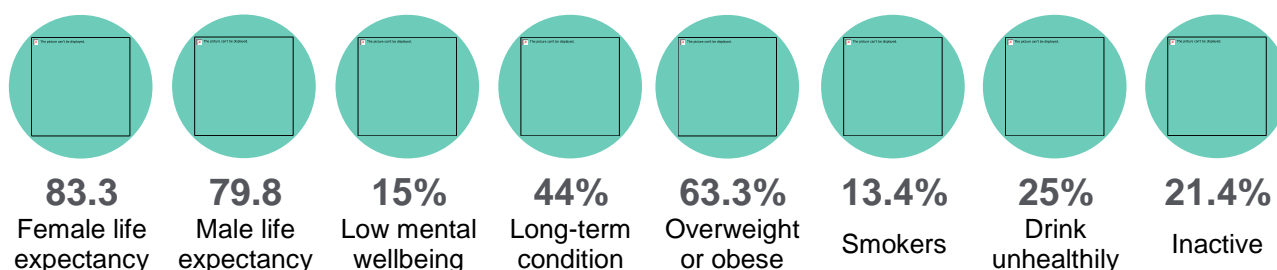
Health in Stockport

Stockport continues to be one of the healthiest places to live in the North West, with overall health outcomes similar to the national average. However, we know this is not the experience of all of our residents: outcomes vary significantly between affluent and deprived areas.

Average life expectancy in Stockport is high, with women living on average 83.3 years and men 79.8. However, there is significant difference within our neighbourhoods, with men in Bramhall South living 11 years longer than those in Brinnington & Central. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.

At least 93,500 people in Stockport have one or more long-term health conditions, with hypertension, asthma, diabetes and heart disease the most common. 7,560 local children have special educational needs and / or a disability. 15% of the population report low wellbeing – rising to 29% in deprived areas. 11.9% of children aged 5-19 report low mental wellbeing and 12.8% have a mental health disorder. Cancer is the main cause of death in the borough, followed by heart disease and lung disease. While this is the case for all community groups, people in more deprived areas are more likely to die earlier of these diseases.

26% of adults have three or more lifestyle risk factors associated with ill-health: 22% of adults are inactive, 25% drink unhealthily, and 63% are overweight or obese, similar to the national position. Stockport residents are less likely to smoke than the national average – only 13.4% of adults in Stockport smoke, compared to 13.9% nationally - but this rate more than doubles in areas of deprivation to 34% in Brinnington.

83.3	79.8	15%	44%	63.3%	13.4%	25%	21.4%
Female life expectancy	Male life expectancy	Low mental wellbeing	Long-term condition	Overweight or obese	Smokers	Drink unhealthily	Inactive

The Impact of COVID-19 on the long-term health of our population has yet to be fully understood. We know that at least 50,000 people in Stockport will have been infected with COVID-19 over the last 16 months, with 27,650 diagnosed and more than 1,900 being admitted to hospital as a result. More than 750 people in Stockport have sadly died due to COVID-19, and in 2020 the overall mortality rate for the borough was 14% higher than normal, an excess mortality level similar to the national average. COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas. In addition, lockdown has impacted on children's development, the consequences of which will be not be understood fully for some time. National life expectancy modelling shows a reduction in life expectancy of 0.9 years for women and 1.3 years for men between 2019 and 2020, with larger reductions of 1.6 years for females and 1.9 for males in the most deprived areas.
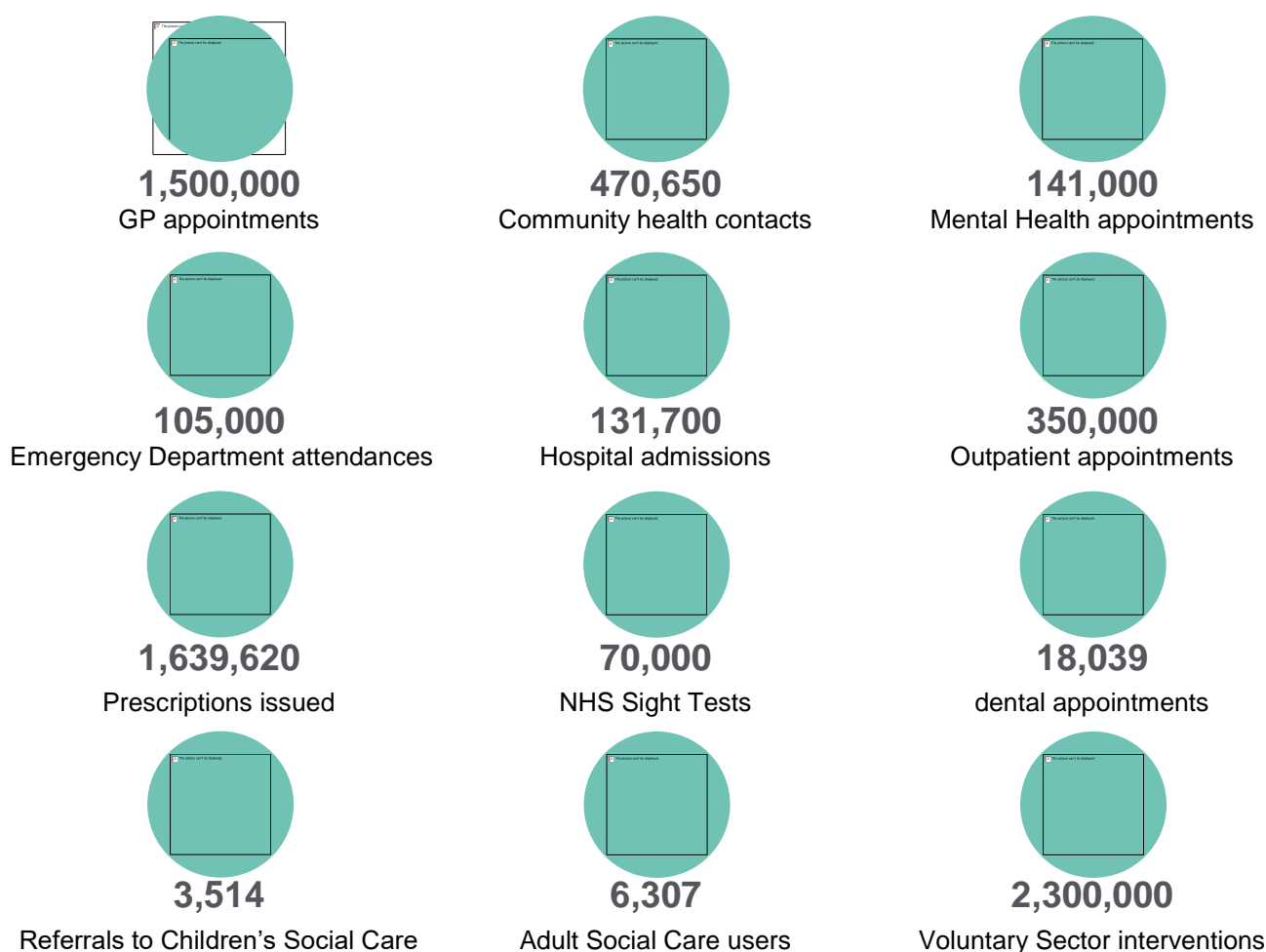
ONE STOCKPORT

Local Services

At some point in their lives, everyone will need the support of health and care services.

There are currently around 10,000 people working for the partner organisations to provide health and social care services. In addition, a wide range of people work in Stockport's private care providers and care homes; there are 3,000 employees and 49,100 volunteers working in Stockport's voluntary and community sector; as well as Stockport's 31,982 unpaid carers, who make a vital contribution to our system.

Stockport also benefits from a high number of health and social care professionals working across the region who live in the borough - providing a strong community asset.

Health and care services are a major industry, accounting for 12% of all employment in England. Each year in Stockport there are around:

1,500,000
GP appointments

470,650
Community health contacts

141,000
Mental Health appointments

105,000
Emergency Department attendances

131,700
Hospital admissions

350,000
Outpatient appointments

1,639,620
Prescriptions issued

70,000
NHS Sight Tests

18,039
dental appointments

3,514
Referrals to Children's Social Care

6,307
Adult Social Care users

2,300,000
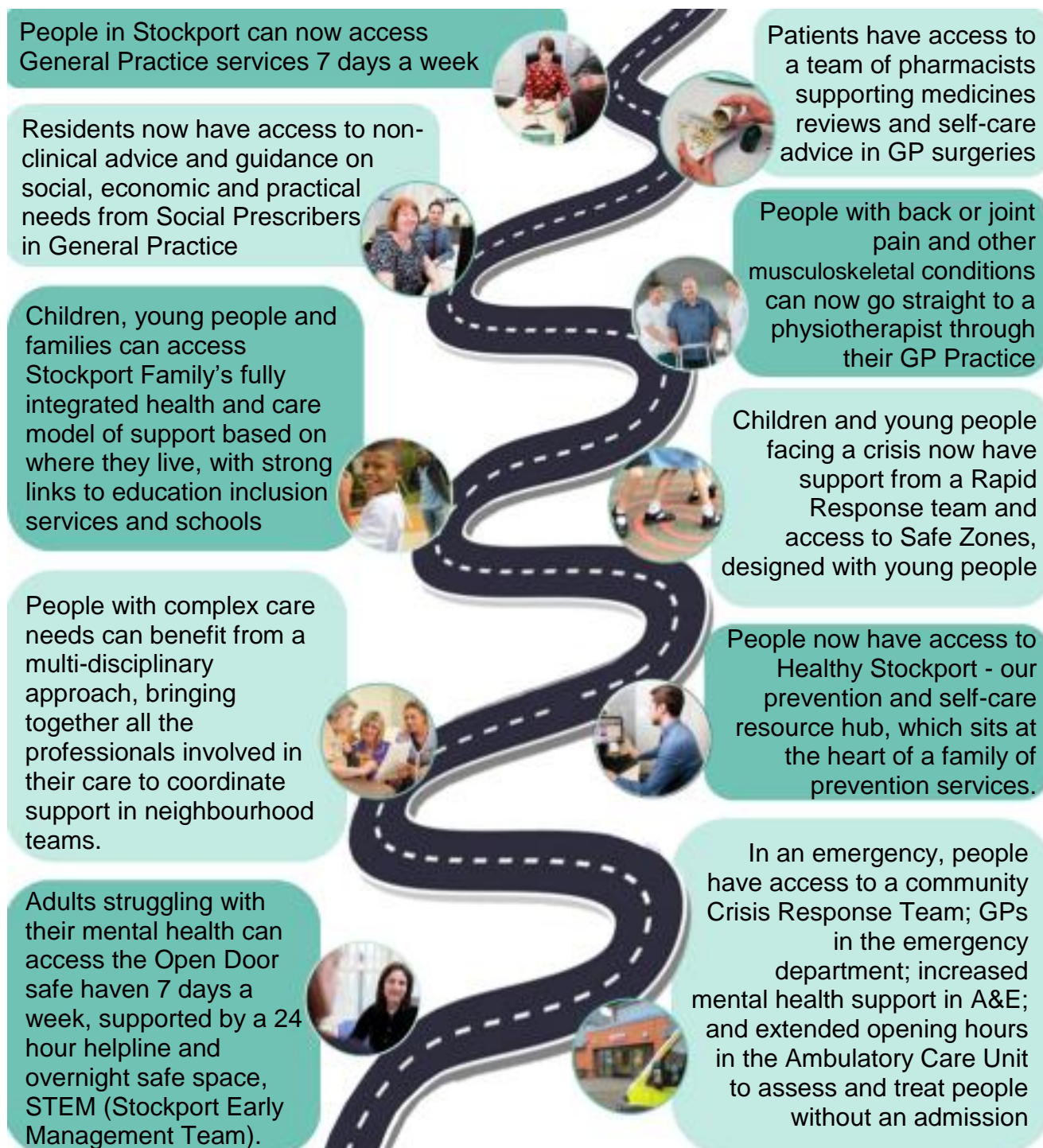Voluntary Sector interventions

United in the face of the pandemic, our organisations and communities have joined forces to create an ambitious, connected and caring borough, working hard to overcome the challenges. Through working together and supporting each other we know we can create a happy and healthy borough for all of our residents.

For more information on Stockport's population, needs and services, see our Joint Strategic Needs Assessment[9].

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[9] http://www.stockportjsna.org.uk/

ONE STOCKPORT

3. OUR JOURNEY

Over the past decade, Stockport has seen significant changes in health and care:

People in Stockport can now access General Practice services 7 days a week

Residents now have access to non-clinical advice and guidance on social, economic and practical needs from Social Prescribers in General Practice

Children, young people and families can access Stockport Family's fully integrated health and care model of support based on where they live, with strong links to education inclusion services and schools

People with complex care needs can benefit from a multi-disciplinary approach, bringing together all the professionals involved in their care to coordinate support in neighbourhood teams.

Adults struggling with their mental health can access the Open Door safe haven 7 days a week, supported by a 24 hour helpline and overnight safe space, STEM (Stockport Early Management Team).

Patients have access to a team of pharmacists supporting medicines reviews and self-care advice in GP surgeries

People with back or joint pain and other musculoskeletal conditions can now go straight to a physiotherapist through their GP Practice

Children and young people facing a crisis now have support from a Rapid Response team and access to Safe Zones, designed with young people

People now have access to Healthy Stockport - our prevention and self-care resource hub, which sits at the heart of a family of prevention services.

In an emergency, people have access to a community Crisis Response Team; GPs in the emergency department; increased mental health support in A&E; and extended opening hours in the Ambulatory Care Unit to assess and treat people without an admission

ONE STOCKPORT

2020 was an unprecedented year which had a profound effect on every member of our community. We are immensely proud of the amazing efforts made by our combined health and care workforce and their support teams during the COVID response as well as key workers in the wider public sector and community. We have seen incredible resilience and adaptation, with more joined-up care, which has delivered an outstanding result.
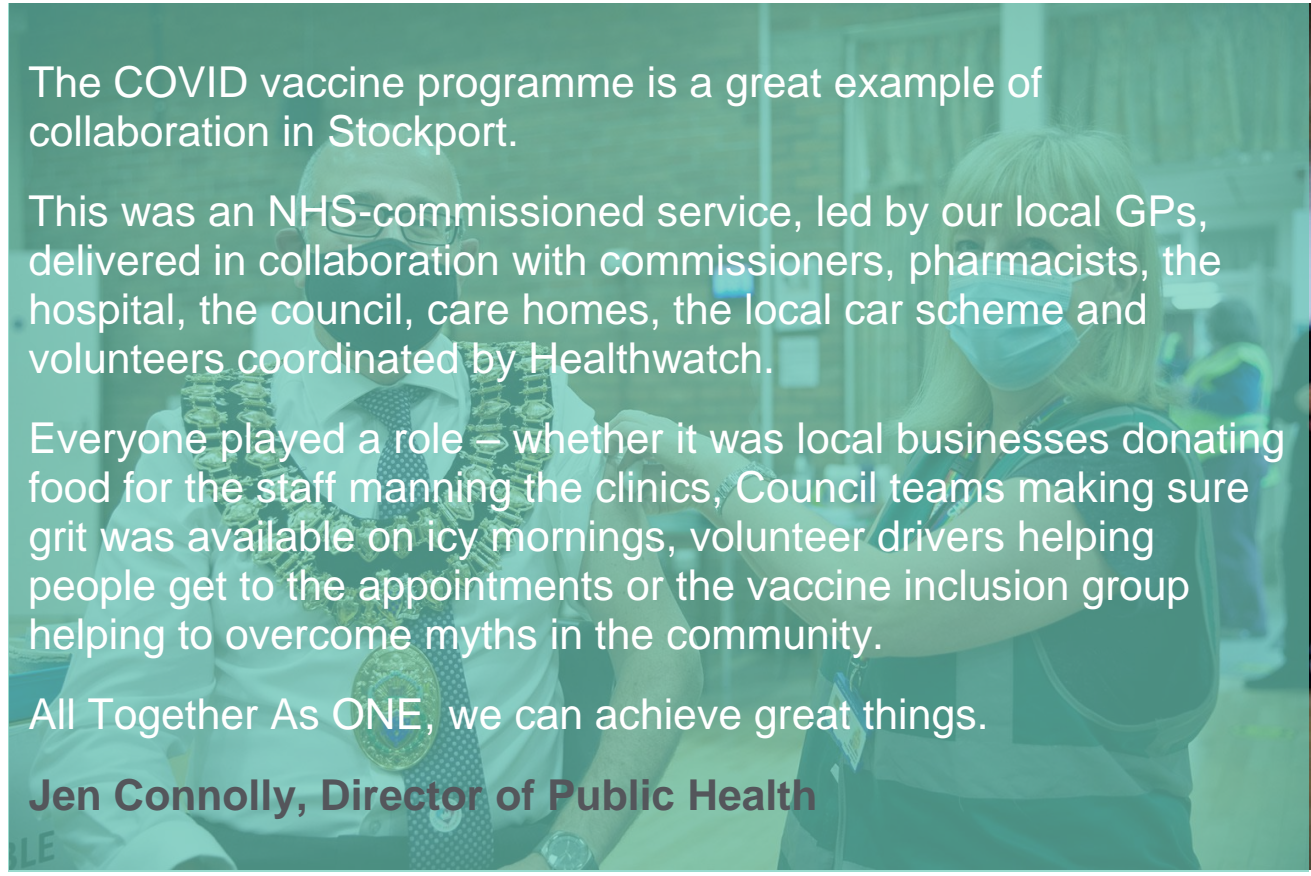
However, COVID-19 has not affected all of us equally and has exacerbated the inequalities in our borough:

- rates of infection were significantly higher among people in manual occupations and frontline health and care staff;
- older people and those from Black, Asian and Minority Ethnic (BAME) backgrounds were more likely to experience serious complications from the virus; and
- mortality rates from COVID-19 have been significantly higher in areas of deprivation – particularly among younger people.

Even among those who did not contract COVID-19, lockdown has had significant impacts on mental health and wellbeing, felt most in: deprived areas where there is less access to green spaces and lower quality of housing; among those who are socially isolated; and among care home residents, where access to families and visitors was restricted. The focus on managing the pandemic has resulted in unavoidable delays for routine care, which has had a disproportionate impact on people with disabilities, long-term conditions, and families of children with special education needs and disabilities.

If 2020 taught us anything, it's that we're stronger working together.
Our aim is to learn from the positive changes over recent years and from the inspiring levels of community support and compassion during the pandemic to build back stronger, supporting our most vulnerable, to and create a healthy, happy and more resilient borough.
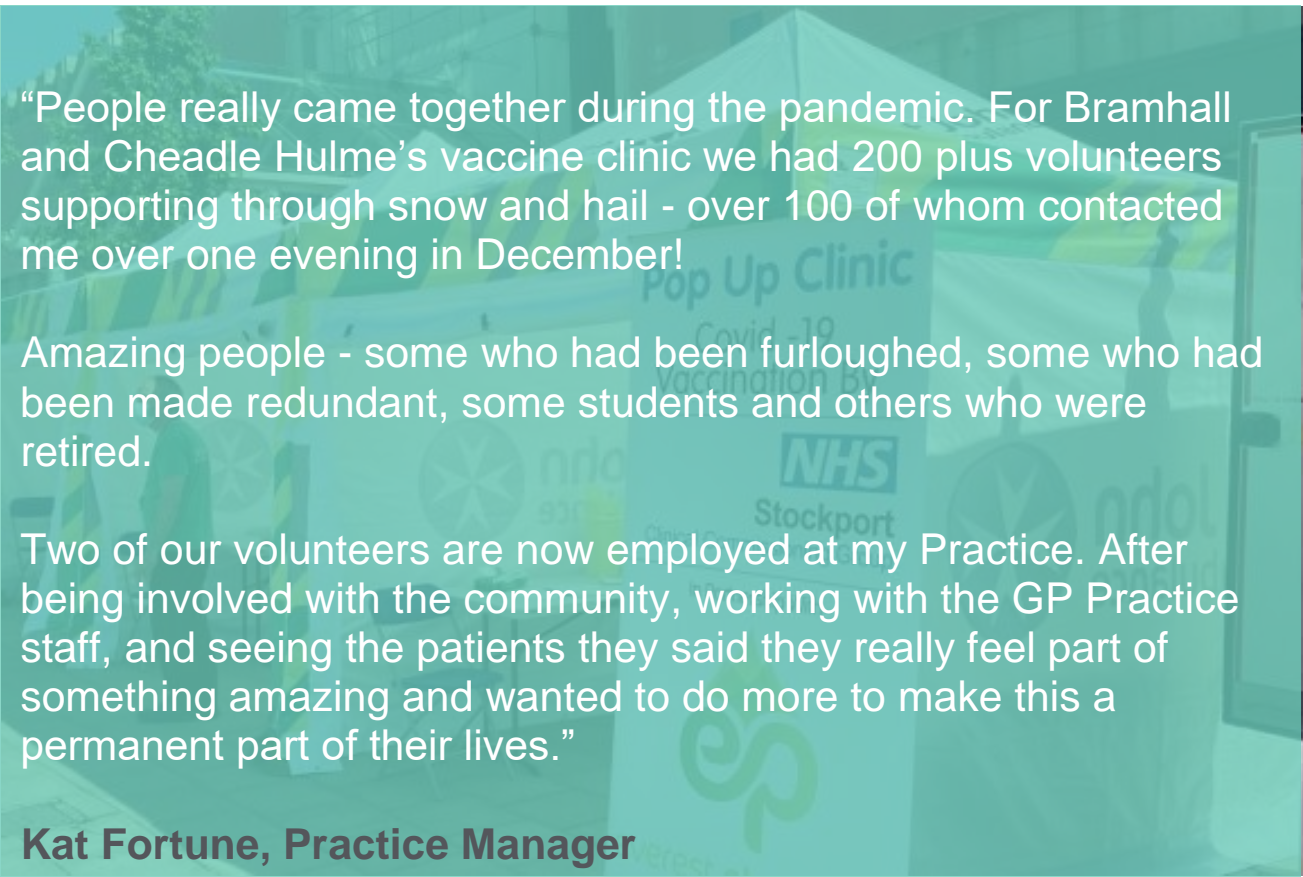
The COVID vaccine programme is a great example of collaboration in Stockport.

This was an NHS-commissioned service, led by our local GPs, delivered in collaboration with commissioners, pharmacists, the hospital, the council, care homes, the local car scheme and volunteers coordinated by Healthwatch.

Everyone played a role – whether it was local businesses donating food for the staff manning the clinics, Council teams making sure grit was available on icy mornings, volunteer drivers helping people get to the appointments or the vaccine inclusion group helping to overcome myths in the community.

All Together As ONE, we can achieve great things.

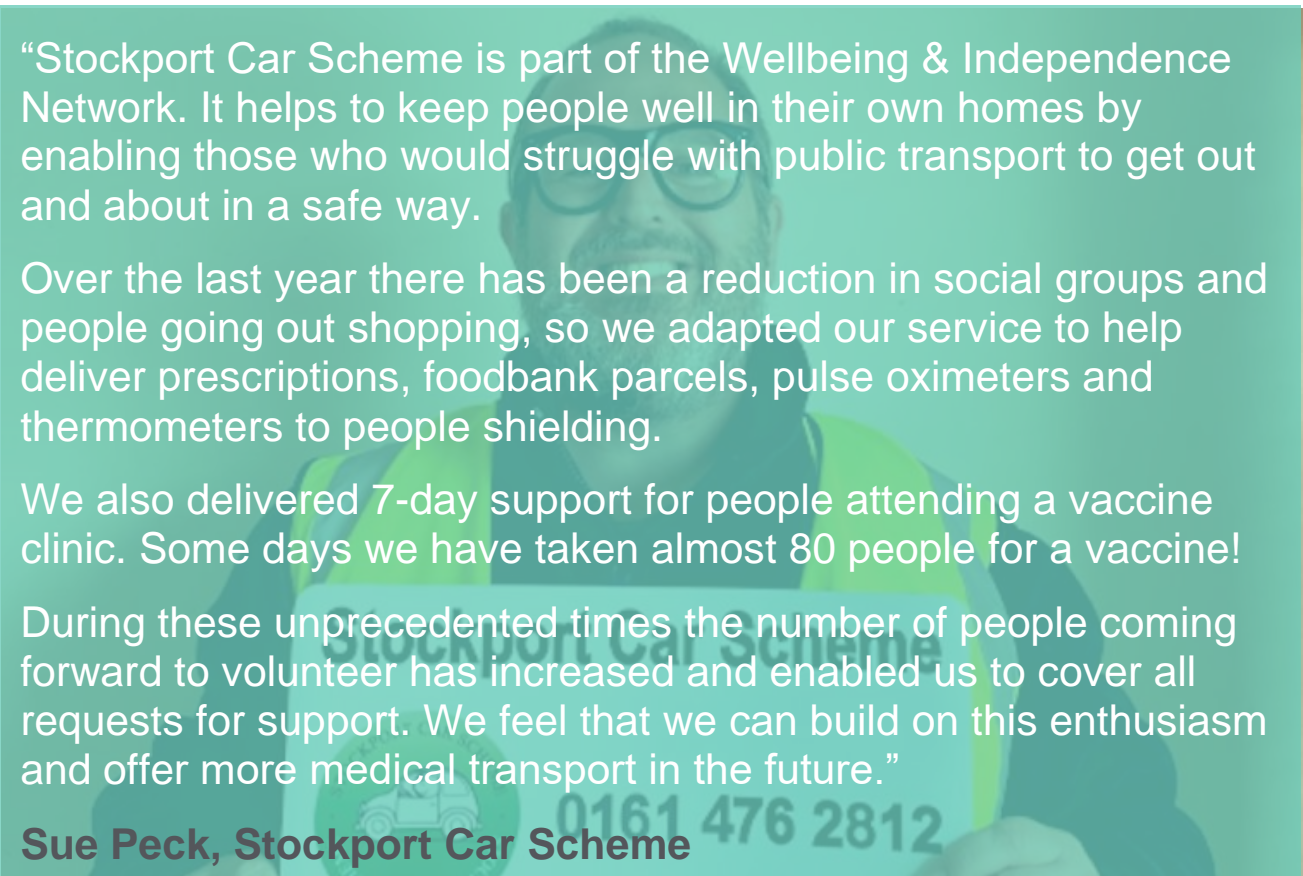**Jen Connolly, Director of Public Health**

ONE STOCKPORT

"People really came together during the pandemic. For Bramhall and Cheadle Hulme's vaccine clinic we had 200 plus volunteers supporting through snow and hail - over 100 of whom contacted me over one evening in December!

Amazing people - some who had been furloughed, some who had been made redundant, some students and others who were retired.

Two of our volunteers are now employed at my Practice. After being involved with the community, working with the GP Practice staff, and seeing the patients they said they really feel part of something amazing and wanted to do more to make this a permanent part of their lives."

Kat Fortune, Practice Manager

"Stockport Car Scheme is part of the Wellbeing & Independence Network. It helps to keep people well in their own homes by enabling those who would struggle with public transport to get out and about in a safe way.

Over the last year there has been a reduction in social groups and people going out shopping, so we adapted our service to help deliver prescriptions, foodbank parcels, pulse oximeters and thermometers to people shielding.

We also delivered 7-day support for people attending a vaccine clinic. Some days we have taken almost 80 people for a vaccine!

During these unprecedented times the number of people coming forward to volunteer has increased and enabled us to cover all requests for support. We feel that we can build on this enthusiasm and offer more medical transport in the future."

Sue Peck, Stockport Car Scheme

ONE STOCKPORT

4. SHAPING OUR PLAN

The Borough Plan and our Health & Care Plan are for everyone, so it is important to us that we reflect this when shaping it.

Our plans are based on a wide range of evidence:

- throughout 2020 we spent time seeking and listening to over 3,800 people to capture the experiences, insight and aspirations of our communities, businesses and different partnership perspectives to inform the development of the Borough Plan
- over the first half of 2021 we spoke to around 1,000 people about the health and care plan, and
- we have been analysing all our data and intelligence to understand our opportunities and our challenges.

Online surveys	Video booth	Workshops	Partnership Forums	Underpinned by ongoing conversations
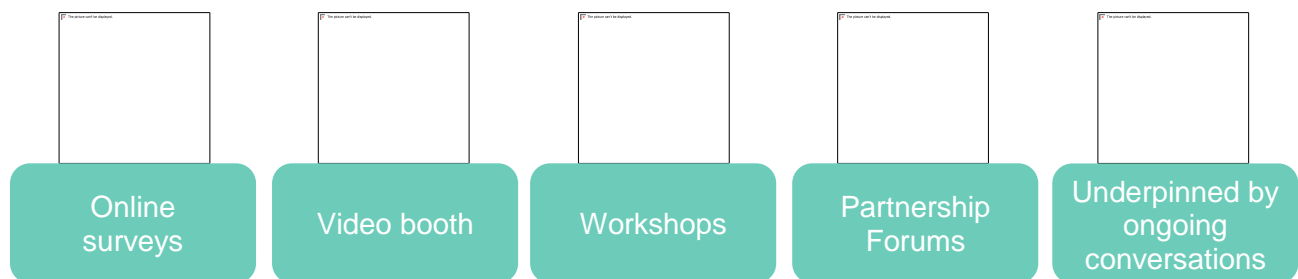
Our data is telling us that:

Stockport's population is changing, we have an increasingly culturally diverse community, an ageing population and Stockport is a popular place for people to relocate to and live

Stockport has a strong economy, we are in the top 20 in the UK for productivity growth. We are responding well to new emerging industries. However, as with other areas we face the challenges of unemployment

We are a **polarised borough** (top 10 in England), with a number of our residents living in some of the most affluent and least affluent areas in England

Stockport's **children generally achieve above average outcomes,** however the most vulnerable and deprived children do not perform or engage as well as their peers across England

Stockport tends to have **good health outcomes and life expectancy** that have been improving year on year, but our **growing levels of health & care needs will present in challenges in future years.**

What we have heard is that:

People are **passionate** about their local area, enjoy being part of a community, supporting local businesses and want to get involved

Equality, equity and unity are important for our communities and at the heart of how we want to work together in the future

Access to **health services** was identified as a big future priority and **Mental Health and wellbeing** was a particular concern for young people.

Our **communities care for the environment** and want to proactively address the causes and impacts of climate change

People, businesses and communities talked about the importance of **inclusive employment opportunities** and inspiring future generations

The **economy and recovery** from COVID is a concern but we don't want to lose our ambitions around regeneration and economic growth

People and communities have, and continue to be, **impacted by Covid-19**, whether it is their health, employment, wellbeing or concerns for the future

In particular, the following feedback was received around health and care:

- While health in Stockport is generally good, people are worried of the impact of COVID-19 on their health and wellbeing and on existing health inequalities
- Access to good quality health services is a top priority for the future
- Cultural competency is important for services
- Emotional wellbeing and mental health is a priority - particularly for young people. Rates of poor wellbeing have almost doubled from pre-pandemic levels
- Obesity and smoking are on the rise among young people and key for improving health and reducing inequalities. Behaviours and cost are key barriers to making healthy choices
- Support for carers, including respite care, is a big priority – Signpost identified 1,000 new carers during the pandemic
- Wider factors like employment, education, housing, leisure and green spaces all have an impact on health and vice versa
- Social isolation is a major issue for mental wellbeing – even more so since COVID
- We have an ageing population which brings opportunities but puts more pressure on health and care services
- Some people and communities require additional support such as families with a child with Special Educational Needs and Disabilities, care leavers and older people
- Services need to work together and take a holistic approach to care for an individual.

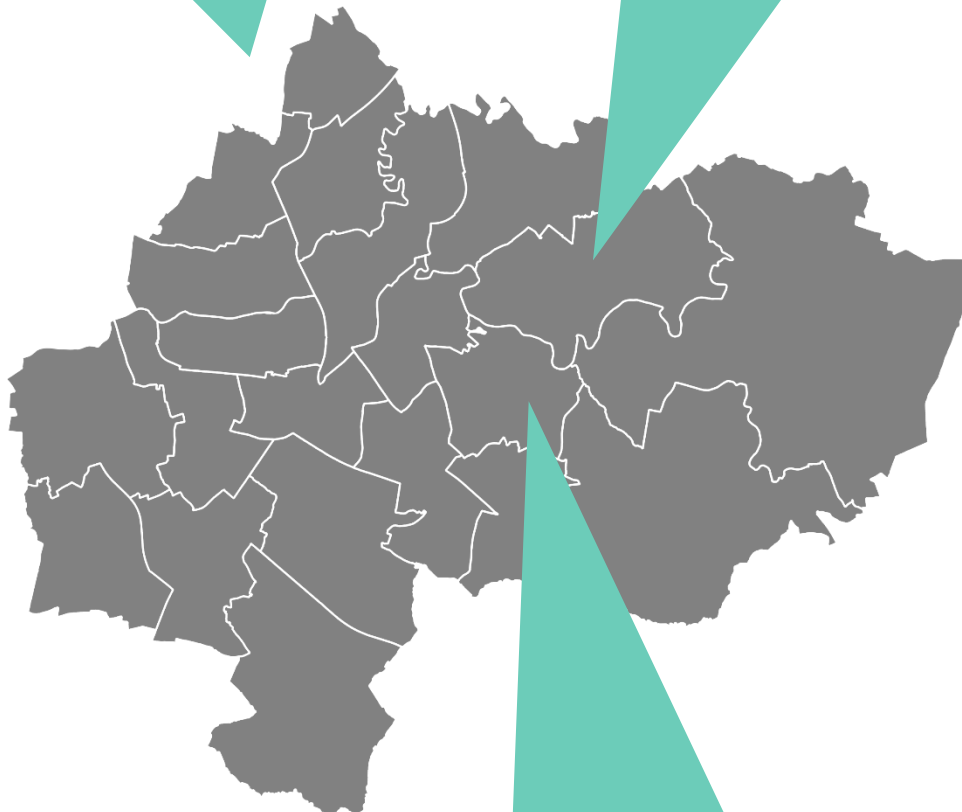A full analysis of engagement can be found in **Appendix 2.**

ONE STOCKPORT

ONE STOCKPORT

"Looking after our mental health is more important than ever!"

Millie, Stockport College, age 17

"I want everyone to be happy and healthy. Good health isn't just about good services it is also about employment, education, friendship and enjoying the outdoors."

Claire, Romiley, age 43

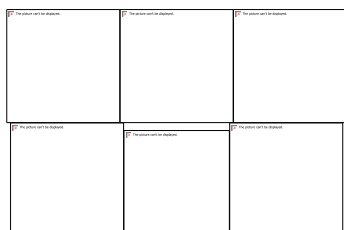Impact on health and wellbeing

Health Inequalities

Collaboration

Mental Health & Wellbeing

High Quality Services

Wider Determinants of Health

"For an aging population, I think having an accessible and good quality health care network is key - this ties in closely with a good quality social care and community network.
People need to feel safe and secure and this is dependent on health and connectivity.
It's imperative this is supported by being able to get around and have access to a solid and affordable public transport system."

Janet, Offerton, age 68

ONE STOCKPORT

5. OUR VISION

Our vision for 2030 sees us all working together to develop a borough which is inclusive, caring, enterprising and full of ambition. **We want people to live the best lives they can and feel happy, healthy, included, and independent.**

For health and care, this means giving everyone the best possible start in life, reducing inequalities between different communities while improving health and wellbeing for everyone in the borough.

The best way to achieve this goal is to **work together as ONE system, wrapping care around the needs of the individual.** We will create a sustainable, person-centred system where professionals work together with local communities, recognising their strengths and assets, to prevent ill health, proactively support people to remain independent and offer high quality care when needed.

We want services to create the conditions that enable people to live healthy and happy lives and offer proactive support when needed. This means preventing problems emerging in the first place or, if issues have emerged, offering the help people need, when they need it, to address problems and/or prevent or delay them from getting worse. It means working *with* people rather than doing things *for* or *to* them and helping them to access and develop the resources available to them.

General Practice and local education settings will be key anchors that services are wrapped around. Learning from the progress of our integrated neighbourhood teams, Stockport Family, and the Team Around the Place, we will develop our **ONE Neighbourhood Model of multi-disciplinary teams, working together for their shared communities**. Health and Care leaders will work together as ONE System, embracing new technology to improve independence, access to information and services, and create a sustainable system, operating with a Place-Based budget to ensure delivery of quality outcomes for everyone.

Working through our neighbourhood model, we will **match support to local needs, increasing the scale and pace of progress to reduce health inequalities**. Our approach will be inclusive, recognising the significant benefits of communities looking after each other during the COVID pandemic and the impact of wider public services such as education, housing and employment on health and wellbeing.

➢ **Healthy, Happy, Included**

➢ **Communities that *care* and look after each other**

➢ **ONE Stockport, ONE Neighbourhood Approach**

This is not a quick fix - our long-term vision will be delivered through the detailed 5-year delivery programmes set out below and constantly refreshed to meet changing needs and demands.

ONE STOCKPORT

A Healthy, Happy Stockport

Putting people at the heart of everything we do. Working together as ONE System to wrap support around the individual.

Person-centred care for you and your family at the end of life	• Palliative Care • Respite • Care Homes
Help to get you back to health and independence	• Rehabilitation • Reablement • Resettlement • Intermediate Care

Responsive care in times of need	• Elective care
	• Urgent care
	• Specialist services
	  • Mental Health
	  • Cancer Care
	  • COVID response

Support people to maintain their health, wellbeing and independence through proactive management of care	• Primary Care • Social Care • Neighbourhood teams • Housing • Education • Voluntary & Community Sector
Prevent ill-health and dependence	• Vaccination • Immunisation • Risk Stratification • Equipment & adaptations
Enable people to be healthy & happy, ensuring everyone has the best possible start in life	• Self Care • Wellbeing services • Reducing inequalities • High quality maternity services
Putting people at the heart of everything we do	• Local People • Families • Carers

This plan provides a framework to guide our work across all stages of the life course from birth to death, to prevent risks becoming problems and challenges from becoming entrenched or turning into crises so that everyone in Stockport can live their best lives.

ONE STOCKPORT

6. VALUES

2020 has taught us so much and has enabled us to build new relationships, develop ourselves and work with those around us to overcome challenges – giving us hope for the future of Stockport.

In Stockport…

- ➢ **We are inclusive.** We believe our difference and unique experiences need to be celebrated. We proactively address inequality and hold ourselves accountable for everyone feeling included and valued.

- ➢ **We are ambitious.** We believe in Stockport, our people, and the places that make up our Borough. We are continuously challenging ourselves to be the best we can be for Stockport.

- ➢ **We are collaborative.** We believe in working together, including with our citizens, openly and honestly. We support each other and always work together for the benefit of Stockport.

We will uphold these values as citizens, employers and partners, championing them with our neighbours, our colleagues and our local communities.

"Stockport Family brings together children's services from across health, care and education. Wrapping services around the child and their family – our common purpose – has had a powerful impact. An external evaluation by the Department for Education has shown how this **collaborative model** has helped to improve life chances and quality outcomes for local children."

Chris McLoughlin, Director of Children's Services

ONE STOCKPORT

As ONE Health and Care System, we will work to the following principles:

- **Person-Centred**
  Putting people at the heart of our services, recognising their skills, networks and assets. Professionals and organisations will work together for our communities

- **Place-Based**
  Working together across Stockport and within neighbourhoods to support shared populations. Following the principle of subsidiarity so decisions are taken closer to the communities they affect.
  Considering the whole system and responding to complexity with collaboration.

- **Outcomes-Focussed**
  Delivering excellence in our services, health and wellbeing outcomes, leadership and in how we support our colleague. Being innovative and informed by evidence.

- **Strengths & Asset-Based**
  Recognising the strengths and assets individuals and communities bring to the table and proactively engaging with them to co-produce the right support. Enabling personal growth and empowering people to determine and achieve their goals, drawing on their own and their communities' assets.

- **Fair**
  Reducing inequalities at the core of all we do, with links to wider public services and determinants of health. Valuing diversity and adapting ways of working to empower all of our communities.

- **Sustainable**
  Able to meet changing local needs within the available place-based budget.
  Make best use of digital technology to support our work and enable independence
  Working together to respond to the challenge of climate change.

"I don't know the difference between NHS Stockport, Stockport NHS and all the other services – I just want them to work together instead of passing people from pillar to post. There should be no wrong door for accessing care"

Steve, Signpost's Young Carers

"I know what I need better than any stranger sat behind a desk. You should ask me what I want, not tell me what you want to do"
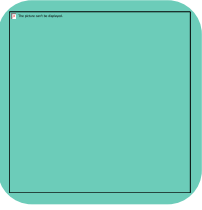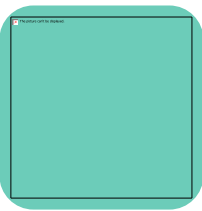
Jean, Cheadle Hulme

"The people we all care for should come before the organisation we work for and the system needs to make that easy to do"

Julia, Social Worker

ONE STOCKPORT

7. OUTCOMES

Our health and wellbeing have never been more important to us. ONE Stockport sets a clear mandate for health and care partners to deliver real change. Stockport residents will see tangible improvements in health and wellbeing as well as in the quality of local services. Through this plan, we aim to deliver the following outcomes for our population:

Strategic Outcomes	Measures of Success
Stockport residents will be healthier and happier	• Increase in life expectancy • Increased happiness & emotional wellbeing • More children and young people who are thriving • Reduction in loneliness and social isolation.
Health and wellbeing inequalities will be significantly reduced	• Increase in health life expectancy • Improved access to screening • Earlier diagnosis of cancer, heart disease, and respiratory disease • Reductions in smoking and obesity • Reductions in premature mortality among those with the worst health outcomes
Safe, high quality health and care services will work together for you	• Positive CQC ratings for all services • Consistently high staff and service user satisfaction levels • Delivery of national standards • Improved Access to services • Reduction in Waiting times
Stockport residents will be more independent and empowered to live their best lives	• More people are physically active • More people eating the recommended 5-a-day • Reduced rates of unhealthy drinking • Fewer avoidable emergency hospital admissions • Fewer permanent admissions to care homes

These measures are just part of Stockport's developing Outcomes Framework, which covers all areas of the Borough Plan. Delivery of these improvements will be monitored through Stockport's Integrated Care Locality Board and overseen by Stockport's Health & Wellbeing Board.

ONE STOCKPORT

The image below sets out the commitments for health and care described in Stockport's borough plan and how these will be measured:

What Action We Will Take

1. Continue to provide **safe, high quality health and care services** through new system leadership arrangements and a joint improvement plan

2. Radical focus on **early help and prevention** through codesigning a new model, recommissioning key services for 2022 and making the most of digital technology. 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

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

4. Work together to undertake **targeted action on inequalities** through a new population health plan and **neighbourhood model** that recognises wider factors such as housing, employment and social connectedness

5. 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

6. Continue our work to be an **Age-Friendly Borough** through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life

7. Continue our work to be a **Child-Friendly Borough** through delivery of the Start Well Strategy & Children and Young People's Plan; Early Help Strategy and our SEND Strategy & Joint Commissioning Plan that are proactively developing the opportunities for children and their families to have the best outcomes in life and prepare well for adulthood.

8. Develop the way we deliver Adult Social Care and Health to help the people of Stockport to live their best lives possible. We will continue to embed and develop our operating models which promote **prevention, reablement and a Home First ethos**.

How We Will Measure Success

- Maintain and increase healthy life expectancy across the Borough, whilst also reducing the widening gap between our communities

- Early intervention and prevention keep people independent for as long as possible and reduces admission and re-admission to hospital, residential or nursing care

- Improvement in the levels of happiness, mental health and emotional wellbeing and increase the number of active people across the Borough

- Better access to mental health treatment and support (via CAMHS and Community Mental Health Services) for children and young people

- Improvement in the quality and timeliness of care and support needed

- Financially sustainable and resilient health and care provision.

ONE STOCKPORT

8. PRIORITIES WE WILL DELIVER

The COVID-19 pandemic taught us all the importance of working together to support each other to design and deliver real change. We will maintain the positive collaboration and increased communications between partners, taking a system-wide approach to our work.

We will put local people above organisational needs through multi-disciplinary working and redeployment across services that flex to local needs; harmonise partner plans, providing checks and balances of the impact of one partner's plans on another's capacity.

In July 2021 the Government published a Health and Care Bill[10], outlining a range of reforms including the development of Integrated Care Systems (ICS) to deliver joined-up place-based working across health and care providers. Locally, this will take the form of a Greater Manchester ICS, supported by a locality construct in each of the ten Boroughs of Greater Manchester.

Integrated Care Systems will work at three levels:

- **System**   setting strategic direction and delivering economies of scale

- **Place / Locality**   bringing together local services to build a comprehensive offer

- **Neighbourhood**   integrated teams of health and care professionals supporting their local communities

This structure, fits with the ideals of ONE Stockport and our Health & Care Plan to meet Stockport's needs through the following delivery model:

- ONE System based around you, not organisations
- ONE Locality Board managing outcomes from a place-based budget
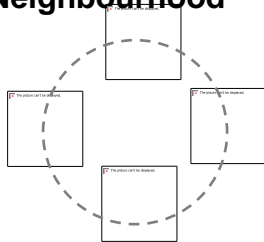- ONE Delivery Partnership operating ONE Neighbourhood model.

Using this new model, the following section sets out how we intend to deliver each of the health and care commitments in the borough plan through 9 key work programmes:

- *Quality & Leadership*
- *Early Help & Prevention*
- *Independence & Reablement*
- *Mental Health & Wellbeing*
- *Tackling Inequalities*
- *Stockport's Neighbourhoods*
- *Child-Friendly Borough*
- *Age-Friendly Borough*
- *Valued Workforce*

For each area it explains what actions we will take over the next 5 years, what outcomes we will deliver and what this means for you.

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[10] https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf

ONE STOCKPORT

Our Future Integrated Care System (1st April 2022)			
Level	**Population**	**Overview**	**Local Model**
System	*2.822m in Greater Manchester*	Integrated Care System in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.	#GreaterManchester
Structures: Integrated Care Partnership (ICP) as the NHS body		bringing together the NHS, Local Authorities and wider partners including voluntary sector to address health, social care and public health needs across GM	
Integrated Care Board (ICB)		responsible for NHS planning & funding allocation, performance, accountability and functions transferred from CCGs; plus day to day management of the ICS	
GM Provider Collaborative(s)		responsible for delivery of NHS Constitution and standards of care across different provider organisations	
Place	*291,775 in Stockport*	Our Borough, bringing together health and care teams to understand local needs and prioritise service delivery to improve health and wellbeing for everyone in Stockport	#ONEStockport
Structures: Health & Wellbeing Board		bringing together political, clinical, professional and community leaders across the health and care system to oversee local outcomes	
Locality Board		Board of health and care leaders and service providers responsible for co-ordinating the local contribution to health, social and economic development, jointly managing the place-based budget and providing assurance to the GM ICS	
Provider Alliance		bringing together local care providers to ensure seamless delivery of care, holding each other to account to transform, deliver, assure and sub-contract services to deliver the population health and wellbeing priorities of the Locality Board	
Neighbourhood	circa 30,000 to 50,000 people	Local neighbourhoods served by integrated health and care teams to deliver more coordinated and proactive services that keep people happy, healthy & independent	#TeamBramhall #TeamCheadle #TeamHeatons #TeamTameValley #TeamHazelGroveOfferton #TeamVictoria #TeamMarple #TeamWerneth
Structures: Neighbourhood Teams		multi-agency approach from GPs, community services, mental health teams, social care, voluntary sector and Healthwatch etc	

ONE STOCKPORT

8.1. QUALITY & LEADERSHIP

We will work together as ONE System to deliver safe, high quality health and care services through new system leadership arrangements and a joint improvement plan.

Quality is our top priority.

> "There have been examples of excellent quality of care through the Covid-19 pandemic. People really stepped up and took responsibility to help people, regardless of which team they work in"
>
> **Julie, Mental Health team**

Stockport's health and care system currently relies heavily on hospital care, with high rates of hospital admissions for conditions which, in most parts of the country, would be treated out of hospital. We spend more on acute hospital care and less on NHS mental health services than our peers.

We believe that the only way to improve health and care for everyone in Stockport is to work together as ONE system, wrapping care around the needs of the family and or individual. We will work together to create a sustainable, person-centred system where professionals work together with local communities to prevent ill health, proactively support people to remain independent and offer high quality care when needed.

Leaders from across Stockport will come together to oversee a plan to improve our health and social care. We will co-produce a quality improvement plan and optimise outcomes through effective clinical and professional leadership.

> "Data sharing is critical for working well together. We need aligned systems and consent processes so we can share information and provide the best care to our shared populations."
>
> **Kirsteen, Citizen Focus**

We will embed a culture of safety and create an environment of continuous quality improvement, research, and innovation. We will positively act upon learning – whether from incidents, complaints, or compliments about what goes well – and share this across the system.

We will continue to work with partners across the city region to address variation in standards, access, and quality.

ONE STOCKPORT

Safe, high quality health and care services

Objectives: To embed a culture of safety and create an environment of continuous quality improvement, research, and innovation. To take accountability for health and care services in Stockport continuously improve performance against national standards. To develop an Integrated Care System that provides seamless care and delivery of high-quality outcomes.

Actions:
- Develop local Integrated Care System & leadership arrangements
- Build a Provider Alliance to deliver integrated services in Stockport
- Re-design and integrate multi-agency pathways
- Develop a System Charter on Quality
- Co-produce a Quality Improvement Plan
- Develop and implement a LeDeR improvement plan
- System-wide audit plan and commissioning strategy
- Community Diagnostic Hubs
- Rapid Diagnostic centres
- Enhanced Health in Care Homes
- Digital innovation, including virtual outpatients and telehealth
- Develop a strategy to optimise use of estate
- South East Sector development set out in Taking Charge
- Implement the GM Cancer plan
- Implementation of the Better Births Standards
- Recover health and care services post-COVID, reducing waiting lists
- Work with partners in GM to address variation in standards, access, and quality

Outcome Measures:
- Consistently high levels of satisfaction with health and care
- All services rated as 'good' or 'outstanding by the CQC
- High quality Social Care services compliant with the Care Act
- Full delivery of NHS constitutional standards
- We will be in the lowest quartile nationally for clinical error
- Improved access to services and reduced waiting times
- Low levels of complaints upheld by the ombudsman
- Fewer child deaths, particularly in areas of deprivation
- Fewer unnecessary emergency admissions to hospital
- Reduction in harm to individuals
- Financial sustainability in the system

What does this mean for….

➢ Our population
Better care, improved services, and satisfaction. Greater confidence in health and care providers.

➢ Our staff
Proud of care provided. Enthusiasm to be a team member / leader.

➢ Our partners
Confidence in our system.

What will the future look like?
There should be no organisational boundaries, ensuring care is seamless. We will have a stable, highly motivated and engaged workforce, with the skills and expertise to enable us to deliver improvements in line with national and regional delivery programmes.

8.2. EARLY HELP & PREVENTION

We will work together as ONE System to deliver a radical focus on early help and prevention through co-designing a new model, re-commissioning key services and making the most of digital technology. Our work will include the network of support from friends, family and the many local community groups and organisations that provide vital care and support within the home.

Traditionally, health and care services have focussed on support for people in crisis. While this is important, we need a greater focus on supporting people to live well, preventing ill health and empowering people to live their best lives.

> "It's easy to wait for someone to fall down and put a plaster on their knee…
> … we should help people to live well so they don't fall in the first place!"
> **Healthwatch Engagement Event**

Prevention needs to start from an early age to improve outcomes and build a strong foundation for physical and mental health and wellbeing throughout life. We will collaborate across the system - particularly with schools - to give Stockport residents the best start in life, including delivery of the Start Well Strategy, and work with colleagues across the city region to respond to the Marmot review of inequalities in Greater Manchester[11].

We will ensure a particular focus on our children and young people with Special Educational Needs and Disabilities (SEND), including work on diagnostic pathways. More detail on our broader children's work can be found in "A Caring & Growing Stockport".

We will improve the use of technology to help people live well at home, with easily accessible advice and guidance. Digital support should enable people – we are committed to supporting those who cannot access this option. Through our "Active Communities Strategy" we will encourage everyone to lead healthy, physically active lives. We will also work together to improve our approaches to identifying health risks and social determinants earlier and supporting people to make changes before they develop long-term conditions.

Building from Stockport's successful screening programmes, we will enhance early assessment and intervention for long term conditions, with a specific focus on those conditions that most contribute to health inequalities: cardio-vascular disease, respiratory disease, cancer and diabetes. We will develop a community diagnostic hub, increasing access to screening and routine diagnostics out of hospital and a Rapid Diagnostic Centre for cancer screening.

We will review those services specifically commissioned to prevent ill health, social isolation and loss of independence to ensure that we are getting the most impact, reducing any overlap, sharing information, and targeting those with the greatest need. And we will embed early help and prevention into the way all of our services work across the system – shifting the focus from treating illness to helping people stay well and independent.

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[11] https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/greater-manchester-a-marmot-city-region

ONE STOCKPORT

Radical focus on early help and prevention

Objectives: To shift the balance of care from reacting to problems once a person needs help, to more support for people to stay well and reduce, avoid and delay the need for intervention by health and care services. Effectively address the social determinants of health and wellbeing and clearly articulate the health and social care offer to residents.

Actions:
- Re-commission preventative services
- Clearly articulate the health and social care offer to local people
- Community Prevention Hub development
- Diabetes Prevention Programme and online self-management
- Community Diagnostic Hub & Rapid Diagnostic Centre
- Respond to the Marmot review in Greater Manchester
- Early Help Strategy & Start Well Strategy
- Focus on childhood obesity
- SEND Strategy & Joint Commissioning Plan
- Address the wider determinants of health and wellbeing
- Make the most of assistive and digital technologies
- Digital Prevention Strategy
- Population Health Management & risk stratification
- Prevention, strength and asset-based focus in every pathway
- Provide information in an accessible way so people feel informed

Outcome Measures:
- Increase in life expectancy & healthy life expectancy in Stockport
- Improved outcomes for children with SEND
- Increase the proportion of people who are active
- More people using outdoor space for exercise / health reasons
- More people meeting the recommended 5-a-day, particularly children
- Reduce obesity levels, particularly in deprived areas and children
- Reduce rates of unhealthy drinking
- Reduce smoking, particularly in deprived areas
- Maintain high uptake of flu vaccine
- Increase uptake of screening
- Earlier detection of cancer, heart, liver, and respiratory disease
- Fewer people accessing formal care

What does this mean for….

➢ Our population
Support to live well and prevent the need for health or social care interventions. Improved health outcomes.

➢ Our staff
Satisfaction of empowering people and improving their lives. Reduction in preventable diseases.

➢ Our partners
Greater input from the voluntary sector. Partners will have confidence in us to deliver sustainable services.

What will the future look like?
More people are active, healthy, resilient, and happy. People take ownership of their health and wellbeing. Diseases are identified earlier and treated, reducing the demand on specialist services to provide timely support to those with serious conditions. Earlier intervention when treatment options are less expensive generates a sustainable health and care system, well placed to meet the needs of our growing population.

8.3. INDEPENDENCE & REABLEMENT

We will work together as ONE System to develop the way we deliver Adult Social Care and Health to help the people of Stockport to live their best lives possible. We will continue to develop and embed our operating models which promote prevention, reablement and a Home First ethos.

Over recent years our Adult Social Care team has developed a new approach to care, based on:

- Prevention – helping people stay well so that they don't need formal care
- Reablement – when people do need support, helping them recover and regain their independence;
- A Home First approach – delivering the right care and support to people within their own homes.
- Developing and implementing a strength and asset-based approach to enable people to utilise local and personal resources and support as much as possible without necessarily relying on formally provided and charged for services.
- Working with people who receive formal services to routinely review their care and support needs and ensure that any services they receive remain relevant and appropriate to theirs and their carer's circumstances.

This also applies to health services - when you are really sick, hospitals are the place you need to be. Ideally, services will prevent problems emerging in the first place, but when you do need help, it does not always need to be given in hospital. If you *do* need hospital treatment, this should be only for as long as necessary and your discharge should not be delayed. Once you are medically stable, you recover much better and faster at home with the right support around you. Being in familiar surroundings with support from loved ones, family and friends is also one of the best things for your mental wellbeing.

We want to change the way we deliver care so that people in Stockport are supported to stay well and independent, to take charge of their own health and wellbeing, accessing support as close to home as possible.

We will work closely with planning teams in the implementation of the 'Local Plan' to ensure that planning for housing and land use supports improved health, wellbeing and independence.

We want services to create the conditions that enable people to live healthy and happy lives and offer proactive support when needed. This means working *with* people rather than doing things *for* or *to* them and helping people to access and develop the resources available to them. However, when people do need formal care and support our aim is wherever possible to take a re-abling approach and work to promote people's abilities and independence.

ONE STOCKPORT

Helping people live their best lives

Objectives: To support people to be happy, healthy and independent through a person-centred approach that helps people stay well and be as independent as they can be, preventing the need for formal care where possible, delivering services as close to home as possible, minimising length of stay in hospital or a care home, and enabling people to regain skills and wellbeing.

Actions:
- Thriving Communities reform programme
- Develop the Provider Alliance offer to people at risk of requiring formal support interventions
- Implementation of the 'Local Plan' for land use to promote independence
- Review of the Intermediate Care offer
- Develop alternatives to hospital to prevent unnecessary admissions
- Early Supported Discharge
- Structured Medication Reviews
- Making sure that people are only in care settings as long as necessary
- Social Prescribing
- Personal Budgets
- Community Champions
- DigiKnow Champions to support people to get online

Outcome Measures:
- People remain independent for as long as possible
- Fewer permanent admissions to residential and care homes
- Fewer admissions to hospital where care and treatment could be provided differently in the community or at home
- Fewer emergency hospital admissions among children
- Reduced length of stay in hospital
- More people accessing short-term services at the right time and reduce the need for long-term care
- More people feel confident to manage their own health or care needs
- More adults with a learning disability or serious mental illness living in stable appropriate accommodation
- More people have access to information, advice and guidance to maintain their heath and wellbeing
- Access to support is fair and representative of local population needs
- Local services comply with statutory and constitutional duties

What does this mean for….

➤ Our population
An increased level of independence. More emphasis on self-care and being involved in your care. Less trips to hospital and shorter time spent away from home.

➤ Our staff
An asset-based approach makes every role more meaningful. Healthy workforce role modelling positive lifestyle behaviours for the wider population.

➤ Our partners
A shared vision across the system to improve lives. Confidence in our sustainable system.

What will the future look like?

People feel confident to take control of their health and wellbeing to prevent ill health and stay independent. When support is needed, more often than not it will be offered close to home and in collaboration with the individual and their family / carers.

8.4   MENTAL HEALTH & WELLBEING

We will work together as ONE System to improve mental health and wellbeing through development of a joint all-age mental health and wellbeing strategy, working with communities, schools, and businesses

We want to improve mental health and wellbeing for everyone. We recognise that current services focus on people in crisis, rather than supporting people's emotional wellbeing, issues of loneliness, or helping people with mental health problems to live well.

We want to create a comprehensive package of care that supports people through all stages: from prevention, social support, emotional wellbeing, tackling loneliness, and living well with mental illness; to formal support like counselling, crisis care and inpatient services.

"BOOST deliver a range of physical activity sessions geared specifically at supporting people with poor mental health and those who are lonely and socially isolated, driven largely by my own lived experience of using physical activity as an alternative to prescribing.

I think residents find it incredibly difficult to identify non-clinical opportunities to improve their health and service providers do not have clear sight of what is on offer, particularly from the VCSE community."

Steve Flynn, BOOST

Care should also cover all ages – joining up support for children and young people through well-planned transition services with the support for adults and older people.

We want to extend the 'No Wrong Door' policy to all mental health and wellbeing services, so that people can always get the help they need, regardless of which part of the system they go to.

"When people go to 'Open Door' - the drop-in service in the town centre – they will be signposted to the right service for them and supported to get the care they need."

Jane, Support Worker Manager

As with many elements of this plan, mental health and wellbeing is strongly influenced by a wide range of factors, such as family, employment, education, deprivation, and housing. To create a comprehensive range of support will require input from a wider range of people. We will offer specialist mental health training in areas such as dementia, substance abuse, learning disabilities and eating disorders, to support all teams across the system to help service users with mental health support needs.

This workstream focuses on the actions that can be undertaken by health and care services, while recognising the importance of all elements of the ONE Stockport Borough plan to creating the conditions that can improve mental health and wellbeing.

Working with colleagues across the city region, we will support delivery of the Greater Manchester Mental Health & Wellbeing Strategy. Locally, we will ensure provision for mental health and wellbeing support across all communities, with particular focus on the most vulnerable groups.

ONE STOCKPORT

Improving mental health and wellbeing

Objectives: To create a culture where people understand there is no health without mental health. System-wide support to maintain good mental wellbeing and prevent crisis. Recognition of the role of education, employment, housing and the community. A strong, joined up service offer for all age groups and levels of need that keeps people well and provides timely support when needed. Continued investment in mental health services.

Actions:
- No Wrong Door policy applied across all services
- Improving access to MH services, including place-based interventions
- Developing the primary care offer
- Reshaping community support for people with serious mental illness
- Creating alternatives to inpatient care
- Create a smooth transition for young people into adult services
- Better support for children and young people
- Annual health checks for people with serious mental illness
- Develop digital prevention offer
- 'Togetherall' online community support for emotional wellbeing
- Reduce social isolation, including befriending and volunteering networks
- Activity-based social prescribing
- Assertive outreach & post-discharge follow-up
- Development of emotional wellbeing support in schools
- Specialist day centre provision for people with dementia
- Specialist mental health training for all staff across the system
- Person-centred social care support which is compliant with the Care Act and complements NHS services

Outcome Measures:
- Fewer people experiencing low wellbeing
- Fewer people reporting loneliness and isolation
- More children and young people who are thriving
- 24/7 access to crisis care via NHS 111
- Core 24 mental health liaison service
- Fewer out of area placements for acute mental health
- Reduce premature mortality in adults with severe mental illness
- Reduce self-harm and suicide rates
- Fewer relapses / re-referrals into alcohol and substance abuse services
- Improved access to mental health services

What does this mean for….

➢ Our population
Consistent support for all ages. Support to live well. Better care and greater levels of satisfaction.

➢ Our staff
Proud of care provided. Capacity to deliver well. Enthusiasm to be a team member / leader.

➢ Our partners
Confidence in our system Joint working across the city region.

What will the future look like?

A happy borough where people are supported to live well. Good access to information about mental wellbeing, which is seen to be as important as physical health. Good access to support for all ages and needs.

8.5 TACKLING INEQUALITIES

We will work together as ONE System to undertake targeted action on inequalities through a population health system that recognises wider factors such as education, housing, employment, and social connectedness

While health and wellbeing in Stockport is, on average, among the best in the North West, we know that this is not the experience of all of our communities. We want to give everyone in Stockport the best possible start in life and support them to live well and age well with equal opportunities and access to quality services, in the right place and at the right time.

The COVID-19 pandemic has not affected us all equally and has exacerbated the inequalities in our borough. Rates of infection were significantly higher among people in manual occupations and frontline health and care colleagues; older people and those from ethnic minority backgrounds were more likely to experience serious complications from the virus; and mortality rates have been significantly higher in areas of deprivation – particularly among younger people. The lockdown has had significant impact on mental health and wellbeing - felt more in deprived areas where there is less access to green spaces and lower quality of housing. We anticipate that this will also impact on the level of long-term health conditions in deprived areas. Significant effort will be put into recovery of screening services to reach those people who did not attend appointments during the pandemic and ensure that this does not exacerbate inequalities.

We will work to reduce inequalities and maximise healthy life expectancy by tailoring services to local needs. This will require a disproportionate focus of resources for those with the poorest outcomes - primarily within areas of deprivation and among people with learning disabilities, serious mental illness, and children with special educational needs.

While advances in tele-care and digital access to services has benefited many residents, we recognise that some people are unable to use this resource. We are committed to supporting digital inclusion through training, support for businesses including a digital platform for care homes, digital champion volunteers, internet access in public spaces and the DigiKnow lending library. More information can be found in our Digital Strategy.

We will take a systematic approach to inequalities at all levels. We will work with colleagues across the city region to respond to the Marmot review of inequalities in Greater Manchester[12]. Particular focus will be given to those health conditions that are the main driver of inequalities in outcomes – cancer, heart disease, and respiratory disease.

We recognise that public services working in isolation cannot effectively resolve many of the complex issues that drive the need for our services, such as poverty, education, employment, housing, access to green spaces, loneliness, and trauma. We need to work together with individuals, their families, carers and communities, voluntary organisations, schools and businesses in ways that respond to their lived experiences and aspirations.

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[12] https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/greater-manchester-a-marmot-city-region

ONE STOCKPORT

Targeted action on inequalities

Objectives: To reduce health inequalities between different groups in our population and improve health and care for all.
To address the wider determinants of health and wellbeing through system-wide action, supporting everyone to live well.

Actions:
- Address the wider determinants of health and wellbeing
- Implementation of the 'Local Plan' for land use to support reductions in inequalities
- Take a systematic approach to the drivers of health inequality (cancer, heart and respiratory disease)
- Recovery of screening services post-COVID
- Digital Inclusion
- Improve services for people with learning disabilities and autism
- Embed learning from the LeDeR report
- Develop and implement an All Age Autism Strategy
- Delivery of our SEND Strategy & Joint Commissioning Plan
- Peer-to-Peer support from Community Champions to challenge lifestyle behaviours that impact on inequalities

Outcome Measures:
- Reduce the widening gap in life expectancy between our communities
- Reduce the healthy life expectancy gap
- Improve outcomes for children with special educational needs
- Improve health outcomes for people with a learning disability
- Increase smoking cessation in areas of deprivation
- Increased uptake of health checks, particularly in people with a Learning Disability, Serious Mental Illness & those in areas of deprivation
- Improved uptake of diabetes support
- Improve the one-year survival rate from cancer
- Reduce early deaths from cancer, heart, liver and respiratory disease, particularly in areas of deprivation

What does this mean for….

➢ Our population

Fair access to services. Improved outcomes for all. Better access to specialist services when needed.

➢ Our staff

Proud to work in Stockport. A satisfying and varied career path. Stronger community engagement.

➢ Our partners

Greater collaboration – between agencies working together for the best outcomes for our residents.

What will the future look like?

Everyone in Stockport will have the best start in life and the opportunity to live and age well. Inequalities in health and wellbeing outcomes will be significantly reduced with improvements in outcomes for all.

8.6   STOCKPORT'S NEIGHBOURHOODS

We will work together as ONE System through a new neighbourhood model that recognises wider factors such as education, housing, employment, and social connectedness

As our population grows and ages, more people are developing complex care needs and requiring support from multiple health and care services. Partners in Stockport recognise that people are more than just their health conditions or care needs. We will put people at the heart of our services and tailor care to their individual needs by creating the conditions for individuals, communities, services and professionals to work together. Delivery of care will be through a joined-up neighbourhood approach, with relevant professionals working together to deliver a seamless service.

"We need to create neighbourhood teams who identify with their shared community, not an organisation"

Feedback from Staff Engagement Event

We want to build on our neighbourhood approach for adults with long-term conditions, our Stockport Family model for children, and the Team Around the Place to create a local model that brings together all the people involved in supporting you in your own community. We will work together to proactively identify people who may be vulnerable to losing independence - for example through an unplanned hospital admission or not being school ready - and deploy support from different agencies to reduce that risk. Key to delivery will be information sharing between teams and full roll-out of the shared care record.

In developing a single model for neighbourhoods, we will work across the full life course, ensuring a smooth transition from children's to adult services. While the model of care will be universal, the focus of neighbourhood teams will be tailored to local needs. This may mean that services in one neighbourhood have different priorities to others.

Integrated neighbourhood services will be co-ordinated around Stockport's primary care networks and local schools, bringing together GPs, nurses, community health services, social care, specialist secondary care, mental health services, community and voluntary groups to prevent ill health and to proactively manage care when the need arises so that people can remain independent. We will connect wider public service partners to the neighbourhood model, including education, housing and employment. We will use anchor institutions like libraries, community centres and cafes, as community hubs that link into neighbourhood services.

The Start Point café in Woodley is a community hub, where anyone can come in and get advice, information about services, online learning or even just find someone to talk to.

Our neighbourhood model will recognise the invaluable contribution of carers to the independence and wellbeing of local people and ensure that adequate support is also given to carers themselves to support their wellbeing and resilience. We will put a greater focus on community resources and the role of the individual in making healthy decisions.

ONE STOCKPORT

ONE Neighbourhood Model

Objectives: To offer a joined-up service in neighbourhoods, bringing together professionals from across organisations to deliver person-centred care with actions and priorities determined at a local level.

Actions:
- Develop a single neighbourhood model for Stockport
- Baseline of health and wellbeing needs in each neighbourhood
- Baseline of neighbourhood workforce and assets
- Baseline of community assets
- Improvement plans for each neighbourhood based on local needs
- Implement the NHS Comprehensive Model for Personalised Care
- Shared care records
- Development of anchor institutions as community hubs in each neighbourhood

Outcome Measures:
- More people with a co-produced care plan
- Increased confidence among people with a long-term condition to manage their own care
- More carers with long-term conditions feel supported to manage conditions
- Improved satisfaction among people with complex care needs
- Crisis response within 2 hours and reablement care within 2 days
- Fewer emergency hospital admissions for chronic conditions
- Fewer emergency hospital admissions for children with long-term conditions such as asthma, epilepsy, diabetes
- Fewer permanent admissions to residential or care homes
- Reduce the widening gap in life expectancy between our communities
- Reduce the healthy life expectancy gap

What does this mean for….

➢ Our population

Joined up care. Only need to tell your story once. Care and support solutions based on local need. Coordinated support.

➢ Our staff

Proud to work in Stockport. A satisfying and varied career path. Stronger community engagement.

➢ Our partners

Greater collaboration – between agencies working together for the best outcomes for our residents.

What will the future look like?

Health and care professionals work together in each neighbourhood of Stockport to support local people. Agencies will collaborate to focus on local needs, reducing inequalities and achieving positive outcomes through personalised care.

8.7   CHILD-FRIENDLY BOROUGH

We will work together as ONE System to be a Child-Friendly Borough through delivery of the our Start Well Strategy, Children & Young People's Plan and our SEND Strategy and Joint Commissioning Plan that proactively support children and their families to have the best outcomes in life and prepare well for adulthood.

Our children and young people are our future and Stockport is a great place for them to grow up. Most children and young people in Stockport area healthy, live in settled families, benefit from high-quality early years provision and education places, and go on to do well at school. However, this is not the case for all of our local children:

- 13.5% of children and young people in Stockport are living in poverty and there are small areas that rank within the 2% most deprived in England
- In recent years birth rates have grown most rapidly in the more deprived areas of Stockport - almost half of all births between 2009 and 2014
- Children living in poverty in Stockport do less well in education and have poorer health and life chances than children living in poverty nationally and in some neighbouring boroughs
- In areas of disadvantage, the number of children achieving a good level of development at the end of the early years' foundation stage is declining. In 2018, 46% of children eligible for free school meals achieved at good level of development, compared to 57% nationally.
- 16% of children with special educational needs or disabilities in Stockport achieved a good level of development, compared to 29% nationally
- Outcomes for communication and language have also fallen below national levels (80.7% in Stockport compared to 82.2% nationally), impacting on children's attainment in literacy and mathematics.

Our vision is for all children and young people to have the best start in life, be happy and healthy, safe and supported to thrive. Supporting children and families is central to our vision of improving health and wellbeing in Stockport and reducing health inequalities.

Working together, we will ensure that local maternity services offer every mother and child the best start, implementing the Better Births standards and the recommendations in the Ockenden Review.

We will learn from the success of the Stockport Family Model, which wraps care and support around children and their families, and build this into our all-age approach to health and care, creating smooth transitions from children's to adult services.

We will focus on the inequalities in outcomes between children in the more affluent and deprived areas of the borough, tackling growing issues of childhood obesity and mental wellbeing to prevent long-term conditions and disadvantages that lead to health inequalities in alter life.

And we will ensure that children and young people with additional support needs are given the care and support they need to flourish.

ONE STOCKPORT

Best Start in Life

Objectives: To give everyone the best possible start in life, creating the conditions where children can thrive and creating a solid foundation for equality of opportunity and outcomes into the future.

Actions:
- Implementation of the Start Well Strategy & Children's Plan
- Implementation of the Early Help Strategy
- Delivery of our SEND Strategy & Joint Commissioning Plan
- Respond to the Marmot review in Greater Manchester
- Focus on childhood obesity
- Development of emotional wellbeing support in schools
- Develop and implement an All Age Autism Strategy
- Create a smooth transition for young people into adult services
- Inter-generational, activity-based social prescribing
- Development of the Team Around the School approach post-16
- Develop an all age living campus with intergenerational housing
- Engage with schools and higher education to grow local talent
- Full implementation of the Better Births standards

Outcome Measures:
- More children and young people who are thriving
- More children achieving a good level of development at 2-2.5yrs
- Families supported to ensure children are ready for school
- Improved outcomes for children with SEND
- More young adults with a learning disability in settled accommodation
- More children & young people physically active
- More children eating the recommended 5-a-day
- Fewer children & young people who are overweight or obese
- Improved emotional wellbeing among looked-after children
- Fewer emergency hospital admissions for children & young people with long-term conditions such as asthma, epilepsy & diabetes
- Increased uptake of childhood immunisations & vaccinations
- Improved uptake of flu vaccination among children
- Reduction in the infant mortality rate
- Improved access to CAMHS services
- Improved access to perinatal mental health

What does this mean for….

➢ Our population
Everyone has the best possible start in life, reducing inequalities.

➢ Our staff
Making a difference every day. No organisational boundaries.

➢ Our Partners
Positive outcomes and increased collaboration.

What will the future look like?

Everyone in Stockport will have the best start in life and the opportunity to develop, proser and live well. Inequalities will be significantly reduced with improvements in outcomes for all.

8.8 AGE-FRIENDLY BOROUGH

We will work together as ONE System to build an age-friendly Borough through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life, starting in the early years.

Stockport has an older population than most of our neighbours. This is a both a testament to the success of local health and care services and an asset moving forward through the knowledge, experience and support our older population provide to the community.

We need to celebrate the many ways older residents actively contribute to our communities, including volunteering, providing informal care to family and friends, their economic contribution to local businesses and their rich knowledge and experience.

As people live longer lives with more complex health and care needs, we need to work together across communities to support people better and earlier so that they can continue to live as independently as possible, remain healthy and active, feel happy, valued, respected and appreciated, and maintain a good quality of life.

Social isolation is a major issue for older residents which has become significantly worse in the pandemic and threatens health and wellbeing. Loneliness is an issue for many across the ages and needs to be recognised and supported.

> For many older people the motivation to join groups is social interaction, so we have turned buddying schemes into Walk and Talk, which also incorporates families, so all ages can support each other in active living

We want to develop Stockport's ageing well strategy to make this a truly Age-Friendly Borough. We firmly believe Age Friendly should relate to all ages and be embedded in how we work together, design local areas, and shape services so that children are supported to thrive, people can grow and age-well with the right care at the right time.

> The Reddish Cycle Repair Shed is an inter-generational project that works with Adswood Primary school, enabling disadvantaged kids to learn to fix and own a bike.

We need to develop housing that is inclusive, suits people at different stages of their lives and meets different needs - taking advantage of future developments in technology around adaptable housing for all ages. Access to green spaces and planning for land use should support our Age-Friendly ambitions.

In terms of employment, we need to recognise the role of older people in our workforce, value their experience and support them to share learning with future generations.

And we need to review the education offer around lifelong learning, particularly focussing on the all-age strategy to support people at all stages of their lives from re-training and getting back into employment, to adult literacy.

ONE STOCKPORT

An Age-Friendly Borough

Objectives: To embed a culture of fairness and an environment that supports people to start well, live well, and age well.

Actions:
- Ageing Well Strategy
- 'Big Conversation' to plan for a happy, healthy older age
- ONE Stockport Age-Friendly Network
- Active Ageing Programme
- Promote and support inclusive employment practices
- Volunteer Hub development
- Invest in lifelong learning, skills and training
- Develop an all age living campus, including intergenerational housing and an Academy of Living Well
- Planning for green spaces and land use through our 'Local plan'
- Deliver our Active Communities strategy
- Invest in tele-care, health and technology assisted living
- Invest in digital platforms for Care Homes
- Development of the Frailty Pathway
- Inter-generational programmes
- Activity-based social prescribing
- Support for carers

Outcome Measures:
- Consistently high service user experience
- Reduce the proportion of people reporting loneliness and isolation
- Increase the proportion of people who are active
- Reduce the average age of people entering permanent care
- Improved market sustainability
- People enabled to live well at home for longer.

What does this mean for….

➢ Our population
More intergenerational support initiatives. Inclusive education, training, and employment opportunities.

➢ Our staff
All staff valued. Life-long learning opportunities. Strength and asset-based approach.

➢ Our partners
System-wide programmes of work to build relationships and maximise capacity.

What will the future look like?

People live their best lives and are proactively supported to age well, remain healthy, active and enjoy a good quality of life.

8.9 VALUED WORKFORCE

We will work together as ONE System to build 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

Our workforce is our greatest strength and is key to delivering this vision. To be successful, we need to support our colleagues, make sure they are given the tools they need to do their job, feel valued and are offered opportunities to develop their career in Stockport. We also need to ensure the workforce of the future by developing clear, exciting career paths and ensuring that training and education opportunities exist to develop our home-grown talent.

There are currently around 10,000 people working for the partner organisations to provide health and social care services as well as the wide range of colleagues in Stockport's private care providers, voluntary sector and the 31,982 unpaid carers, who make a vital contribution to our system. Stockport also benefits from a high number of health and social care professionals working across the region who live in the borough, providing a strong community asset.

As local needs change and we develop our services, we need to support colleagues to take on new challenges and work in different ways across organisational boundaries to meet local needs. By developing a joint workforce development plan across all of Stockport's health and care services, we can support teams to understand all parts of the system and how they work together to support local people. This will also provide opportunities for lifelong learning and new, fulfilling career opportunities.

To create a sustainable system that is fit for the future, we also need to consider a joint approach to training and development, linked to our new integrated approach that creates training and employment opportunities across the system, including mentoring and placements for colleagues across different services.

> "The Academy of Living Well is helping to target the right candidate, create the new qualifications for the workforce required of the future and make the adult social care career path more attractive to future generations."
>
> **Workforce Engagement Event**

This plan provides a real opportunity to bring teams together to learn from each other and create the conditions for effective collaboration that benefits local people.

> "When we put up organisational boundaries it reduces our impact"

> "Working creatively together we can create the synergies that help all of our teams with shared issues like hard to recruit to posts"

> "Stockport Family has a really positive story to tell on recruitment, retention and staff satisfaction – we should share this learning"

Liz, Community Champions   **Janet, Adult Social Care**   **Rebecca, Stockport Family**

ONE STOCKPORT

A resilient, valued, and inclusive workforce

Objectives: To provide an inclusive employment experience for our colleagues from all backgrounds and communities. To provide local choices for training, education and career development. To improve the health and wellbeing of colleagues. To provide resources; culture and engagement; education and development. Support staff to work collaboratively with other professions in a multi-disciplinary way.

Actions:
- Establish a baseline of existing HR & OD capacity, skills, and plans
- Develop and implement a Joint Workforce Strategy
- Undertake a joint recruitment approach for key roles
- Invest in career path opportunities, including for residents with additional needs such as care levels and young people with SEND
- Launch a multi-professional leadership development programme
- Support teams to work collaboratively across professional and organisational boundaries to support residents
- Recruitment to new roles in Primary Care Networks
- Provide a shared training platform across the system
- Ensure our staff wellbeing programme is accessible and effective
- Focus on the ageing workforce
- Career Academy to deliver a Stockport Standard of Care
- Introduce new ways of working, including agile, flexible, and digital
- Focus on becoming best in class for equality, diversity, and inclusivity
- Engage with schools and higher education to grow local talent
- Train all teams on supporting people with mental health issues, on cultural competence, and taking an asset-based approach

Outcome Measures:
- Consistently high levels of staff satisfaction
- Improve levels of colleague engagement and morale
- Improved retention rates
- Improved representation of diverse communities in our workforce
- Reduce vacancy rates
- Reduce levels of agency staffing
- Improve sickness absence and wellbeing of colleagues
- Increase apprenticeships and the numbers of colleagues in 'new roles'
- Understanding of professional roles in multi-disciplinary approach
- Consistently high learning outcomes from workforce training

What does this mean for….

➤ Our population
A skilled and responsive workforce Compassionate, high quality care. Agility – adapt to and influencing changing times.

➤ Our staff
Rewarding experience at work. Opportunities for training and career prospects. Recognition of your contribution.

➤ Our partners
Integrated working Shared responsibility

What will the future look like?

Stockport will be a great place to work with a wide range of education, training, and career options. We will have happy colleagues and satisfied patients. We will have a great reputation for the work we do and people will want to work here.

9. ENABLERS

Delivery of our shared goals will require input from a range of enabling services, providing shared solutions to the technical issues of how we bring together a wide range of professionals from a number of different organisations and locations around the borough.

Estates
Together, we will review local infrastructure to support the provision of more care outside of the hospital site and the effective co-location of teams to enable new ways of working. This work will reflect the opportunities of using the whole health and care system estate to best effect We will work closely with planning teams in the implementation of the 'Local Plan' to ensure that planning for land use supports improved health, wellbeing and independence.

Finance
We will work together with partners to build a sustainable health and care system – better than before - with the capacity to flex in response to future challenges.
We will develop detail on how money will flow to and through the system and how financial governance and accountability need to operate at neighbourhood and boroughwide levels.

Commissioning
As we move into an Integrated Care System, the aim is to dissolve the historic divide between commissioning and delivery of services. The separation of purchasing and provision in the 1990s gave commissioners responsibility for understanding local needs and rewarded providers for delivery of their specific areas of care, generating competition between providers and stifling collaboration. The ICS presents an opportunity for commissioners to work with providers to ensure that gaps in services are addressed and improve experiences and outcomes for service users by combining commissioning knowledge of population needs and front-line intelligence on managing care to develop a comprehensive model that considers the interests of the wider health system.

Digital Transformation
We will build digital solutions to new ways of working, including connected infrastructure, integrated systems, digital access to services and better use of health and care intelligence to support earlier intervention and improved outcomes, as well as supporting people to be in control of their own information.

Business Intelligence and Information Governance
Our information is one of our most valuable assets in understanding local needs and the impact of the services we provide. We will encourage further use of data and gather insights using the 'The Big Stockport Picture' which brings together data published by organisations from across the Borough and is designed to help with local transparency, aid collaboration and to build products and services that benefit Stockport citizens. We need to be able to share, safely and appropriately information with other organisations working together to support our citizens.

Communication, Engagement and Co-Production
We will involve local people in co-producing services that meet their needs and ensure that residents are informed of the public sector offer as well as their own role in health and care. We will ensure colleagues and wider stakeholders are informed and engaged in a timely, consistent, and appropriate way to coproduce the new system.

ONE STOCKPORT

10. APPENDICES

APPENDIX 1 – Schedule of deliverables from the GM & NHS Long-Term Plan
APPENDIX 2 – Engagement Report
APPENDIX 3 – Equality Impact Assessment

ONE STOCKPORT

APPENDIX 1 – Schedule of deliverables from GM's 'Taking Charge' and the NHS Long-Term Plan

Stockport's Health and Care Plan sets out a single vision for health and care across the borough and what we intend to do over the next 3-5 years to deliver our ambitions. As an active partner in Greater Manchester's Integrated Care System, our vision supports the local delivery of GM's strategic plan for health and care and the Long-Term plans of the NHS.

This schedule sets out the requirements of the NHS Long Term Plan and Greater Manchester's Integrated Care System and how they will be delivered under this plan.

Priority	Requirements	Delivery Plan
Fully Integrated Community-based Care (including Primary Care Networks)	Enhanced Health in Care Homes	Quality & Leadership
	Structured medication reviews	Independence & Reablement
	Personalised care support	Stockport's Neighbourhoods
	Early cancer diagnosis	Early Help & Prevention
	20,000 additional staff to work in Primary Care Networks over 5 years	Valued Workforce
	5,000 full time equivalent doctors in general practice	Valued Workforce
Reducing Pressure on Emergency Hospital Services	Improved crisis response within two hours, and reablement care within two days;	Stockport's Neighbourhoods
	Providing 'anticipatory care' jointly with primary care;	Stockport's Neighbourhoods
	Supporting primary care to developed Enhanced Health in Care Homes;	Stockport's Neighbourhoods
	Building capacity and workforce by implementing the Carter report and using digital innovation	Valued Workforce
Giving people more control over their own health and more personalised care	Implement the six components of the NHS Comprehensive Model for Personalised Care	Stockport's Neighbourhoods
Digitally enabling care	Virtual Outpatients, reducing outpatient visits by 30 million a year nationally	Quality & Leadership
Improving Cancer Outcomes	Improving the one-year survival rate.	Tackling Inequalities
	Improving bowel, breast and cervical screening uptake;	Early Help & Prevention
	Roll-out of FIT for symptomatic and non-symptomatic populations in line with national policy, and HPV as a primary screen in the cervical screening programme;	Early Help & Prevention
	Improving GP referral practice;	Quality & Leadership
	Implementation of faster diagnosis pathways;	Quality & Leadership
	Improving access to high-quality treatment services, including through roll out of Radiotherapy Networks, strengthening of Children and Young People's Cancer Networks, and reform of Multi-Disciplinary Team meetings;	Quality & Leadership
	Roll-out of personalised care interventions, including stratified follow-up pathways	Quality & Leadership
	Rapid diagnostic centres	Quality & Leadership
	Lung health checks	Early Help & Prevention

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Priority	Requirements	Delivery Plan
Improving Mental Health Services	345,000 additional children and young people (CYP) aged 0-25 will be able to access support via NHS-funded mental health	Mental Health & Wellbeing
	Expansion of access to specialist community perinatal mental health services in 2019/20;	Mental Health & Wellbeing
	By 2020/21 there will be 100% coverage of 24/7 adult crisis resolution and home treatment teams operating in line with best practice;	Mental Health & Wellbeing
	The continued expansion of CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions;	Mental Health & Wellbeing
	The development of local mental health crisis pathways including a range of alternative services so that by 2023/24 there is 100% roll out across the country.	Mental Health & Wellbeing
Shorter Waits for Planned Care	No patient will have to wait more than 52-weeks	Quality & Leadership
	Access to First Contact Practitioners (FCP) by 2023/24	Valued Workforce
More NHS Action on Prevention	Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21;	Early Help & Prevention
	Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation).	Early Help & Prevention
	The Diabetes Prevention Programme (DPP) is a nationally-funded and commissioned programme. Systems should set out local referral trajectories that will contribute to the national DPP uptake;	Early Help & Prevention
	Targeted funding for 2020/21 and 2021/22 for a small number of sites to test and refine an enhanced weight management support offer for those with a BMI of 30+ with Type 2 diabetes or hypertension and enhanced Tier 3 services for people with more severe obesity and comorbidities.	Early Help & Prevention
	Targeted funding available from 2020/21 to support the development and improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions.	Early Help & Prevention
	Targeted support from the NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.	National
	Targeted support available to regions to drive progress in implementing the Government's five-year national action plan, Tackling Antimicrobial Resistance, to reduce overall antibiotic use and drug-resistant	Quality & Leadership
A Strong Start in Life for Children and Young People	Implementation of Better Births standards • Continuity of Carer to support the most deprived areas, to address health inequalities • Saving Babies' Lives Care Bundle (v2) to optimise implementation, particularly the new element on reducing pre-term births. • UNICEF Baby Friendly Initiative • Neonatal Critical Care services to develop allied health professional (AHP) support • Integrated support for families during neonatal care Postnatal physiotherapy and multidisciplinary pelvic health clinics	Best Start in Life Quality & Leadership
	Children and Young People's Transformation	Best Start in Life
	Developing age-appropriate integrated care, integrating physical and mental health services, enabling joint working between primary, community and acute services, and supporting transition to adult services;	Stockport's Neighbourhoods Best Start in Life
	Improving care for children with long-term conditions, such as asthma, epilepsy, diabetes, and complex needs;	Stockport's Neighbourhoods

ONE STOCKPORT

Priority	Requirements	Delivery Plan
		Best Start in Life
	Treating and managing childhood obesity;	Early Help & Prevention Best Start in Life
	Supporting the expansion of Children and Young People's mental health services;	Mental Health & Wellbeing
	Improving outcomes for children and young people with cancer	Quality & Leadership
Learning Disability and Autism	Reduction inpatient usage and beds	Tackling Inequalities
	Learning disability and autism physical health checks for at least 75% of people aged over 14 years	Tackling Inequalities
	Local offer for autistic young people	Mental Health & Wellbeing Best Start in Life
	Use the reasonable adjustment 'digital flag' in the patient record or, where this is not available, use the Summary Care Record as an alternative.	Mental Health & Wellbeing
	Intensive, crisis and forensic community support	Mental Health & Wellbeing
Cardiovascular Disease	Increasing the numbers of people at risk of heart attack and stroke who are treated for the cardiovascular high risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol. This will be supported by the roll-out in 2020 of the CVDPREVENT audit. From 2020/21 funding will be included in fair shares allocations to systems.	Tackling Inequalities
	Testing the use of technology to increase referral and uptake of cardiac rehabilitation from 2021/22. In 2023/24, funding for wider roll out will be included in fair shares allocations to systems;	Independence & Reablement
	Pilot schemes in 2020/21 and 2021/22 to increase access to echocardiography and improve the investigation of those with breathlessness and the early detection of heart failure and valve disease. From 2022/23 funding for wider roll out will be included in fair shares allocations to systems.	National
Stroke Care	Delivering Integrated Stroke Delivery Networks (ISDNs),	National
	Ensure that all patients who need it, receive mechanical thrombectomy and thrombolysis.	Quality & Leadership
	Early Supported Discharge (ESD) should be routinely commissioned and available to all patients for whom it is appropriate	Independence & Reablement
	Integrate ESD and community services	Independence & Reablement
Diabetes	Support for more people living with diabetes to achieve the three recommended treatment targets;	Early Help & Prevention
	Targeting variation in the achievement of diabetes management, treatment and care processes;	Early Help & Prevention
	Addressing health inequalities through the commissioning and provision of services;	Tackling Inequalities
	Expanded provision of access to digital and face-to-face structured education and self-management support tools for people with Type 1 and Type 2 diabetes;	Tackling Inequalities
	Providing access for those living with Type 2 diabetes to the national help Diabetes online self-management platform, which will commence phased roll out in 2019/20;	Tackling Inequalities
	Ensuring universal coverage of multidisciplinary footcare teams (MDFTs) and diabetes inpatient specialist nurses (DISN) teams, for those who require support in secondary care.	Stockport's Neighbourhoods
Respiratory Disease	Identification of respiratory disease	Early Help & Prevention
	Increase associated referrals to pulmonary rehabilitation services	Early Help & Prevention
	Setting targets for BME representation across its leadership team and broader workforce by 2021/22	Valued Workforce

ONE STOCKPORT

Priority	Requirements	Delivery Plan
Giving NHS Staff the Backing they Need	Improving mental and physical health and wellbeing	Valued Workforce
	Enabling flexible working	Valued Workforce
Delivering digitally-enabled care across the NHS	Digitise to core standards supported by a robust IT infrastructure by 2024	National
	By 2021/22 all staff working in the community will have access to mobile digital services to	Valued Workforce
	Integrated child protection system: By 2022 a new system will replace dozens of legacy systems;	National
	By 2020, every patient with a long-term condition will have access to their care plan via the NHS App, enabled by the Summary Care Record (SCR). By 2023 the SCR functionality will be moved to the local shared health and care record systems and be able to send reminders and alerts directly to the patient;	National
	Personal Health Records delivered through local health and care records that will also hold care plans	Stockport's Neighbourhoods
	All women have their own digital maternity record by 2023/24;	National
	By 2021 all parents will have a choice of a paper or digital Redbook for their new babies.	National

ONE STOCKPORT

1.   Background

In 2021 partners across Stockport launched a new borough plan - *ONE Stockport* - setting out a collective ambition for the next ten years. Delivery of this vision will be through a range of enabling plans, including a system-wide Health & Care Plan. The ambition of this health and care plan is to enable local people to live the best lives they can, happy, healthy & independently.

Over the first half of 2021 engagement was undertaken to:
- understand what is most important to local people, patients, carers and health and care staff;
- translate those priorities into clear outcomes we will work to deliver;
- understand how services are best delivered to meet local needs, local budgets and our workforce capacity; and
- set out tangible actions that we will take across the wider health and care economy to deliver the seven health and care commitments identified in the Borough Plan.

2.   Engagement Approach

In light of the pandemic and social distancing requirements, engagement was undertaken virtually through a range of methods to reach as many community groups as possible and gain insight into the needs and aspirations of the Stockport population:
- Attending existing community, partnership and organisational meetings
- Over 500 local groups contacted with information
- Targeted focus groups to speak to a representative selection of community stakeholders
- Presentations and discussions at team meetings
- System-wide workshops for health and care staff
- Social media
- Briefings and presentation at formal meetings
- Press releases and input into partner newsletters.

Key Stakeholders included:
- Stockport residents
- Children and Young People
- Older People
- LGBTQ+ Groups
- Ethnic Minorities
- Parents and Carers
- Community partnerships
- Representatives of the Voluntary, Community, Faith and Social Enterprise sector

Staff providing health and care services in Stockport:
- Primary Care
- Community healthcare
- Mental Health
- Hospital services
- Social Care
- Local authority
- Care homes and home care providers
- Unions and Trade organisations.

A full list of stakeholders involved and engagement undertaken can be found below.

ONE STOCKPORT

Who we involved

As part of our commitment to engaging as widely as possible, the following local groups were contacted to ensure that feedback included views from a range of community groups, including groups protected under the Equality Act.

Stakeholder Groups	
Health & Care Leaders	ONE Stockport Leadership Group Health and Wellbeing Board Healthwatch Stockport Health & Social Care Scrutiny Committee NHS Stockport CCG Governing Body Stockport NHS FT Board Pennine Care FT Board Adult Social Care Management Team Stockport Family Council Leadership Team SMBC Cabinet
Health & Care Staff	NHS Stockport CCG Stockport NHS Foundation Trust Pennine Care NHS FT General Practice Adult Social Care Children's Social Care Viaduct Care Mastercall Public Health
Stockport's Strategic Boards	Area Committees Care Homes Forum Children's Integrated Leadership Group Children's Transformation Group Economic Alliance Headteachers Meeting Looked After Children Provider Forum Safer Stockport Partnership Stockport Family Partnership Board Stockport Housing Partnership Strategy Group
Patient Groups and Representatives	General Practice Patient Participation Groups Patient Involvement Network Stockport FT Members Vaccine Inclusion Group Arts For Recovery In The Community Arts on Prescription Arts For Wellbeing Alzheimer's Society

Protected Characteristics	
Age	Age UK Stockport Older People's Forum University of the Third Age Stockport Coram Voice (youth advocacy) Children in Care Council and Autism Ambassadors DePaul (youth homelessness service) Edgeley and Cheadle Heath Sure Start Home-Start Stockport Starting Point Stockport College Youth Participation Group
Disability	Action on Hearing Loss CALD - Carers for Adults with a Learning Disability Disability Stockport Community LD Team Parents in Partnership Stockport (PIPS) Pure Innovations Pure Insight Walthew House (sensory loss) The Seashell Trust Stockport Disability Partnership Stockport Parents of ADHD Children in Education Together Trust
Ethnicity	ACCA – Stockport's African & Caribbean Community Association Asian Heritage Centre Council of Ethnic Minority Voluntary Sector Organisations Ebony & Ivory Community Organisation Nexus Equality Network Nia Kuumba Stockport Council Ethnic Diversity Service Stockport Race Equality Partnership Wai Yin Chinese Society
Gender Identity	MORF Support Group for Trans guys in Manchester Press for Change
Pregnancy & Maternity	Stockport Maternity Voices Partnership

Stakeholder Groups

Patient Groups and Representatives	Beacon Counselling Beechwood Cancer Care Gatley & Cheadle Diabetes Support Group Multiple Sclerosis Society Stockport & District Rethink Stockport Caring Together Stockport Progress & Recovery Centre (SPARC) Stockport Cerebral Palsy Society Stockport Mind Stockport Stroke Support Group Stockport User Friendly Forum (STUFF)
Carers	Carers' Voice Oasis for Carers Signpost for Carers Stockport Parent Partnership
Homelessness	Wellspring DePaul
Wellbeing & Fitness	Life Leisure Why Sports
Wider public sector	Fire Service GMCA GMHSCP GMP Primary Head Teachers Consortium Stockport Advice Stockport Advocacy Stockport Homes VCFSE Forum

Protected Characteristics

Sex	Stockport Women's Aid Stockport Women's Centre First Step Women Development Group
Sexual Orientation	Forward LGF People Like Us Stockport Stockport Pride / Stockport Pride Youth Group Stockport Proud Trust Youth Group

Protected Characteristics

Religion & Belief	Inter Faith Group Meeting 360Life Church Bramhall Baptist Church Bramhall Methodist Church Bramhall United Reformed Church Cheadle Hulme United Reformed Church Cheadle Hulme Methodist Church & Youth Fellowship Cheadle Muslim Association Christ Church Heald Green Christ with All Saints' Church Christians In Schools Trust Churches Together Justice and Peace Group Ford's Lane Evangelical Church Hazel Grove Baptist Church Heaton Moor Evangelical Church Heaton Moor United Church Marple Methodist Ladies Group Mellor Church Archivists Group Mothers Union St Michaels Bramhall Muslim Welfare Centre Edgeley Norbury Parish Church Stockport Christian Spiritualist Church Religious Society of Friends Cheadle Hulme The Religious Society of Friends in Marple St Ann's Cheadle Hulme St Catherine's Parish Church St Chads Church Romiley St James Church, Gatley St Martin Low Marple St Marys Catholic Church Marple Bridge St Mary's Church Cheadle St Marys South Reddish St.Peter's Catholic Church St Philip Catholic Church St Saviours Great Moor St Winifred R.C. Church Heaton Mersey Stockport's Baha'i's Stockport Family Church Union United Reformed Church Woodley Methodist Church

Engagement Grid

The following table sets out all of the meetings, workshops, focus groups and surveys undertaken as part of the engagement on the plan.

Date	Organisation / Group	Stakeholder Group	Engagement Method	Number Engaged
27/01/2021	Health and Wellbeing Board	Health & Care Leaders	Presentation & discussion	23
09/02/2021	Healthwatch Stockport	Health & Care Leaders	Presentation & discussion	15
02/03/2021	VCFSE Forum	Patients & Public	Presentation & discussion	30
14/04/2021	Health and Wellbeing Board	Health & Care Leaders	Meeting to approve engagement plan	14
19/04/2021	ONE Stockport Leadership Group	Health & Care Leaders	Presentation & breakout sessions	28
May-Aug	All	All	Online survey	131
May-July	General Practice	Health & Care Staff	GP survey	8
10/05/2021	Adult Social Care Management Team	Health & Care Leaders	Paper to Board for discussion	22
10/05/2021	CCG's ICS Project group	Health & Care Staff	Presentation & discussion	10
11/05/2021	System Recovery Group	Health & Care Staff	Presentation & discussion	13
11/05/2021	Adult Social Care Neighbourhood Managers	Health & Care Staff	Presentation & discussion	8
12/05/2021	CCG Governing Body	Health & Care Leaders	Development Session	17
12/05/2021	CCG Finance Directorate	Health & Care Staff	Presentation & discussion	19
12/05/2021	Care Homes Forum	Strategic Boards	Presentation & discussion	40
13/05/2021	CCG Recovery Group	Health & Care Staff	Presentation & discussion	10
14/05/2021	Adult Social Care Mental Health managers	Health & Care Staff	Presentation & discussion	5
17/05/2021	Children's Transformation Group	Health & Care Staff	Presentation & discussion	4
20/05/2021	Children in Care Council and Autism Ambassadors	Patients & Public	Presentation & discussion	1
20/05/2021	Pure Insight	Patients & Public	Presentation & discussion	1
20/05/2021	Stockport Advocacy	Patients & Public	Presentation & discussion	1
20/05/2021	Coram Voice	Patients & Public	Presentation & discussion	1
20/05/2021	DePaul	Patients & Public	Presentation & discussion	1
20/05/2021	Life Leisure	Patients & Public	Presentation & discussion	1
27/05/2021	Children's Integrated Leadership Group	Health & Care Staff	Presentation & discussion	25
28/05/2021	Walthew House	Patients & Public	Presentation & discussion	1
04/06/2021	Patient Involvement Network	Patients & Public	Attend meeting to present plan	15
08/06/2021	Starting Point	Patients & Public	Presentation & discussion	1
09/06/2021	Stockport Proud Trust Youth Group	Patients & Public	Presentation & discussion	3
09/06/2021	Stockport Maternity Voices Partnership	Patients & Public	Presentation & discussion	1
10/06/2021	Stockport Disability Partnership	Strategic Boards	Presentation & discussion	1

Date	Organisation / Group	Stakeholder Group	Engagement Method	Number Engaged
10/06/2021	Vaccine Inclusion Group	Patients & Public	Attend meeting to present plan	30
10/06/2021	Stockport College	Patients & Public	Session with health and social care students	10
10/06/2021	Signpost for Carers	Patients & Public	Presentation & discussion	1
11/06/2021	Stockport Housing Partnership Strategy Group	Strategic Boards	Presentation & discussion	7
14/06/2021	Disability Stockport	Patients & Public	Presentation & discussion	1
15/06/2021	Looked After Children Provider Forum	Strategic Boards	Presentation & discussion	20
16/06/2021	Youth Participation Group	Patients & Public	Presentation & discussion	8
16/06/2021	Inter Faith Group Meeting	Patients & Public	Presentation & discussion	5
17/06/2021	CCG Corporate Services Directorate	Health & Care Staff	Presentation & discussion	14
17/06/2021	Stockport Race Equality Partnership	Strategic Boards	Presentation & discussion	15
21/06/2021	GP Masterclass	Health & Care Staff	Masterclass session	86
30/06/2021	System health and care staff	Health & Care Staff	Staff Workshop on Neighbourhoods & Inequalities	19
07/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on an Age-Friendly Borough	25
08/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Quality	22
12/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Workforce	43
15/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Early Help & Prevention	38
21/07/2021	CCG Wider Commissioning Team	Health & Care Staff	Presentation & discussion	10
26/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Mental Health and Wellbeing	58
16/08/2021	Council Management Teams – Children's	Health & Care Leaders	Engagement Report and draft plan for discussion	11
17/08/2021	Council Management Teams – Adults	Health & Care Leaders	Engagement Report and draft plan for discussion	9
18/08/2021	Council Management Teams – Corporate Services	Health & Care Leaders	Engagement Report and draft plan for discussion	12
19/08/2021	Council Management Teams – Public Health	Health & Care Leaders	Engagement Report and draft plan for discussion	8
23/08/2021	Stockport FT Exec Team	Health & Care Leaders	Engagement Report and draft plan for discussion	
24/08/2021	Council Leadership Team	Health & Care Leaders	Engagement report & draft plan to CLT	
25/08/2021	CCG Exec Board	Health & Care Leaders	Engagement Report and draft plan for discussion	
August	Viaduct Board	Health & Care Leaders	Paper to Board for discussion	
August	Pennine Care FT Board	Health & Care Leaders	Paper to Board for discussion	
02/09/2021	Stockport FT Board	Health & Care Leaders	Engagement Report and draft plan for discussion	
07/09/2021	Healthwatch Stockport	Health & Care Leaders	Discussion on draft plan	7
08/09/2021	CCG Governing Body	Health & Care Leaders	Engagement Report and draft plan for discussion	
08/09/2021	Health and Wellbeing Board	Health & Care Leaders	Feedback on engagement & draft plan	17
09/09/2021	Health & Social Care Scrutiny Committee	Health & Care Leaders	Engagement Report and draft plan for discussion	
14/09/2021	SFT Joint Consultation & Negotiating Committee	Health & Care Leaders	Paper to Committee for discussion	
16/09/2021	Stockport FT Finance & Performance Committee	Health & Care Leaders	Paper to Committee for discussion	

Date	Organisation / Group	Stakeholder Group	Engagement Method	Number Engaged
21/09/2021	SMBC Cabinet	Health & Care Leaders	Engagement Report and draft plan for discussion	
22/09/2021	CCG Exec Board	Health & Care Leaders	Final plan to Exec Board	
27/09/2021	Stockport FT Exec Team	Health & Care Leaders	Engagement Report and draft plan for discussion	
29/09/2021	CCG Planning & Commissioning Committee	Health & Care Leaders	Final plan to Committee	
05/10/2021	Council Leadership Team	Health & Care Leaders	Final plan to CLT	
07/10/2021	Stockport FT Board	Health & Care Leaders	Paper to Board for discussion	
13/10/2021	CCG Governing Body	Health & Care Leaders	Board sign-off	
13/10/2021	Health and Wellbeing Board	Health & Care Leaders	Sign-off for final plan	
Running Total Number of People Engaged:				**934**

3.   What we heard

We spoke to over 900 people who live or work in Stockport. Some common themes emerged from these exercises and are outlined below.

There was overwhelming support for a single plan for health and care, taking into consideration the wider determinants of health such as education and housing.

Feedback clearly showed that people and communities have, and continue to be, impacted by Covid-19, with concerns about the future, employment opportunities and the physical and mental health and wellbeing of family, friends and our communities emerging strongly in discussions and surveys. Conversations focussed on the importance of mutual support, collaborating to support those in need but also to maintain new relationships and closer ways of working and designing, together, a hopeful future.

The following section sets out (in no particular order) the main themes of feedback.

3.1　Inequality

Local people expressed concerns about widening health inequalities, exaggerated by the impacts of COVID, and asked us to focus on this as a priority.

There was a strong message that a one-size-fits-all approach is not suitable for everyone and we need to consider wider sectors of our communities. Engagement highlighted that cultural competency is important for services

Respondents highlighted steps they could take to help address inequalities and these focussed around self-care, but there were recurrent barriers such as people not knowing where to get support or issues around time.

3.2　Collaboration

Many conversations focussed on collaboration and collective approaches which are joined up with a real community emphasis. People were clear that services need to work together to deliver a seamless service for them.

"I don't know the difference between NHS Stockport, Stockport NHS and all the other services – I just want them to work together instead of passing people from pillar to post. There should be no wrong door for accessing care"

Steve, Signpost Young Carers

Staff engagement highlighted the need to focus on service users and put their needs above organisations.

"The people we all care for should come before the organisation we work for and the system needs to make that easy to do"

Julia, Social Worker

Positive examples of collaboration were given, showing the impact it can have on outcomes, including Stockport Family, the COVID Vaccine Programme, the Stockport Care Scheme and the Volunteering Hub.

3.3　Mental Health

Mental Health and wellbeing is a particular concern for our young people.

"Looking after our mental health is more important than ever!"

Millie, Stockport College, age 17

Rates of poor wellbeing have almost doubled from pre-pandemic levels. People were clear that local support should not just focus on reactive mental health services, but also support people to stay well with a strong mental wellbeing offer linked to the voluntary sector.

"BOOST deliver a range of physical activity sessions geared specifically at supporting people with poor mental health and those who are lonely and socially isolated, driven largely by my own lived experience of using physical activity as an alternative to prescribing. I think residents find it incredibly difficult to identify non-clinical opportunities to improve their health and service providers do not have clear sight of what is on offer, particularly from the VCSE community."

Steve Flynn, BOOST

ONE STOCKPORT

A third of survey respondents did not know where to access services and those that did had predominantly had experience of mental health services either as a provider/practitioner or recipient. Solutions proposed included self-referral, greater availability of urgent access to services and the 'No Wrong Door' policy used by Open Door.

"When people go to 'Open Door' - the drop-in service in the town centre – they will be signposted to the right service for them and supported to get the care they need."
                                                                    Jane, Support Worker Manager

3.4   COVID

The challenges of COVID are widely acknowledged and there is wide-spread understanding of the pressures the health and social care system has faced. Whilst new ways of working are appreciated there is also a strong desire to move on and build on partnerships, particularly those in the community.

"Considering the current stress the NHS is under we have been using our GP and Stepping Hill Hospital Outpatients. We have been impressed at how efficiently both have worked and how flexible they are being. For instance, we attended a drive-in pre-op on Monday in the Outpatient car park that just took moments. Other outpatient appointments have taken place on-time with minimal waiting."
                                                                          Online survey feedback

3.5   Age-Friendly

People noted the fact that Stockport has an older than average population and the demand this creates for health and care services.

"For an aging population, I think having an accessible and good quality health care network is key - this ties in closely with a good quality social care and community network. People need to feel safe and secure and this is dependent on health and connectivity. It's imperative this is supported by being able to get around and have access to a solid and affordable public transport system."
                                                                           Janet, Offerton, age 68

It was felt that our ambition to be an Age-Friendly Borough should encompass all age groups from early years. In particular, people highlighted the importance of inter-generational work.

"For many older people the motivation to join groups is social interaction, so we have turned buddying schemes into Walk and Talk, which also incorporates families, so all ages can support each other in active living"
                                                                Staff Engagement Session on Ageing Well

The Reddish Cycle Repair Shed was identified as an intergenerational project that works with The Reddish Cycle Repair Shed is an intergenerational project that works with Adswood Primary school, enabling disadvantaged kids to learn to fix and own a bike.

3.6   Support for Carers

Stockport benefits from a large number of unpaid carers who support residents with health and care needs. Engagement noted the importance of this group and flagged the need for more respite care and training to support them.

"If I were supported as a carer better, I could attend to my own health and wellbeing needs and be more resilient for my children."   **Online survey feedback**

ONE STOCKPORT

An issue raised was that many people would not identify as a carer and this is especially the case with the BAME community and older male carers who are less likely to connect to services.

3.7   Access to services

Access to good quality health services is a top priority for the population. During COVID surveys, almost half of respondents put this as their top priority moving forward.

"Online appointment system is brilliant. Being able to order repeat prescriptions online works well."

Online survey feedback

Access to care was highlighted and, in particular, there were calls for more face-to-face appointments, post-lockdown.

"We have long waiting lists, too few nurses and doctors. Too many people waiting for operations etc. services stretched to the limit and face to face appointments hard to get."

Online survey feedback

3.8   Prevention

There was a strong focus on the prevention agenda. People asked for more promotion of services and linking in with mental health and wellbeing, highlighting the opportunities of linking in with local groups and organisations.

"It's easy to wait for someone to fall down and put a plaster on their knee …
… we should help people to live well so they don't fall in the first place!"

Healthwatch Engagement Event

The Start Point café in Woodley was mentioned as an example of a community hub, where anyone can come in and get advice, information about services, online learning or even just find someone to talk to.

3.9   Asset-based approach

There was an acknowledgement of the need for more self-care and enabling people to take control of their health and care.

It was felt that services should acknowledge the strengths and assets of local people and use them in co-producing care.

"I know what I need better than any stranger sat behind a desk. You should ask me what I want, not tell me what you want to do"

Jean, Cheadle Hulme, age 79

3.10   Wider Determinants of Health

It was recognised that an holistic approach is needed – not only a health and social care issue but also impacted by housing and employment.

"I want everyone to be happy and healthy. Good health isn't just about good services it is also about employment, education, friendship and enjoying the outdoors."

Claire, Romiley, age 43

ONE STOCKPORT

Education was highlighted as a key factor to help address inequalities particularly around how to access services, but a fundamental issue was the proposition of an equitable offer so it didn't matter how much someone earned or where they lived.

"Long-term it requires more than just care and health services. Differences in housing, employment and crime are factors that also contribute significantly to health inequality."

Online survey feedback

3.11   Workforce

The COVID-19 pandemic clearly illustrated the importance of the health and care workforce. There was a strong acknowledgement of the pressures that health and social care staff have faced during the pandemic with suggestions of support measure to help retain staff. Top suggested item was the need for education.

"The Academy of Living Well is helping to target the right candidate, create the new qualifications for the workforce required of the future and make the adult social care career path more attractive to future generations."

Workforce Engagement Event

How teams work together featured heavily in feedback.

"When we put up organisational boundaries it reduces our impact"

Liz, Community Champions

"Working creatively together we can create the synergies that help all of our teams with shared issues like hard to recruit to posts"

Janet, Adult Social Care

"We need to create neighbourhood teams who identify with their shared community, not an organisation"
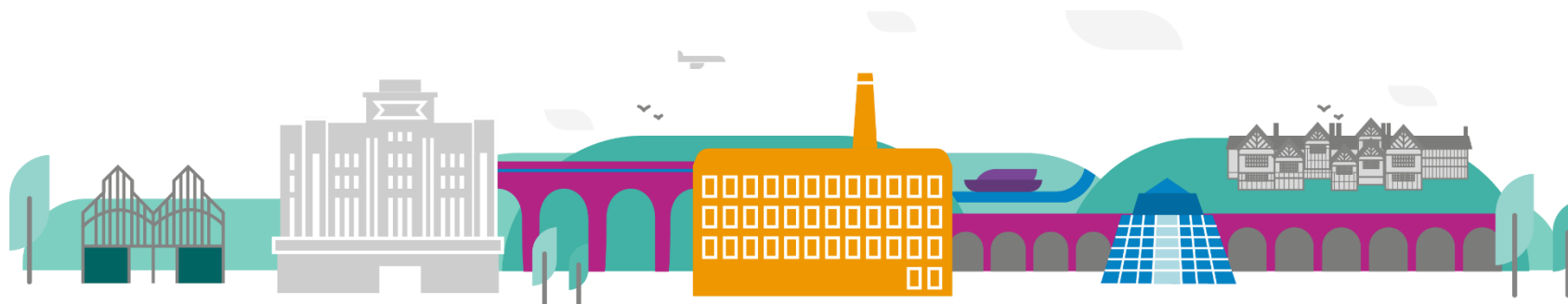
Staff Workshop on Inequalities

4.   How Feedback Was Used

Feedback from local staff, patients, service users and community groups has been used to shape our priorities and build the detail of the Health and Care Plan.

Throughout the plan, case studies based on local experiences have been used to shape our new model of care and prioritise shared resources for the future.

ONE STOCKPORT

One Health and Care Plan
Equality Impact Assessment
September 2021

Title of report or proposal	ONE Health and Care Plan		
Lead officer(s)	Andy Bailey, Acting Director of Strategy (SFT) Mel Maguinness, Director of Integrated Commissioning (CCG) Kathryn Rees, Service Director Strategy & Commissioning (SMBC)	**Date**	28.09.21

Aims and desired outcomes of the proposal
Are you trying to solve an existing problem?

Health and care are supported by a range of organisations, community groups and volunteers across Stockport. As a result, accessing the right care at the right time can be challenging – particularly for our more vulnerable residents and those with complex care needs.

Engagement on the ONE Stockport Borough plan highlighted the importance of health and care to local people and a desire for services to work together.

This ONE Health and Care Plan sets out a single vision for health and care in Stockport and a system-wide road map for delivering on the commitments in the borough plan. It is based around a vision of services working together for the benefit of local people and sets out four over-arching outcomes:

- Stockport residents will be healthier and happier
- Health inequalities will be significantly reduced
- Safe, high quality services will work together for you
- Residents will be independent and empowered to live their best lives

Scope of the proposal
Include the teams or service areas from the Council and outward-facing services or initiatives

The Plan will be relevant to all Stockport's health and care services including health colleagues, social care, VCSE partners and local businesses as well as partners in those sectors that impact on health and wellbeing such as education, employment, housing and security.

What are the possible solutions you have been / will be exploring?
You should refer to any business cases, issues papers or options appraisals

The One Health and Care Plan sets out how we will deliver the health and care commitments in the Borough Plan to develop "A healthy and happy Stockport":

1. Continue to provide safe, high quality health and care services through new system leadership arrangements and a joint improvement plan
2. Radical focus on early help and prevention making the most of digital technology, including the network of support from friends, family members and community groups
3. Improve mental health and wellbeing through development of a joint all age mental health and wellbeing strategy working with communities, schools and businesses
4. Undertake targeted action on inequalities through a new population health plan and neighbourhood model that recognises wider factors such as housing, employment and social connectedness
5. Build and retain a resilient, valued and inclusive health and care workforce that promotes homegrown talent through a joint workforce plan
6. Continue our work to be an Age-Friendly Borough through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life
7. Help the people of Stockport to live their best lives possible by embedding and develop our operating models which promote prevention, reablement and a Home First ethos.

After feedback from stakeholders, it also describes the health and care-related plans for children and young people, which sits under the Caring & Growing section if the borough plan.

ONE HEART

At the heart of Stockport are its people and the communities in which they live.

1 **A caring and growing Stockport**
Stockport is a great place to grow where children have the best start in life

2 **A healthy and happy Stockport**
People live the best lives they can - happy, healthy and independently

3 **A strong and supportive Stockport**
Confident and empowered communities working together to make a difference

ONE HOME

Stockport is a great place to live, where no one is left behind.

1 **A fair and inclusive Stockport**
A borough for everyone - diversity and inclusion is celebrated and everyone has equity of opportunity

2 **A flourishing and creative Stockport**
Stockport is an exciting place to live, where people are active and celebrate the culture

3 **A climate friendly Stockport**
Stockport is a responsible and sustainable borough

ONE FUTURE

Growing, creating and delivering a thriving future for Stockport.

1 **An enterprising and thriving Stockport**
A thriving economy which works for everyone

2 **A skilled and confident Stockport**
Everyone has the opportunities and skills to successfully achieve their ambitions

3 **A radically digital Stockport**
A digitally inclusive and dynamic borough

Who has been involved in the solution exploration?
Please list any internal and external stakeholders

The ONE Health and Care plan builds on engagement undertaken on the borough plan and during the COVID pandemic to understand changing local needs and ambitions. In addition to the 3,800 contacts during development of the borough plan, around 1,000 local people were engaged in the development of the plan. This included people who live and work in Stockport, with specific efforts undertaken to engage those people most impacted by the plans and those groups whose voices are less often heard in traditional engagement.

Key Stakeholders included:
- Stockport residents
- Children and Young People
- Older People
- LGBTQ+ Groups
- Ethnic Minorities
- Parents and Carers
- Community partnerships
- Representatives of the Voluntary, Community, Faith and Social Enterprise sector

Staff providing health and care services in Stockport:
- Primary Care
- Community healthcare
- Mental Health
- Hospital services
- Social Care
- Local authority
- Care homes and home care providers
- Unions and Trade organisations.

A full list of stakeholders involved and engagement undertaken can be found in Appendix 2 of the plan.

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?
Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.
Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

The plan is based on a range of intelligence, including:
- Population data and health needs as set out in Stockport's Joint Strategic Needs Assessment (see section 2 of the plan)
- Service access data, compared to health outcomes to identify unmet needs
- Service performance data, including the NHS Constitutional standards, CQC assessments, NHS RightCare benchmarking information, patient and staff satisfaction reports
- The Marmot review of inequalities in the Greater Manchester city region
- Scrutiny Committee review of the Council's relationship with health partners
- And extensive patient and public involvement, as set out in Appendix 2 of the plan.

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

The COVID-19 pandemic has had a profound impact on every part of our lives and we recognise that many of the longer-term impacts will not be fully understood for some time, such as impacts on life expectancy, healthy life expectancy, rates of long-term conditions, and growing mental health needs. As such, many of our plans aim to recover to pre-pandemic levels before making longer-term improvements.

Equality monitoring within health and care services is varied, with particular gaps in monitoring of sexual orientation and gender identity.

Both locally and nationally, there is a lack of data on LGBTQ+ and transgender populations. Where possible, national or limited studies have been used to assess potential impacts.

Step 1: Establishing and developing the baseline

To assess the impacts of your proposal, you first need to understand how things are now. This will vary depending on your proposal, but consider who will be affected by the proposed changes: for example, who currently accesses a service or lives in an area? What works well for them? Are you aware of any issues? Are there any groups that are underrepresented?

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Age	• Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently 19.9% of people are aged 65+ and this is likely to rise to 21% by 2024. 9.4% of the population is aged 75+, 2.8% are over 85 and 1% are aged 90 or over. • The number of children and young people in Stockport is also rising – particularly in areas of higher deprivation – though at a lower rate than the growth of our older population. • Stockport's more affluent areas to the South and East of the borough tend to have older populations, while the more deprived wards in the Centre and North have younger populations.	• During the engagement process, people highlighted the importance of inter-generational work and offered positive examples of how more groups and projects are turning towards an inter-generational approach. • VCFSE group provision for older people was seen as a strong point in the survey. • Increased focus on resumption of routine services, including vital cancer treatments, in safe, non-COVID zones will benefit patients and carers, with a particular impact on older patients. • Examples of older groups setting up parent and child groups in local churches. It was also felt that a "Death Café" could be useful for some – a place where a person is able to talk about grief. • General aim to quickly discharge from hospital into the community with support teams. • Life leisure have recently employed 5 new youth workers to build up trust in the community using relaxed events/lunches.	• Engagement showed that mental health and wellbeing was a particular concern for young people. • Problems with isolation and mental health across all groups • Face to face contact with GPs was needed, and the need for receptionists to be patient with the patients. • Social prescribing for elderly groups for activity and connection with others at local groups • Waiting times were noted as an issue with concern as they could act as a deterrent for people to go to their GP, particularly for young people. • Older people noted the challenges of accessing travel, which could mean more home visits, as well as being digitally excluded from online appointments. • *"It's imperative this [health care networks] is supported by being able to get around and have access to a solid and affordable public transport system."* • *"It's not easy to get appointments. Accessing [mental health] services for young people can take a long time."*

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	• Average life expectancy in Stockport is high, with women living on average 83.3 years and men 79.8. • Stockport's children generally achieve above average outcomes, however the most vulnerable and deprived children do not perform or engage as well as their peers across England. • Nationally, older people are more likely to experience serious complications from the COVID-19 virus. • 4% of respondents to the survey were aged under 25; 71% were aged 25 to 64; and 25% were aged over 65.	• Existing community fund that can be applied with a simple conversation • *"For many older people the motivation to join groups is social interaction, so we have turned buddying schemes into Walk and Talk, which also incorporates families, so all ages can support each other in active living."* • *"There are fantastic services like Age UK and Stockport Car Scheme that support older people accessing the community."*	
Disability	• 40% of people registered with a Stockport GP have one or more long-term health conditions (93,500 people). • 7,560 local children have special educational needs and / or a disability. • 15% of the population report low wellbeing – rising to 29% in deprived areas. • 11.9% of children aged 5-19 report low mental	• Some respondents to the survey noted that mental health services for people in crisis were good, however many noted that mental health service offer before and after reaching crisis point was not adequate. • Increased focus on resumption of routine services, including vital cancer treatments, in safe, non-COVID zones will benefit patients and carers, with a particular impact on those with disabilities.	• A third of survey respondents did not know where to access services and those that did had predominantly had experience of mental health services either as a provider / practitioner or recipient. • During engagement, the importance of supporting local people in digitalisation was highlighted, as disabled people can lack confidence to use IT to access healthcare, especially those with sensory loss who can't access through e.g. phones or digital media.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	wellbeing and 12.8% have a mental health disorder. • 48% of respondents to the survey were disabled. 61% of survey respondents had a long-term (12 months+) health condition or illness. 42% had a condition that reduced their ability to carry out day-to-day activities.	• Prioritising annual health checks for people with a Learning Disability or Severe Mental Illness will provide an opportunity to reduce inequalities among those groups. • *"The mental health services in Stockport for crisis are quite good. The follow up support is not and people waiting on year long waiting lists for Healthy Minds is just not good enough."*	• Email addresses and phone number should always be provided to assist people who are deaf or blind. • All service designers should consider how people could use the service if deaf or blind (e.g. transport announcements) • Letter reading services were requested • Social isolation was also a key theme for disabled people made worse by the pandemic. • Disabled people in particular require healthcare professionals to understand the complexity of someone's needs so that they don't experience a "tick box exercise" when accessing services. • There were suggestions that walking and cycle paths should be more accessible for those using wheelchairs and other mobility equipment, which suggests that accessibility is a barrier to outdoor exercise for disabled people. • Feedback from local groups has shown a negative impact on mental health from the lack of face-to-face contact as a result of lockdown, particularly among those with mental health problems and those who are socially isolated. • Language used by professionals should be simple and clear to support BSL. • ASD has a massive impact on relationship building and ability to manage housing, finance etc, and needs additional support. Needs holistic and flexible staff, who can turn their hands to anything. Third Sector staff wanted to be located alongside LA staff, to share approaches and learning. • Generic staff could be trained in BSL, to step in to support in health settings as required.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• *"Inability to be treated for simple, but debilitating conditions leads to poor mental health."*
Gender Identity	• It is not known how many transgender people live in Stockport, but UK-wide estimates believe this to be around 1% of the population. This would equate to 3,000 people in the borough.	• No feedback was received from Press for Change or Morph, who were specifically contacted around the plan.	• Trans people experience some of the most significant health inequalities and frequently experience abuse, harassment and violence. • According to the Department of Health, more than 30% of trans people living in the UK report having experiences discrimination from professionals when accessing a range of health care services. • Issues have been raised around which wards trans patients are assigned to and access to changing / bathroom facilities
Maternity & Pregnancy	• On average there are over 3,300 births to Stockport resident mothers each year • Birth rates are higher in areas of deprivation and among ethnic minority groups	• Infant mortality rates are low in Stockport, at around 4.2 per 1,000. • 73.9% of mothers initiate breastfeeding and 50.3% maintain up to 6-8 weeks. • Smoking in pregnancy is low, at just 11.7%, • Access to Stockport's IVF services over recent years has shown in particular a high rate of service uptake by residents of Pakistani heritage - 5.6% of all patients, despite making up just 1.04% of the local population.	• In Brinnington, rates of smoking in pregnancy are significantly higher than average at 42% • People using maternity services said that they require services to be more joined up – they do not want "to keep telling their story over and over again". • Training for cultural competencies is very important within maternity services. • Improved health literacy can benefit the mother, baby and wider family. • *"I think the maternity department need to hear more from patients about their experiences so they can better understand the impact of how they are cared for on their ability to recover."*
Marriage & Civil Partnerships	• 48.2% of Stockport's population are married • 32.2% are single • 0.2% are in a same-sex civil partnership		Issues have been raised around care home accommodation for same-sex partners

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	• 2.5% are separated • 9.2% are divorced • 7.7% are widowed • In 2018 there were 862 marriages in Stockport, including 28 same-sex marriages		
Race	• In Stockport the Black, Asian & ethnic minority population has risen from just 4.3% in 2001 to around 11% at the 2011 census. • Areas to the West of the borough have the highest proportion of ethnic diversity - particularly among younger populations.	• All services offer free translation and interpretation support	• Black African and Black Caribbean people are more likely to have high blood pressure than other ethnic groups. • In the general adult population, Black women are most likely to have experienced a common mental health disorder. • Engagement with ethnically diverse communities suggested that there is a concern about systematic racism in healthcare, for example, BMI scales are still routinely used to assess aspects of health but BMI doesn't take into account differences in body mass between racial groups. • The SREP group commented the description BAME is not well liked and that Ethnically Diverse Communities (EDC) is preferred. • Another example is that 111 guidance is based on white skin presentations. Oxygen monitors have larger error margins on dark skin. • There were also concerns raised that people from ethnically diverse communities may struggle to access health care through language difficulties and digital exclusion.

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			• Relationship building and lived experiences must be key to including people from ethnically diverse communities. • Also comments that facilities not based in local areas with the highest need, or where people do not have access to cars • Specialist facilities are only available in Manchester – Sickle cell support • EDC are linked to higher rates of diabetes, unplanned hospitalisations, psychosis, some cancers, and still births – and lower mental wellbeing • EDC Groups have a great will to be involved in service planning and the design of new services. • SREP report that 1.5% of Stockport households do not have English as a first language. • People from Black, Asian and Minority Ethnic backgrounds are more likely to experience serious complications from COVID-19 nationally.
Religion or Belief	• Census data from 2011 shows that the religious make up of Stockport is 63% Christian, 25% no religion, 3.3% Muslim, 0.6% Hindu, 0.5% Jewish, 0.3% Buddhist, and 0.1% Sikh.	• Hospital services offer support for all religious groups, including chaplaincy and prayer spaces • Local faith groups are particularly active in engagement and support health campaigns such as vaccination • The local Hindu, Jewish & Muslim populations reported above average levels of 'good health' compared to the average Stockport population.	• Nationally, Muslim people report worse health on average compared to other religious groups, although much of Stockport's Muslim population live within the more affluent areas where health outcomes are higher. • Locally, self-reports of 'not good health' are particularly high among Hindu and Sikh communities • Cultural food is difficult to buy locally – important for stability and happiness.
Sex	• 50.5% of Stockport residents are female and 49.5% are male, in line with the national average.	•	• Women are more likely to access health services than men

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			• Although women were more likely to have a positive COVID test, men were more likely to die from the disease. • Suicide rates are significantly higher among men
Sexual Orientation	• It is estimated that 5-7% of the UK population is LGB, which would equate to 15-21,000 people in the borough.	• Data for England and Wales from the Citizenship Survey in 2007 indicates that perceived health levels for LGB respondents were largely similar to heterosexual respondents, and similarly that there is no significant difference between levels of LLTI/disability. • Stockport GP Practices have signed up to the GM initiative 'Pride in Practice • Good relationships between some council services and LGBT provision in the community • LGBT specific commissioned services work well • Good element – is specialist LGBT mid wife based in stepping hill	• Smoking rates are higher among LGBT groups • According to Stonewall, 42% of gay men have clinically recognised mental health problems compared with just 12% of predominantly heterosexual men • LGBT Foundation's substance misuse team have seen relapses attributed to COVID-19. • People who are on antiretroviral treatment have an increased risk of severe COVID-19 and are not immunosuppressed, which has a disproportionate impact on LGBT groups. • Proud trust offered to link with school nurses and give training and insight. • Need more training for health professionals to make them more welcoming and inclusive. • When setting up new services, the Council should consult with existing organisations about how to grow existing services, rather than starting from scratch
Socio-economic status	• Stockport is one of the most polarized boroughs in the country, with some of the most affluent and some of the most deprived local areas, generating significant inequalities among community groups.	• Virtual Multi-Disciplinary Team meetings across Stockport neighbourhoods allow more health and care professionals involved in an individual's care to discuss complex needs and coordinate seamless care for the most vulnerable people in Stockport's neighbourhoods	• The move towards new technology during the pandemic such as online appointments and ordering prescriptions online was welcomed by some, but in both the engagement and the survey people highlighted that these methods of accessing healthcare may not be accessible to the digitally excluded. There were calls for more face-to-face appointments in the survey.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	• There is significant difference in life expectancy within our neighbourhoods, with men in Bramhall South living 11 years longer than those in Brinnington & Central. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas. • Mortality rates from COVID-19 have been significantly higher in areas of deprivation – particularly among younger people. Rates of infection were significantly higher among people in manual occupations	• Stockport Housing Partnership is working well, providing a holistic and flexible approach • Social value in some contracts focuses on disadvantaged areas and cohorts- opportunity to expand	• There were a number of respondents who noted they did not know where to get information on local facilities and opportunities with a number cross-referencing the impact of the pandemic on access. There were calls to diversify publicity as there was seen to be a strong emphasis on social media, which could not be accessed by everyone. • Mental health services are perceived as hard to access. There were concerns raised that people were having to turn to private counselling services, which excludes those who cannot afford it. • Access to healthier choices was highlighted as an issue. For facilities such as swimming pools it was reported it was difficult to book sessions and that cost was also a barrier to participation. • Leisure Centres should be fully integrated into the community e.g. Bridgehall area – and linked to social prescribing by GPs • Food and healthy diets were mentioned by a few groups including SREP and Starting Point. The need for healthy food shops in local areas and the importance for identity and local connection. At the moment, some shops in local areas only provide unhealthy food. A lot of households no longer have dining tables. • Parks are a huge investment in wellbeing. Horticulture, walking and gardening too. • *"Issues with income caused by too many sick days."* • *"Most people need to resort to private [mental health and counselling] services whether they can afford them or not."*

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• *"The information provided needs to be consistent, but it also needs to take into about accessibility. So many people don't have a computer or an Internet enabled phone. There needs to be ways to access the things in an easy way for those who simply can't."*
Other	**Health inequalities** • 26% of adults have three or more lifestyle risk factors associated with ill-health: • 22% of adults are inactive, • 25% drink unhealthily, and • 63% are overweight or obese, similar to the national position. • At least 50,000 people in Stockport will have been infected with COVID-19 over the last 16 months, with 27,650 diagnosed and more than 1,900 being admitted to hospital as a result. • More than 750 people in Stockport have died due to COVID-19. COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas.		• Engagement revealed concerns about widening health inequalities, exaggerated by the impacts of COVID. • There was a strong message that a one-size-fits-all approach is not suitable for everyone and we need to consider wider sectors of our communities. • Engagement highlighted that cultural competency is important for services. • There was a strong focus on the prevention agenda with promotion of services and linking in with mental health and wellbeing, highlighting the opportunities of linking in with local groups and organisations. • Empowering the community to have meaningful engagement with professionals and training GPs to focus on good engagement at a community level • One idea was shared facilities/ equipment – such as a local van that could be shared by local groups. • Need for psychological support for third sector workers who are support local people. • Healthy lifestyles are not always accepted as necessary or desirable/ achievable

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	"Long-term it requires more than just care and health services. Differences in housing, employment and crime are factors that also contribute significantly to health inequality."		
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.			
Carers	• Around 30,000 people have caring responsibilities in Stockport, including 4,230 children. • 61% of survey respondents said that they had caring roles in some capacity, but only 45% identified as a carer. 25% said they worked in the social care sector.	• Stockport benefits for a large number of unpaid carers who support residents with health and care needs. • Commissioned services for young carers works well • The work and commitment of staff during the pandemic was widely recognised, with reference to the stress and workloads. Within the system the disparity between providers was noted, particularly those in the care sector and the need for resource in a number of areas.	• Engagement noted the importance of this group and flagged the need for more respite care and training to support them. • Recognition for 'unpaid carers' who struggle to identify as a carer and the impact of this. • The top request for support from Signpost for Carers is respite from caring. • Carers intersect with other protected characteristics as it was noted that ethnically diverse communities are less likely to identify as carers, and older males less likely to connect with services. • Need to mention young carers too. • The groups also wanted local networks of carers who they could turn to and help to reduce isolation • *"As a carer, I need the support as promised as if I fall over under all the strain then you will have to look after our loved ones in hospital, which is counter-productive and must cost 10 times as much to provide a secure environment."* • *"If I were supported as a carer better, I could attend to my own health and wellbeing needs and be more resilient for my children."*

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• *"The whole attitude towards the caring profession needs to change dramatically and become recognised as a 'proper' career. Care workers often do not even value themselves - very often describing themselves as 'JUST a carer'!"*
Those experiencing homelessness		• The Wellspring provides great support for homeless people	• Increasing use of digital technology to access health and care services excludes those who are unable to access technology, including some homeless people.
Asylum seekers and refugees		• Strong outreach from Public Health • All services provide free access to interpretation	• Asylum seekers and refugees have particular health concerns due to the impact of relocation and possible past experience of trauma. Research is generally limited on their general levels of health due to the hidden nature of the population.

Step 2: Identifying the impacts the proposal will have compared with the baseline

To explore the impacts of your proposal, you should use your baseline as a comparison with how things would be after your proposal. Think about how this would differ from the baseline for people with each protected characteristic. Include any sources of data you have used (including desktop research and engagement activity).

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
1.	Age Disability Carers	Positive	Engagement	**Collaboration** The development of a Provider partnership and a single neighbourhood Model will support further collaboration between services and reduce the burden on service users, their carers and family with regard to coordinating care	This will have a positive impact in particular on older people, those with disabilities, people with complex care needs and their carers.
2.	All protected groups	Positive	Engagement	**Tackling Inequalities** The focus on reducing inequalities will mean that more money is spent in areas of deprivation, reducing capacity in more affluent areas	This differential impact is objectively justifiable as a positive act to reduce inequalities in those with the worst outcomes.
3.	Age Disability Ethnicity	Positive	Engagement	**Digital Transformation** Accelerated use of digital technology will increase access to key services in a safe way, increasing the number of health and care appointments the system can deliver. This provides a particular benefit to younger people and those of working age who struggle to access appointments during school / working hours; people	The move to virtual triage in primary care has significantly increased the number of appointments delivered – particularly the number of appointments delivered on the same day, reducing waiting times. However, we recognise that not all patients can benefit equally from this approach (see impact 4 below)

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
				with English as a second language who can use online translation support; those with visual impairments who can easily change the size of information on screen; deaf patients who struggle to use the phone and prefer alternative methods such as text. Virtual appointments also provide an overwhelming health benefit to people with long-term conditions, by reducing the likelihood of transmission of disease.	
4.	Age Disability Ethnicity Socio-Economic	Negative	Engagement	**Digital Exclusion** The move towards increased use of technology to provide information and services, such as virtual appointments, may have a negative impact on those people with limited ability to use digital technology	Increasing use of digital technology to access health and care services excludes those who are unable to access technology, including some older people, people with disabilities, those with English as a second language, homeless people and those who cannot afford the required technology. Ensure that all services continue to risk assess patient needs and provide safe face-to-face appointments for those unable to access virtual appointments
5.	Age Disability Ethnicity Sexual Orientation	Positive	Engagement	**All-Age Approach to Mental Health & Wellbeing** The introduction of new mental health support services will support people affected by lockdown.	Low mental wellbeing has increased significantly during the pandemic with a particular impact on children and young people.

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
6.	Age Disability Socio-economic	Positive	Engagement	**Focus on reducing the backlog** Resumption of routine services, including vital cancer treatments, in safe, non-COVID zones will benefit patients and carers, with a particular impact on older patients and those with disabilities.	This will have a greater impact on older people, those with disabilities and long-term conditions who are more likely to use elective services.
7.	Staff Carers Disability Sex	Positive	Engagement	**Flexible Working** Home working will continue to provide greater flexibility for staff, enabling individuals to achieve a better work-life balance. This has a particular impact on those staff with disabilities or long-term conditions as well as those with caring responsibilities.	Analysis of staff sickness, shielding and redeployment numbers to understand expected staff shortages and put mitigating actions in place Undertake risk assessments for all staff to identify those most at risk of infection, and develop tailored action plans to reduce those risks Ensure that all staff are offered appropriate training to use new digital solutions
8.	Age Carers Disability	Positive	Engagement	**Enhanced support to care homes** will support more vulnerable patients. Development of a Care Homes Dashboard will allow GPs and multi-disciplinary teams to see at a glance how local care home residents are every day and prioritise visits to meet any escalating needs	
9.	Staff Disability Carers	Positive	Engagement	**Virtual Multi-Disciplinary Team meetings** across Stockport neighbourhoods will allow more health and care professionals involved in an	This will help provide additional support to people with disabilities, older people and carers.

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
				individual's care to discuss complex needs and coordinate seamless care for the most vulnerable people in our neighbourhoods	
10.	Disability	Positive	Engagement	**Prioritising annual health checks** for people with a Learning Disability or Severe Mental Illness will provide an opportunity to reduce inequalities among those groups with the worst health outcomes and life expectancy.	People with learning disabilities and those with sever mental illness live on average 10 years less than the average population.
11.	Disability Carers Ethnicity	Negative	Engagement	**Self-Care** Not everyone will be able to benefit equally from self-care options and this may put more pressure on carers	Ensure that new self-care materials are available in paper formats for those without access to technology as well as large print, audio, easy read and translated versions, where required
12.	Age – younger people	Negative	Children's Strategic Leadership Team (SMBC)feedback	Disproportionate focus on adults-given that the majority of the budget for social care is spent on over 60 age cohort	The plan has been strengthened and links to the children's plans made much stronger. The vision includes the intent that "children are our future" and these messages are consistent throughout the document and across Stockport's plans.
13.	Socioeconomic status	Negative	Engagement feedback	**Service Location** Access and availability of certain provision may be more or less prevalent in areas with lower socio-economic status. In some cases, whilst services are offered, there is a reliance on individuals to "seek out", rather than be supported into services.	This can often lead to people reaching a crisis point more quickly where communication, access, confidence, education, housing etc are an issue

Step 3: Identifying mitigating factors to minimise negative impacts

Step 2 identified potential impacts your proposal may have on people with different protected characteristics. If there are negative impacts, then you must consider how you could mitigate against (lessen) these negative impacts.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
4.	The move towards increased use of technology to provide information and services, such as virtual appointments, may have a negative impact on those people with limited ability to use digital technology	• Support for DigiKnow digital Champions to train people in use if technology • Local schemes to give out tablets and other devices to those in need • Ensure that all services continue to risk assess patient needs and provide safe face-to-face appointments for those unable to access virtual appointments	Engagement with community groups	Case studies of impact digital training has had on local people Increase in use of tech in care homes and educational settings	Already in place
11.	Not everyone will be able to benefit equally from self-care options and this may put more pressure on carers	Ensure that new self-care materials are available in paper formats for those without access to technology as well as large print, audio, easy read and translated versions, where required	Engagement with community groups	Ethnic Diversity Service	Contracts already in place for translation of materials
12.	Disproportionate focus on adults-given that the majority of the budget for social care is spent on over 60 age cohort	The plan has been strengthened to include a Children's chapter and links to the children's plans made stronger.	Engagement with children's services	Impact of collaboration via Stockport Family on improving outcomes	Work already underway
13.	Access, availability and appropriateness of certain provision may be more or less prevalent in areas with lower socio-economic status.	• Review of estates, including development of Community Diagnostics Estate to improve access. • Ensure that all services are culturally appropriate and inclusive of all community groups. • Ensure that all services continue to offer interpretation and translation	Engagement with community groups and clinicians	Impact of pilot services in areas of deprivation	Will depend on suitable estates

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
		services to enable those with English as a second language to access support • Ensure that staff continue to undertake cultural competence training			

Please state if there are any additional comments or suggestions that could promote equalities in the future.
Work will be required to improve equality monitoring in all services so that analysis can be undertaken on the impact of the plan on: • Access to services • Satisfaction with services • Impact on outcomes.

Step 4: Conclusions and outcome

It is strongly recommended to engage with people with protected characteristics to sense-check your conclusions before you indicate an outcome in this EqIA. Including feedback from this engagement activity will ensure your baseline assessment and your impacts are accurate, and that your mitigating actions are helpful and the best use of resources. It ensures that the proposal has been designed so that it is fair as possible to everybody.

If you have not undertaken any community engagement for this EqIA, please indicate this and explain why.
Significant engagement was undertaken as part of the development of this plan, including the mitigating actions to support reductions in inequalities – see appendix 2.
If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?
The majority of the impacts identified will have a disproportionately positive impact on those community groups who currently have the worst outcomes. As such they are objectively justifiable under the equality act.
Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.
Work to reduce inequalities and tailor services to local needs within neighbourhoods may result in a reduction of spending in areas where outcomes are above average. In all cases, the intention is to maintain high standards, but reduce the inequality gap.
Are there any other proposals or policies that you are aware of that could create a cumulative impact? This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.
This plan is the strategic roadmap for health and care over the coming years. As such, the impacts identified above are represent the cumulative impact. Individual projects or plans sitting under this document (e.g. Mental Health & Wellbeing Strategy, project to develop a Community Diagnostics Hub) will be impact assessed separately to ensure that additional impacts as a result of detailed plans are identified and managed.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

	Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.	
A.	No major barriers identified, and there are no major changes required – proceed.	☐
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	☒
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	☐
D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	☐
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	☐
Please describe briefly how this EqIA will be monitored. When will this be reviewed? What mitigating actions need to be implemented and when?		
Progress will be monitored through the ONE Stockport Outcomes Framework via the Health & Wellbeing Board. Where changes have an unintended negative impact on any protected group, changes will be made via this body.		