

Health and Wellbeing Board Insight Report

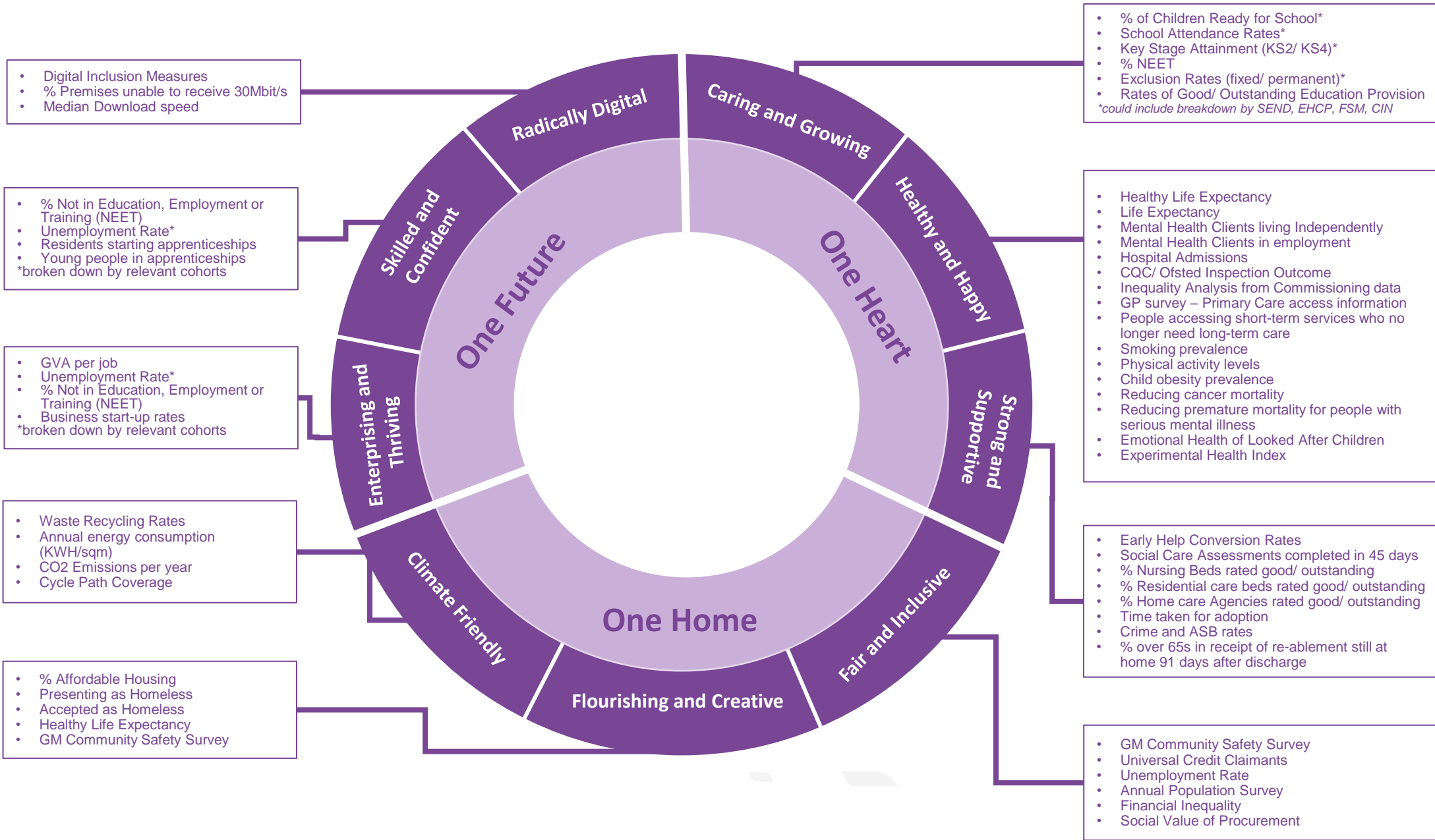
7th September

Introduction

- The Health and Wellbeing Board is committed to use data, intelligence and insight to inform decision making. It has responsibility for the Joint Strategic Needs Assessment.
- A One Stockport Borough Plan Outcomes framework has been developed across partners to tell the story of the borough.
- This will provide one version of the truth that can be understood and shared
- The framework will evolve and develop – start with health and care but grow to focus on wider determinants
- Underpinned by the Joint Strategic Needs Assessment and people voice
- Make as much publicly available as possible <https://bigstockportpicture.co.uk/>

Purpose of the Session

- Consider key messages from our data and intelligence
- Identify priority areas for further investigation for the Health and Wellbeing Board



Our Outcomes

4 outcomes we are driving towards:

1. People are Happier and Healthier and Inequalities are reduced
2. There are safe, high quality services which make best use of the Stockport pound
3. Everyone takes responsibility for their health with the right support
4. Local social and economic development is supported

Contents

- Data analysis:
 1. Information about Stockport, including latest from 2021 census
 2. People are happier and healthier and health inequalities are reduced
 3. There are safe, high quality services and we get the most out of the Stockport pound
 4. Everyone takes responsibility for their health with the right support
 5. We support local social and economic development together
- Next steps

Each section includes:

- *Summary – what the data is telling us*
- *Appendix – charts, tables, maps etc. with additional detail, if required*

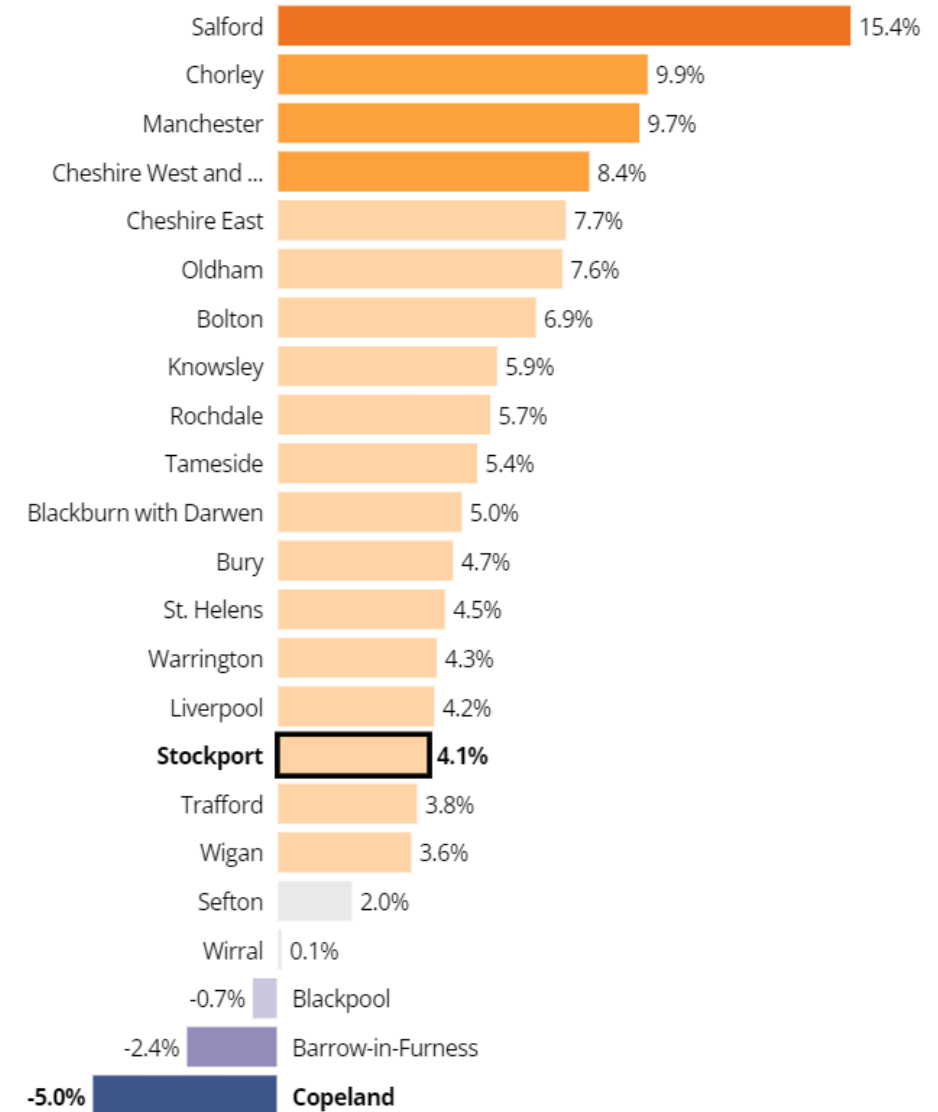
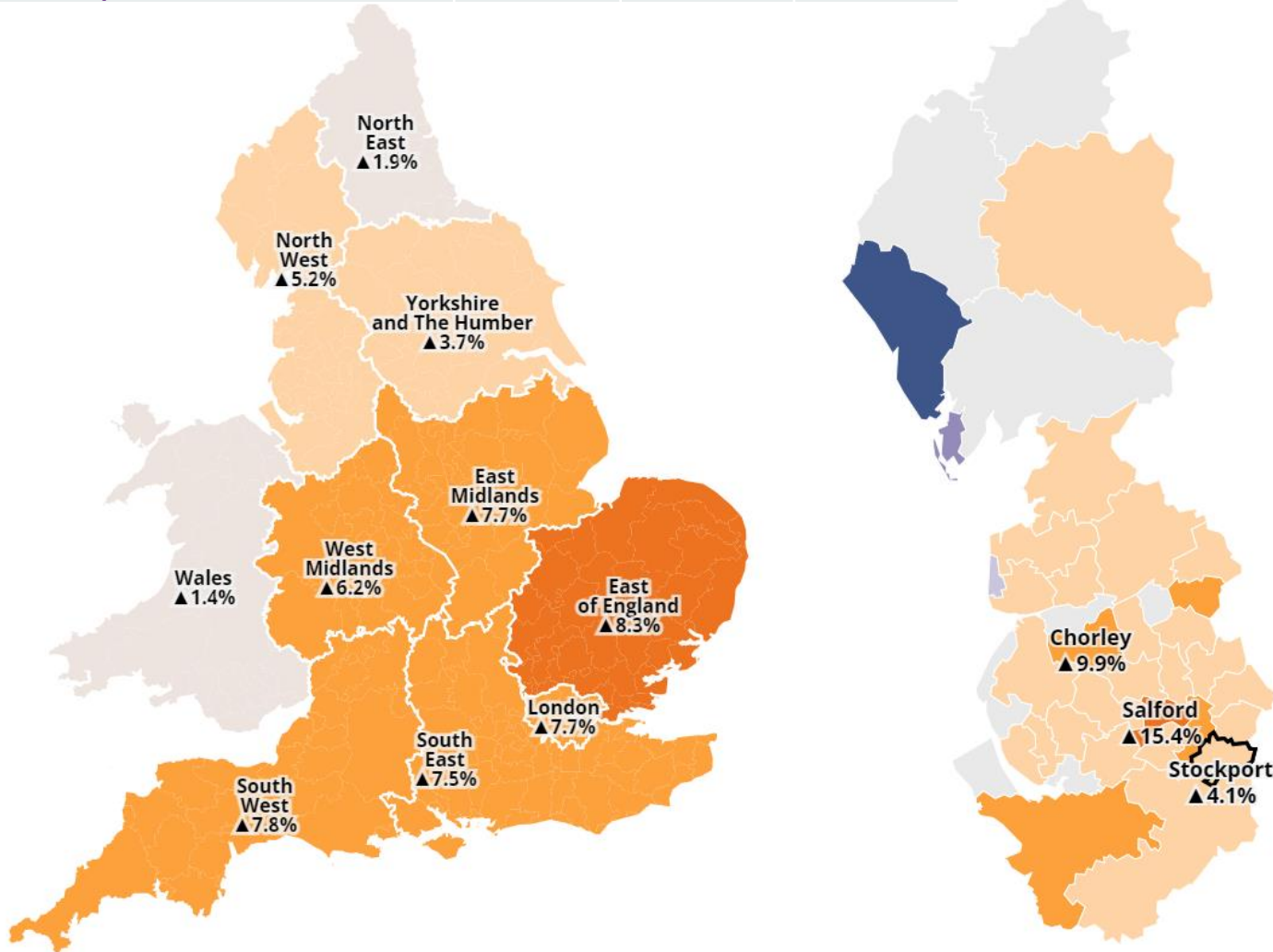
1. Information about Stockport

Summary

- Stockport's population increased 4.1% between 2011 and 2021 to 295,000.
- This increase was below the national and regional averages of 6.6% and 5.2% respectively.
- Stockport continues to have a greater proportion of over 65s and school age children, compared to national and regional averages. Stockport has a lower proportion of people aged 15-34 compared to other areas.
- This is particularly driven by young adults (18-29) leaving Stockport, either for further or higher education or to find work or affordable housing.
- The growth of the 85+ population is greater than the national average, but 65-84 is lower.
- Stockport is the 5th most densely populated area in the North West and is above the GM average.
- The number of households grew from 122,000 in 2011 to 126,600 in 2021, the third highest number in GM. On average there were 2.33 people in each household, below the GM (2.43) average, and an increase of 0.3%. This increase was the second lowest in GM, behind Wigan and somewhat below the GM average of 2.6%.

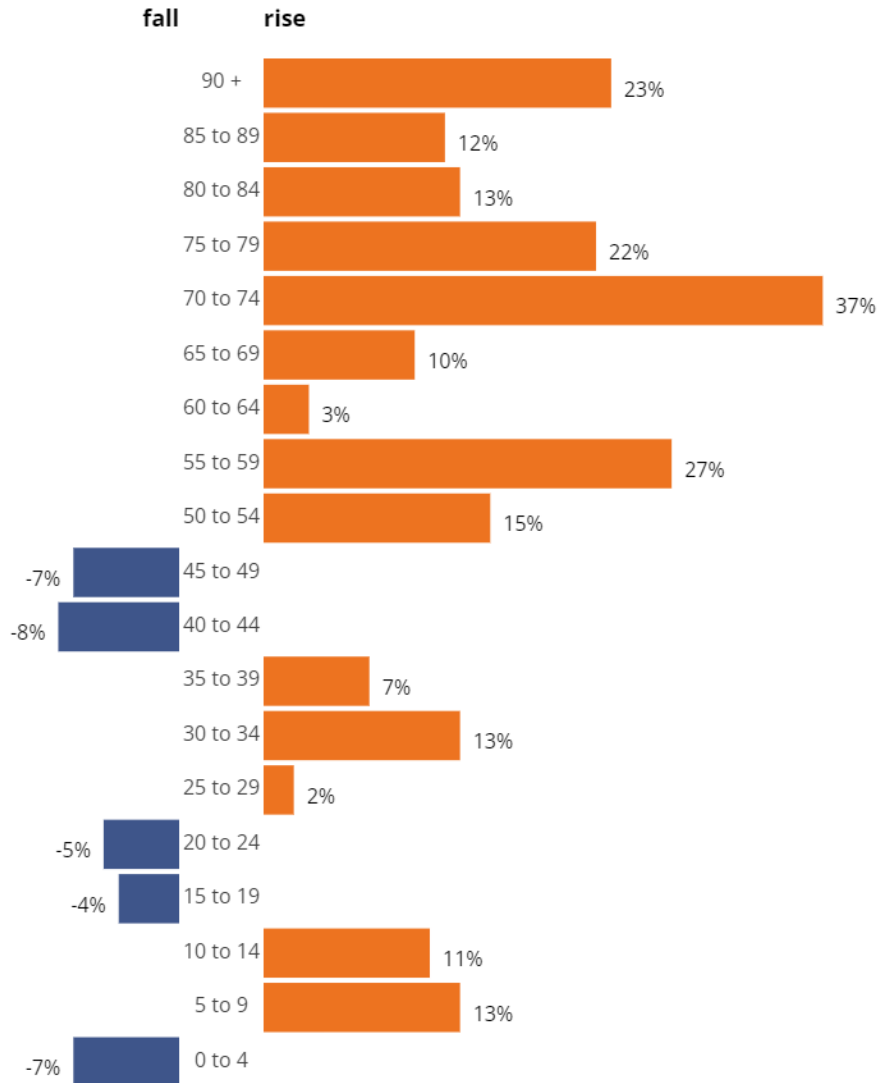
Population Change between Census 2011 and 2021

Census 2021 Populations	All persons	Females	Males
England and Wales	59,597,300	30,420,100	29,177,200
England	56,489,800	28,833,500	27,656,300
North West	7,417,300	3,777,200	3,640,100
Greater Manchester (Met County)	2,867,800	1,455,200	1,412,700
Stockport	294,800	151,400	143,400

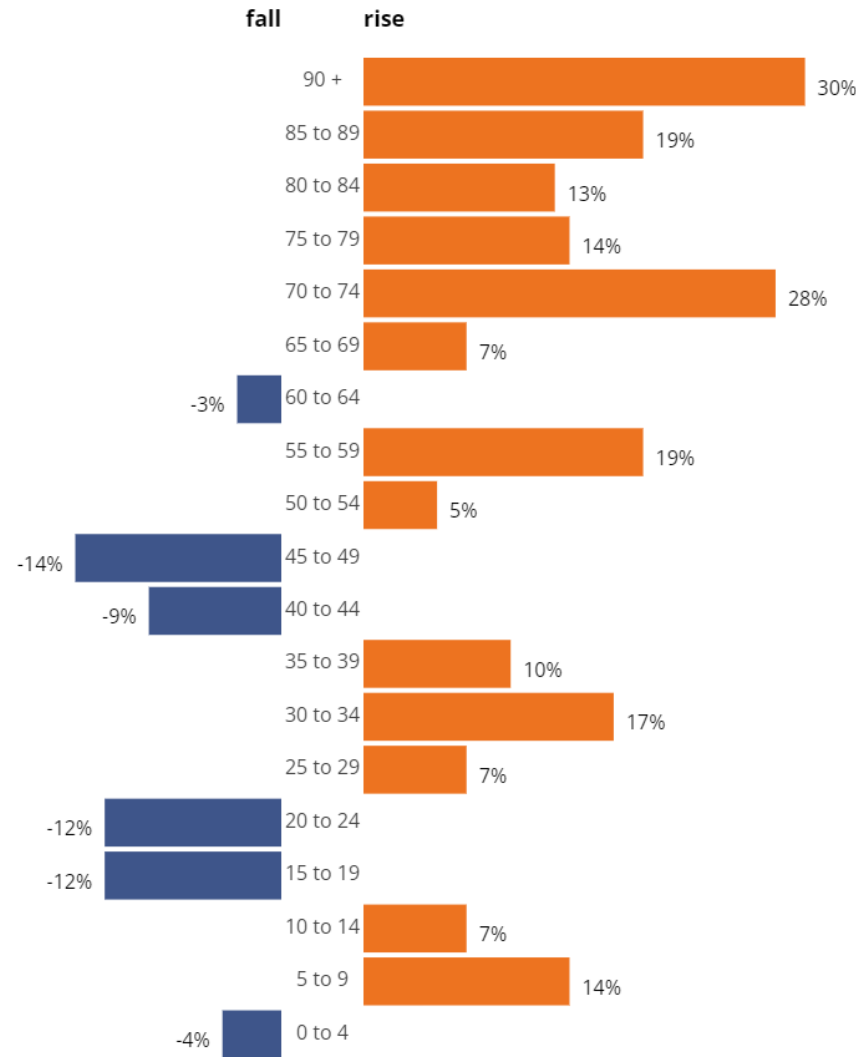


Population Change by Age Group, 2011 to 2021

England



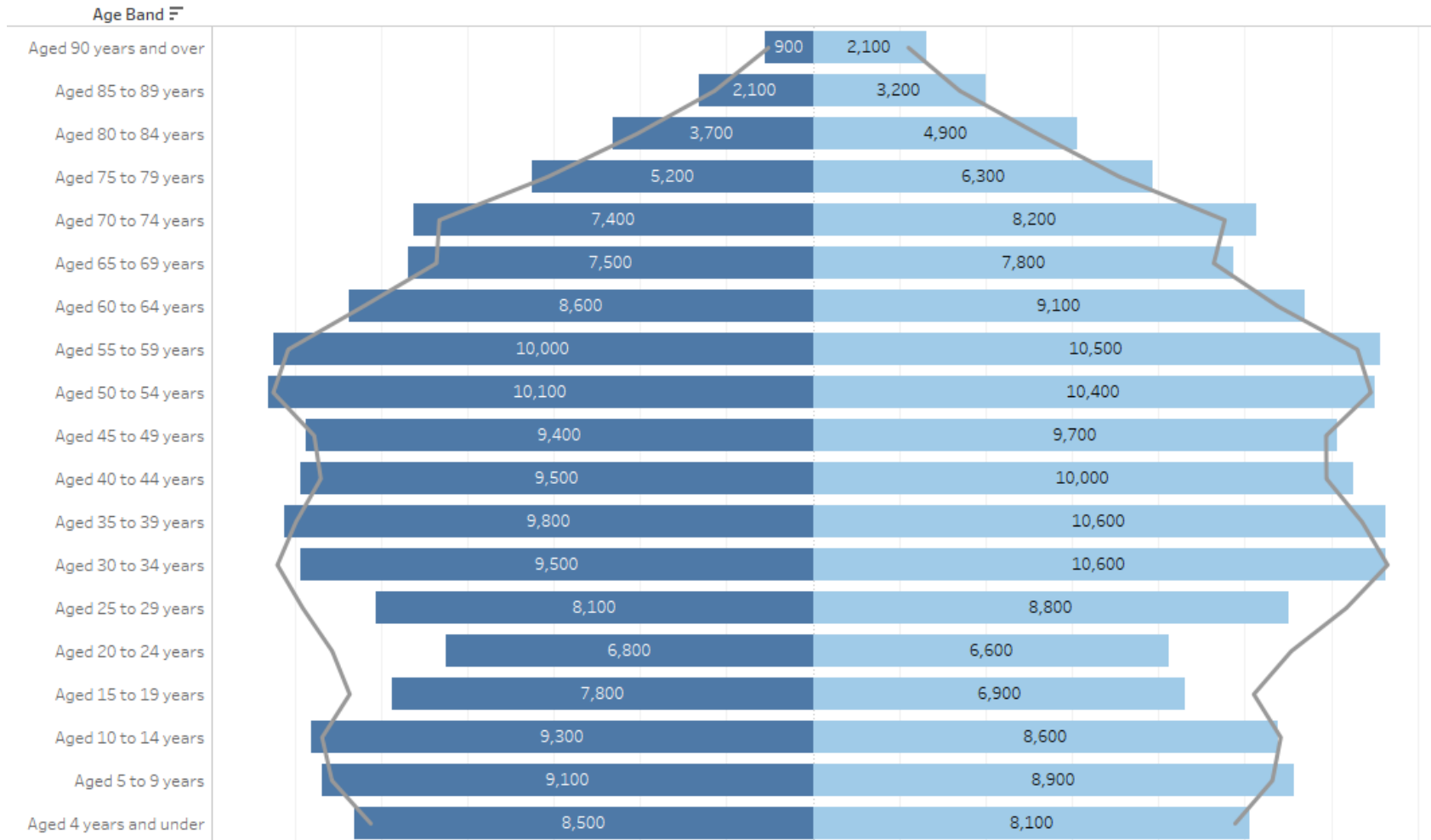
Stockport



Overall, in **England**, there has been an increase of 20.1% in people aged 65 years and over, an increase of 3.6% in people aged 15 to 64 years, and an increase of 5.0% in children aged under 15 years.

In **Stockport**, there has been an increase of 16.4% in people aged 65 years and over, an increase of 0.5% in people aged 15 to 64 years, and an increase of 5.4% in children aged under 15 years.

Population Gender Pyramid 2021 compared to National %



In **Stockport**, we continue to have a higher proportion of over 65s and younger children, whilst also having a much lower proportion of young people aged 15 to 34.

This is particularly driven by young adults (18-29) leaving Stockport, either for further or higher education or to find work or affordable housing.

How accurate have ONS Mid Year Estimates been?

	Census 2021	Latest Mid Year Estimate 2020 (pre census)	Difference
Total Stockport Population*	294,800	294,197	+603 (0.2%)
Total Female Population	151,400	149,843	+1,557 (1.0%)
Total male Population	143,400	144,354	-954 (0.7%)
65+ Population	59,300	58,933	+367 (0.6%)
Under 25 Population	80,600	82,655	-2,055 (2.5%)
4 and under Population	16,600	16,966	-366 (2.2%)

ONS Population Estimates have been fairly accurate.

ONS Population Estimates are based on a model that includes Census 2011 populations and so 2020 estimates are the further away from accurate data that they can get.

It's expected that future estimates will be based on Census 2021.

** Rounding occurring in sub groups means that you cannot calculate Total Population figures from sub groups*

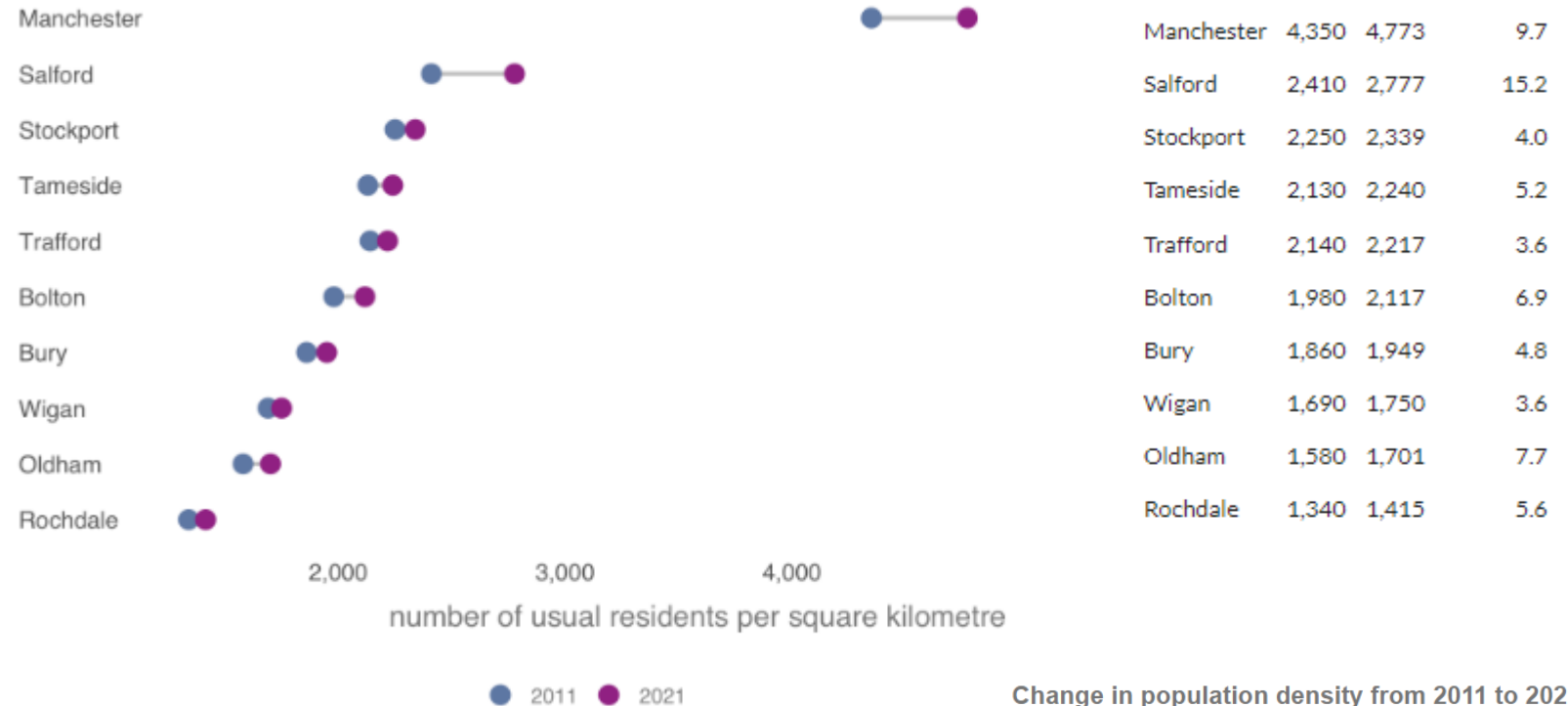
Population Density

There are three people for every football pitch-sized piece of land in England

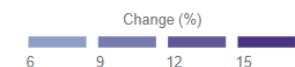
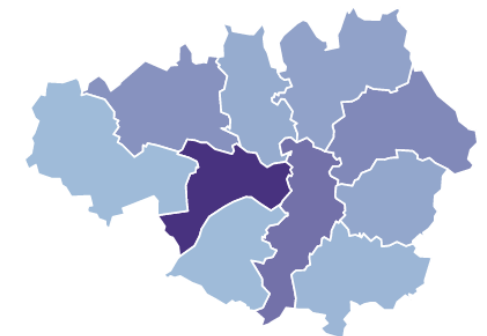
As of 2021, Stockport is the fifth most densely populated of the North West's 39 local authority areas, with around 17 people living on each football pitch-sized area of land.

	Population density (number of usual residents per km ²)
Manchester	4,773
Liverpool	4,347
Blackpool	4,046
Salford	2,777
Stockport	2,339
Tameside	2,240
Trafford	2,217
Bolton	2,117
Wirral	1,990
Bury	1,949
England	434
NW	526
GM	2,248

Comparison to GM [CENSUS 2021 \(trafforddatalab.io\)](https://trafforddatalab.io)

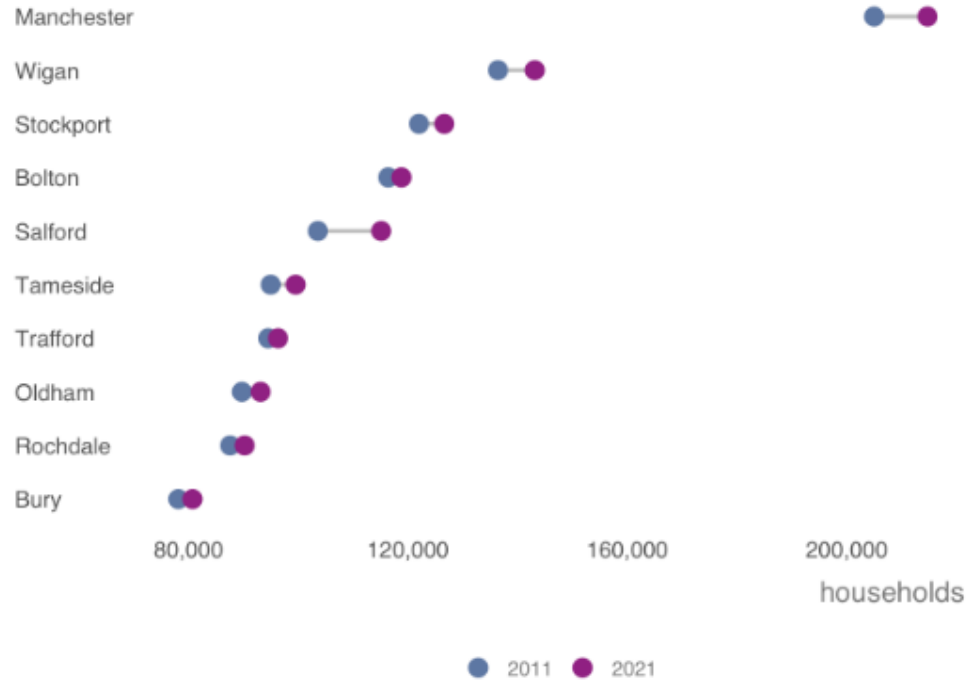


Change in population density from 2011 to 2021
GM Local authorities



Number of Households with at least one usual resident

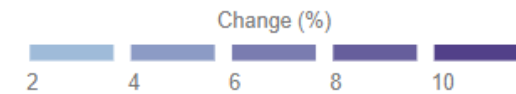
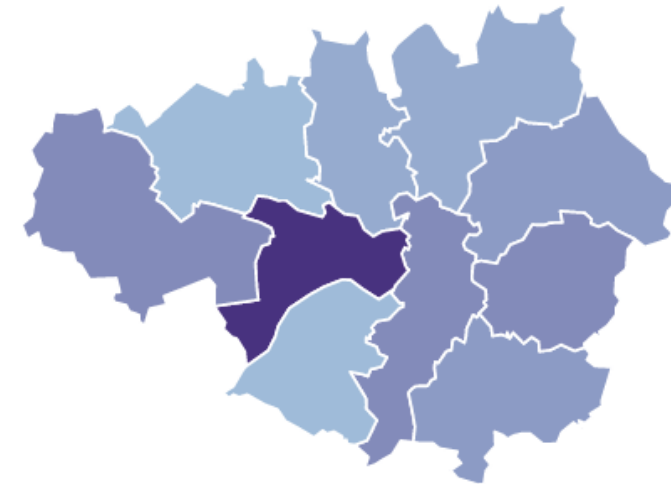
Number of Households Change



Change in number of households from 2011 to 2021

LA	2011	2021	% Change
Manchester	204,969	214,700	4.7
Wigan	136,386	143,100	4.9
Stockport	121,979	126,600	3.8
Bolton	116,371	118,800	2.1
Salford	103,556	115,100	11.1
Tameside	94,953	99,500	4.8
Trafford	94,484	96,300	1.9
Oldham	89,703	93,100	3.8
Rochdale	87,552	90,200	3.0
Bury	78,113	80,700	3.3

GM Local authorities



Population/household ratio



[CENSUS 2021 \(trafforddatalab.io\)](https://trafforddatalab.io)



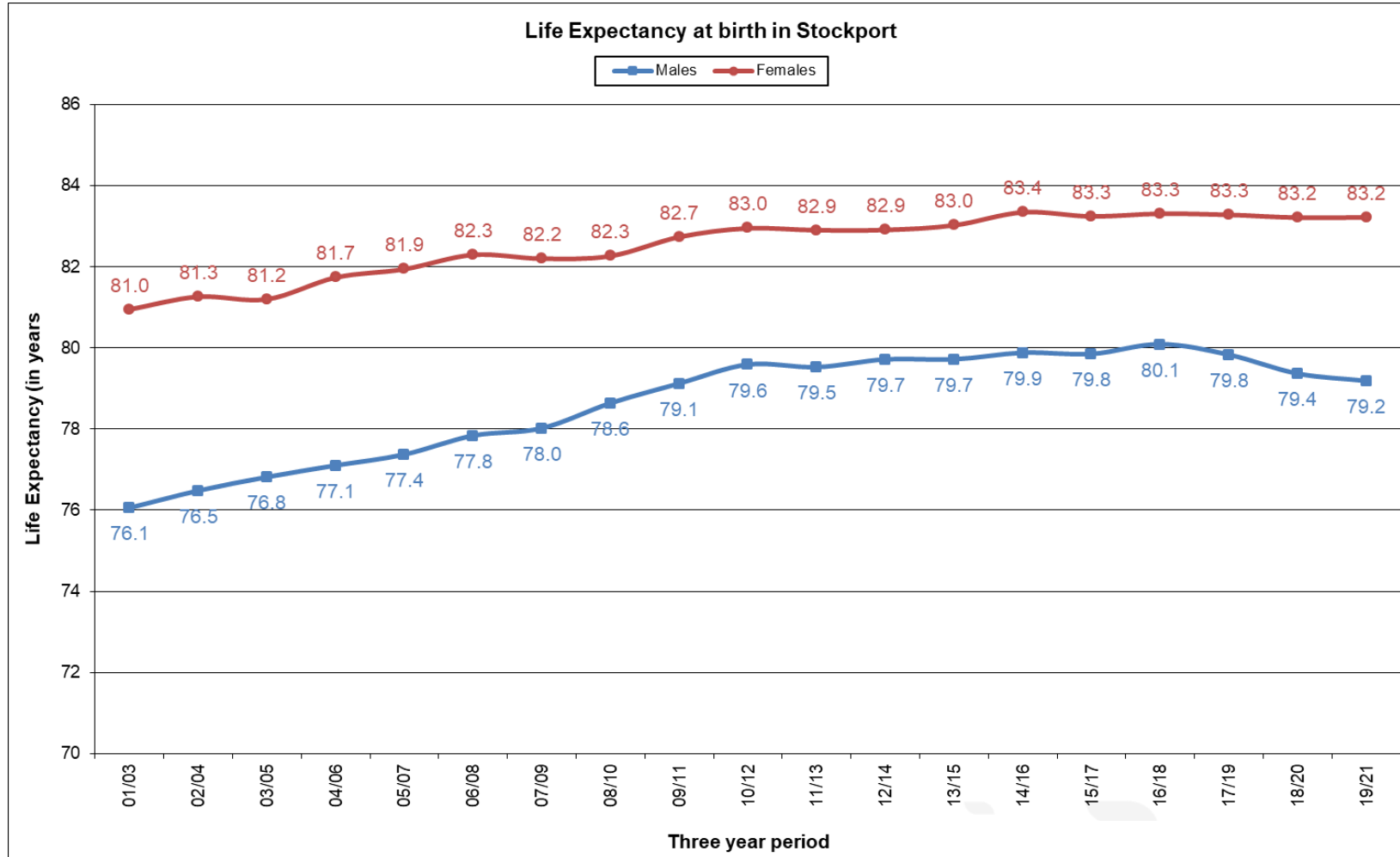
2. People are happier and healthier and health inequalities are reduced

Summary

- Life expectancy has been improving for decades, but improvements have slowed/stalled especially in our most deprived areas – and this is before impact of COVID-19 which has exacerbated existing trends and inequalities
- We are also seeing a continuing shift in the burden of disease, from mortality to morbidity, focus changing from how long we live – to how healthily we live
- Much of the burden, be that morbidity or mortality, is preventable – and linked to lifestyles (but we know lifestyles are a result of life circumstances)
- Nationally, along with musculoskeletal problems, mental health issues are the leading cause of morbidity
- Stockport is one of the most polarised areas in the country, with one of the highest rates of citizens living in the most and least deprived parts of England.

Mortality trends

Inequalities in health and the ageing population are the two most significant drivers of health and wellbeing in Stockport:



Female life expectancy = 83.2

Male life expectancy = 79.2

The rate of improvement in life expectancy stalled from 2010, so that overall life expectancy has not improved over the last decade.

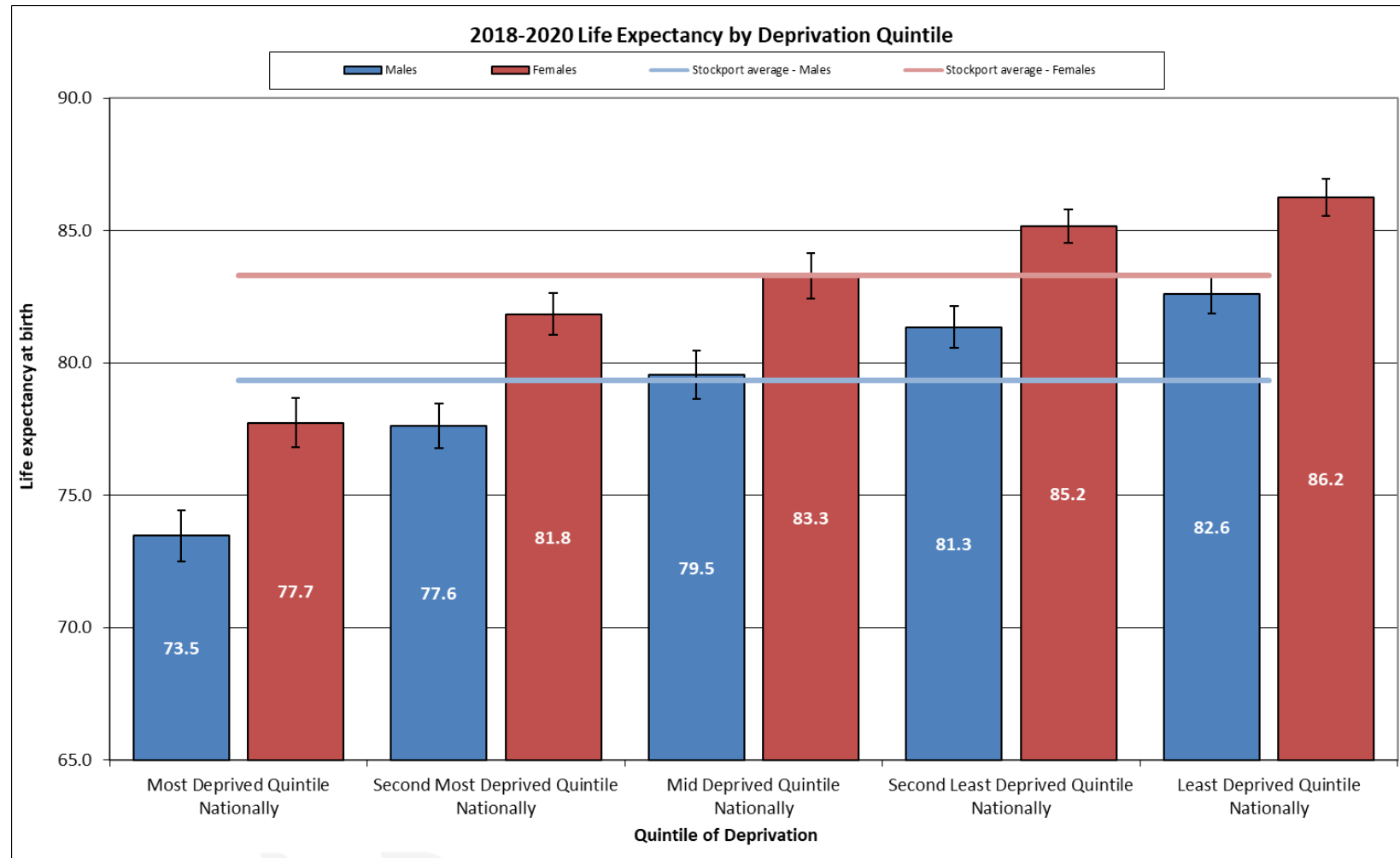
COVID-19 has led to a fall in male life expectancy, though this will likely recover once 2020 data is not included.

How do inequalities affect health outcomes?

Life expectancy in Stockport is high, with women living on average 83.2 years and men 78.6 years. However, there is significant difference within our neighbourhoods, with men in the most affluent areas living 9.1 years longer than those in the most deprived areas and 8.5 years for females.

Life expectancy estimates show that between the most deprived and least deprived quintiles areas of Stockport there is an almost 10 year difference in life expectancy for both males and females.

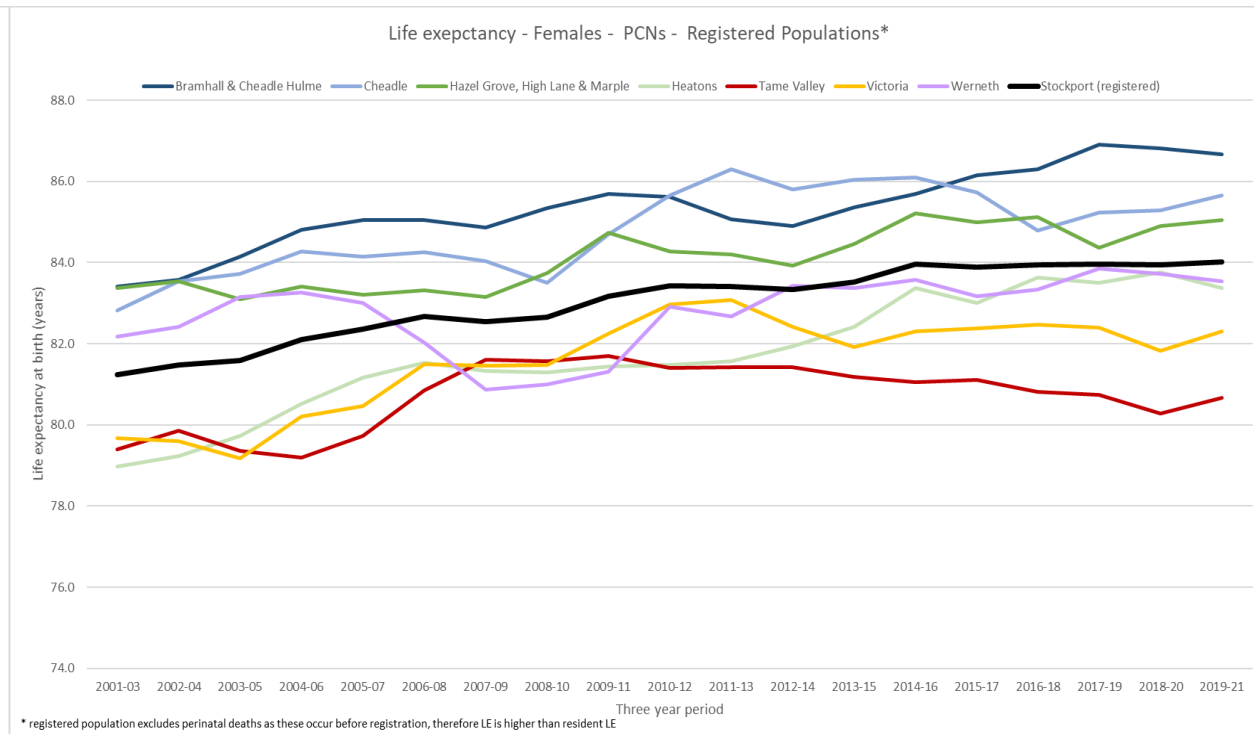
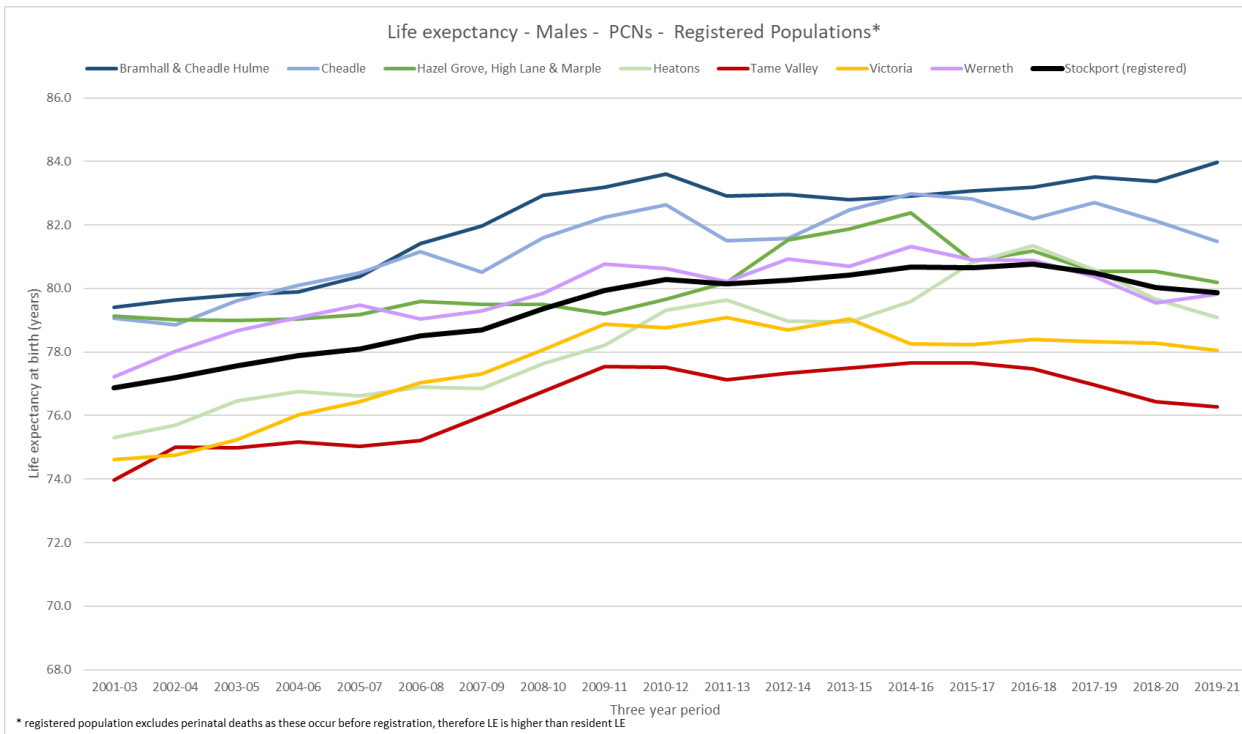
The inequality gap in Stockport is about a year greater for both males and females than the national average gap.



The slow-down in improvement in mortality has been felt most significantly in the deprived areas for both genders for older people, and particularly for females under 75 years.

How does life expectancy vary by PCN?

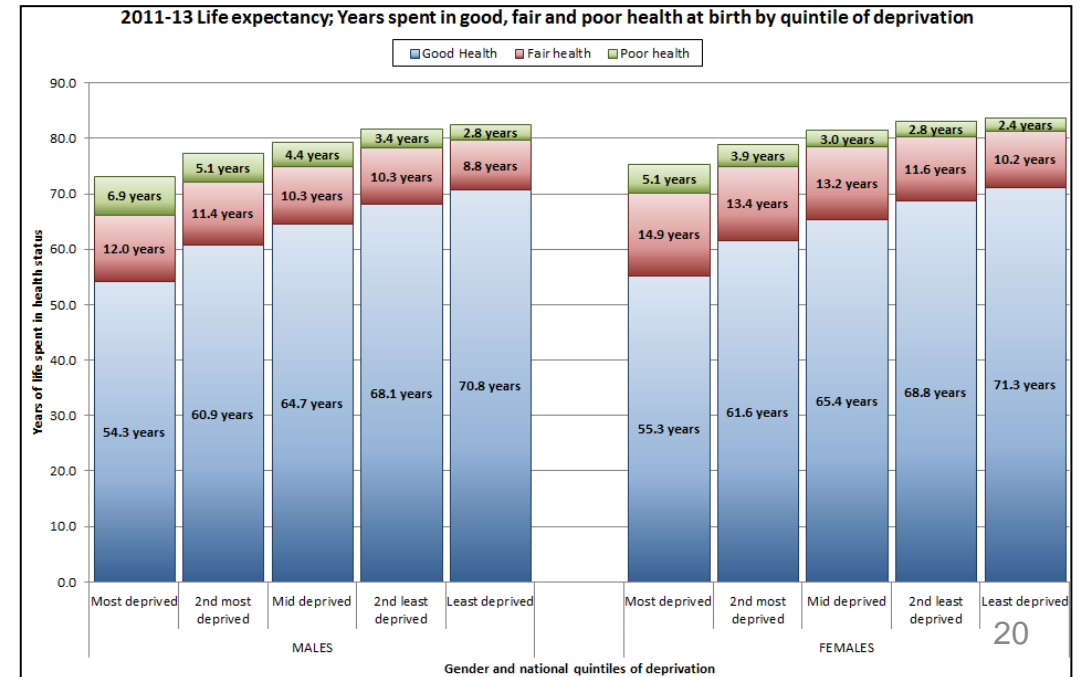
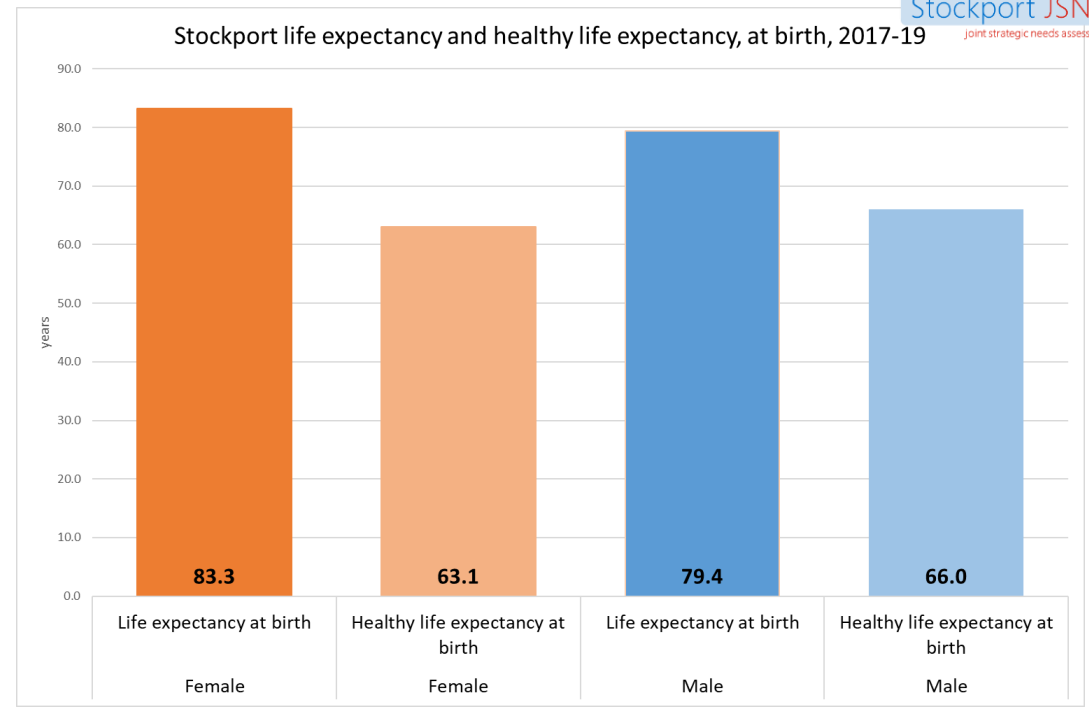
This data shows the trends in life expectancy by PCN* and shows the long standing variation between areas and shows the pandemic as exacerbated these. The gap in male life expectancy is currently around 8 years for males and 6 years for females



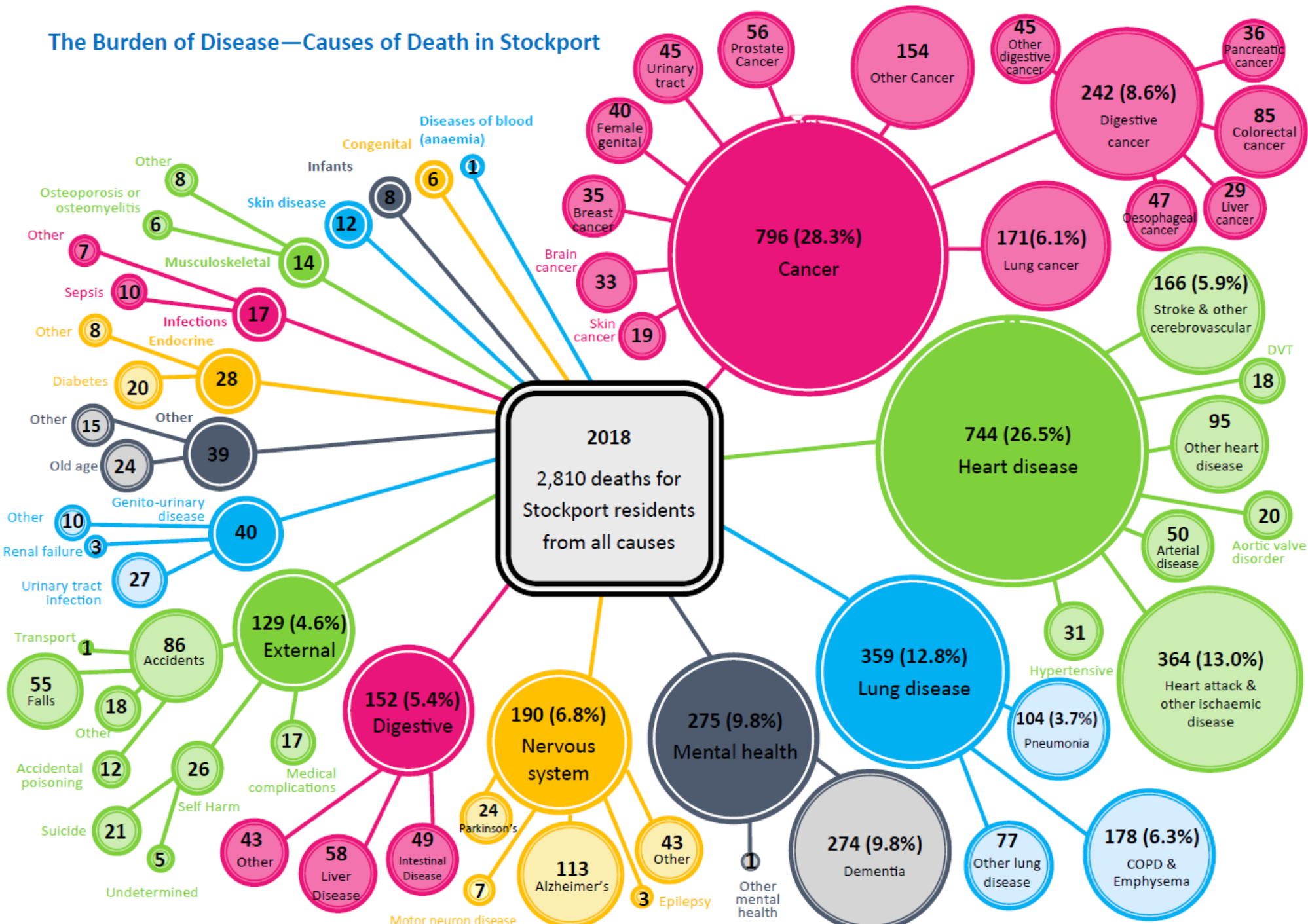
* As many infant fatalities are not registered with a GP by the time of death this data is different to other LE estimates

How do inequalities affect long term health?

- Pre pandemic males spend around 83% and females spend around 76% of their life in good health from birth
- People in deprived areas spend more years in fair or poor health compared to those in other areas. The average healthy life expectancy in the most deprived areas is 55 years.
- In Stockport 19% of adults have three or more lifestyle risk factors, in the most deprived quintiles this rises to 27% of adults. Adult lifestyles behaviour affects children.



The Burden of Disease—Causes of Death in Stockport



This is the pattern of causes of death (all ages) pre pandemic.

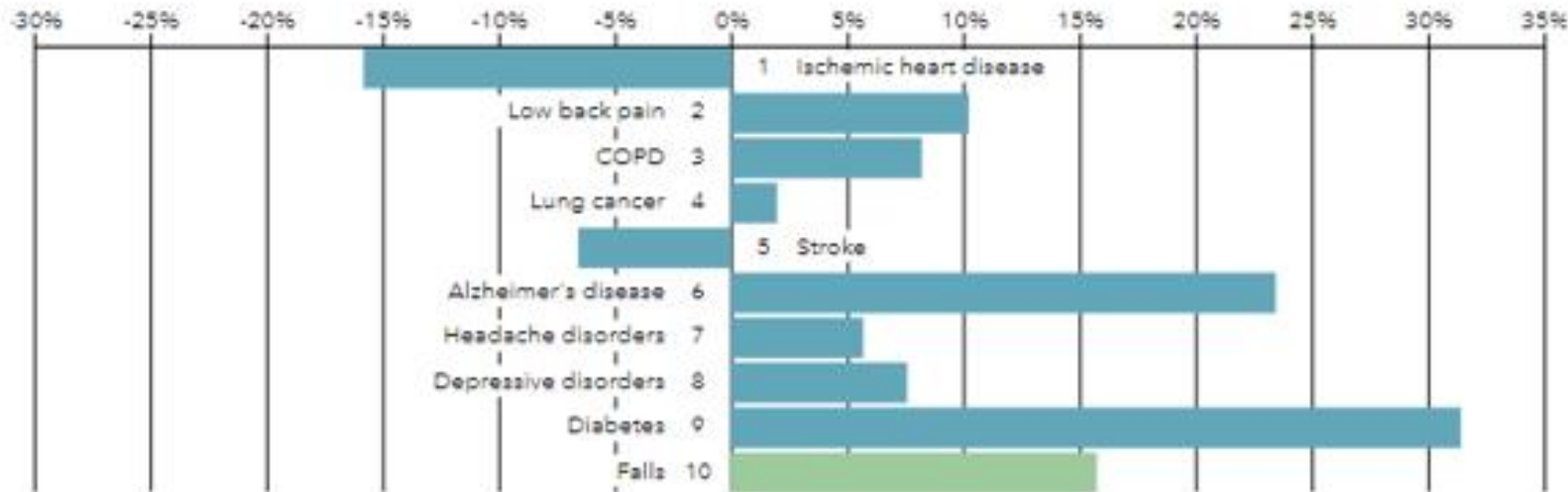
- Largest causes of death:
- Cancer (28%)
 - Heart disease (27%)
 - Respiratory disease (13%)
 - Dementia (10%)

- For those under 75 years:
- Cancer (42%)
 - Heart disease (22%)

Drivers of health – conditions

What causes the most death and disability combined?

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries



Top 10 causes of disability-adjusted life years (DALYs) in 2017 and percent change, 2007-2017, all ages, number

Analysis from the Global Burden of Disease Study 2017 shows for Stockport that the most common conditions causing death and disability are non-communicable.

This list is similar to causes of death but also includes back pain, headache and depression as significant conditions impacting DALYs.

Drivers of health – conditions

Overall, **44%** of the people registered with Stockport GPs have one or more of the conditions analysed

- This increases with age, from 3% in the 0-4 age band, to 92% in those aged 85 and over
- By age 55, half of the people have one or more of these conditions
- There is a strong association with deprivation for most conditions

Hypertension, anxiety, depression, asthma and pre-diabetes are the most common conditions affecting more than 20,000 people each.

	Register	Aged 65+ (%)	Directly age-standardised rate (per 100,000)	Avg. Stockport DSR
Hypertension	47,383	63.8%	14,761	14,761
Anxiety in the last 10 years	44,654	13.5%	14,113	14,113
Depression	42,976	16.6%	13,527	13,527
Prediabetes	27,807	58.3%	8,675	8,675
Asthma	19,943	23.7%	6,248	6,248
Diabetes	17,375	55.0%	5,432	5,432
History of fall	14,660	48.8%	4,531	4,531
Coronary Heart Disease (CHD)	11,802	75.6%	3,654	3,654
Cancer diagnosed since 2003	11,146	66.2%	3,467	3,467
Chronic Kidney Disease (CKD)	7,380	89.1%	2,237	2,237
Atrial Fibrillation (AF)	7,102	84.8%	2,169	2,169
Osteoporosis	7,044	84.3%	2,157	2,157
COPD	6,847	71.6%	2,135	2,135
Stroke or TIA	6,695	77.7%	2,060	2,060
Heart Failure	3,965	82.7%	1,211	1,211
Self-harm (last 10 years)	3,736	4.1%	1,212	1,212
Rickets (last 10 years)	3,241	23.5%	1,011	1,011
Serious Mental Illness (SMI)	2,990	21.8%	938	938
Autism	2,746	0.8%	869	869
Dementia	2,662	97.2%	794	794
Glaucoma	2,594	81.3%	796	796
Epilepsy	2,252	26.1%	707	707
Peripheral Arterial Disease (PAD)	2,143	80.5%	663	663
Acute Macular Degeneration (AMD)	2,020	95.4%	606	606
Rheumatoid Arthritis	1,730	55.4%	540	540
Learning Disability	1,726	6.8%	551	551
Crohn's Disease	1,203	26.5%	378	378

Drivers of health – condition variation

Most deprived (left) << Primary Care Networks >> Least deprived (right)
Higher than average rates | Lower than average rates

	Tame Valley GP Network	Victoria Primary Care Network	Werneth Primary Care Network	The Heaton's Group Network	Cheadle Network	Hazel Grove, High Lane & Marple Network	Bramhall and Cheadle Hulme Primary Care Network
Acute Macular Degeneration (AMD)							
Anxiety in last 10yrs	Higher	Higher		Higher	Lower	Lower	Lower
Asthma		Higher					Lower
Atrial Fibrillation (AF)							
Autism					Lower		Lower
Cancer diagnosed since 2003	Lower				Higher		
Chronic Kidney Disease (CKD)		Higher		Higher		Lower	Lower
COPD		Higher	Higher	Higher	Lower	Lower	Lower
Coronary Heart Disease (CHD)	Higher						
Crohn's disease							
Dementia	Higher		Higher			Lower	Lower
Depression	Higher			Higher	Lower	Lower	Lower
Diabetes	Higher	Higher			Higher	Lower	Lower
Epilepsy	Higher						
Glaucoma					Higher		Higher
Heart Failure	Higher	Higher				Lower	Lower
History of fall		Higher	Lower	Higher	Higher		Lower
Hypertension	Higher	Higher		Higher		Lower	Lower
Learning Disability	Higher						
Osteoporosis							
Peripheral Arterial Disease (PAD)	Higher	Higher				Lower	Lower
Prediabetes	Higher			Higher	Higher	Lower	Lower
Rheumatoid Arthritis					Higher		
Rickets (last 10 years)			Lower		Higher	Lower	
Self-harm (last 10 years)	Higher	Higher	Higher		Lower	Lower	Lower
Serious Mental Illness (SMI)	Higher			Higher		Lower	Lower
Stroke or TIA	Higher	Higher					Lower

People in the most deprived areas have are more than twice as likely as people in the least deprived areas to have 3 or more long term conditions, and are more likely to be younger when diagnosed.

Almost every condition shows a deprivation profile including mental health, asthma, diabetes, heart disease.

Drivers of health – children and young people

Condition	Total Number	Age bands				
		0-4	5-9	10-14	15-19	20-24
Asthma	4,110	150	920	1,235	965	835
Anxiety	4,880	-	95	475	1,510	2,800
Depression	2,500	-	-	30	540	1,930
Autism*	1,335	35	285	395	370	255
Self harm*	1,065	5	10	90	440	520
Attention Deficit Hyperactivity Disorder	1,035	5	90	325	330	290
Rickets	420	15	75	85	130	120
Epilepsy	305	20	50	55	65	110
Diabetes	285	5	30	65	90	90
Mental health	130	-	-	-	30	95
Down's syndrome	105	25	25	20	15	20
Cerebral palsy *	95	5	10	25	30	25
Crohn's disease	85	-	-	5	35	40
Cancer	85	5	15	20	25	30
Pre-diabetes	65	-	-	5	20	40
Hypertension	60	5	5	5	10	40

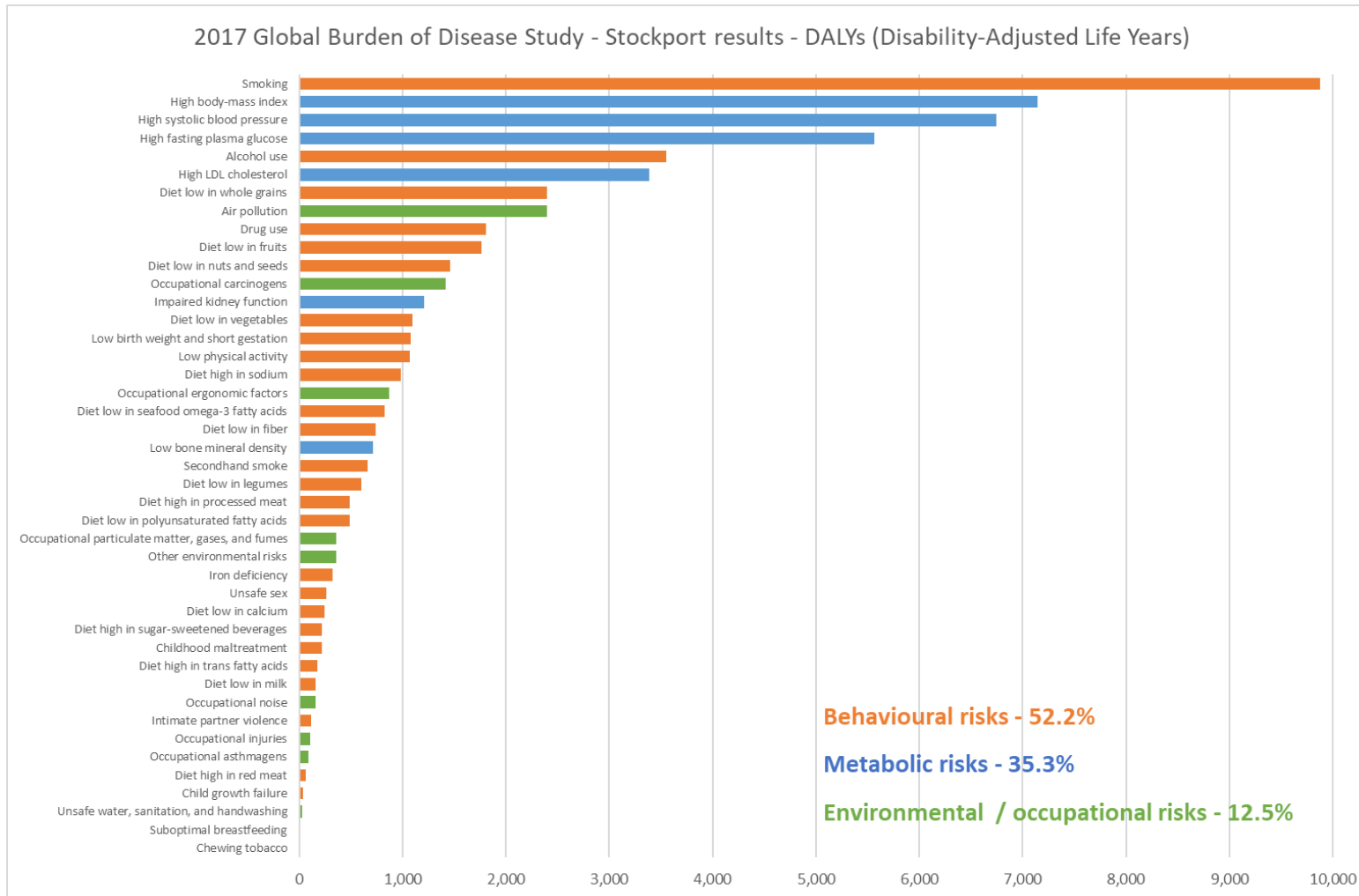
Although the previous analysis includes children and young people, the patterns of long term conditions for these age groups are not easily apparent, as they get masked by older adults.

Asthma is the most common condition and begins in early life, so that there are significant numbers of cases in both primary and secondary school aged children.

Anxiety and depression are the next most common, but affect children and young people aged 15-24 more than younger children.

* Undercount of actual prevalence

Drivers of health – behaviours and lifestyles



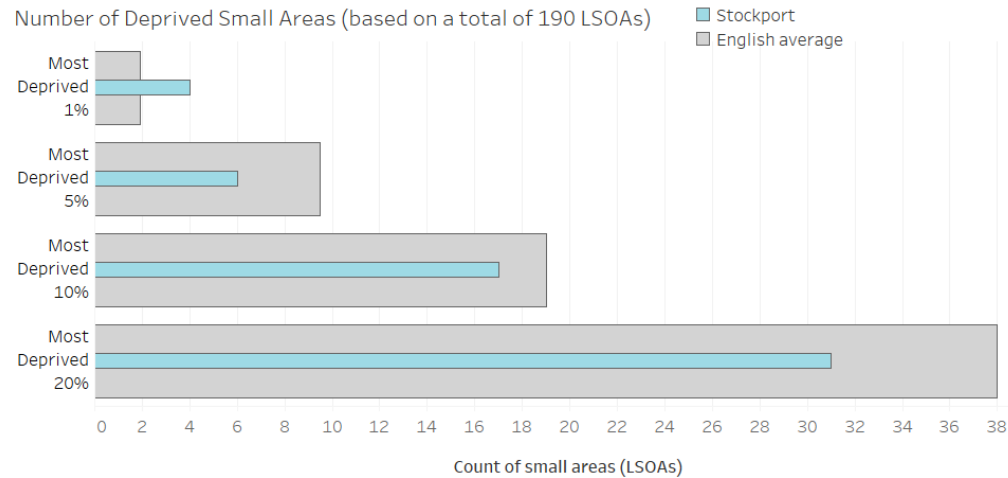
Analysis from the Global Burden of Disease Study 2017 shows for Stockport that the underlying drivers of **early disease and disability** are largely preventable and often due to lifestyles.

The behavioural risk factors with the highest impact in 2017 are:

- Smoking
- High BMI
- Alcohol use
- Diet low in whole grains
- Drug use
- Diet low in fruits

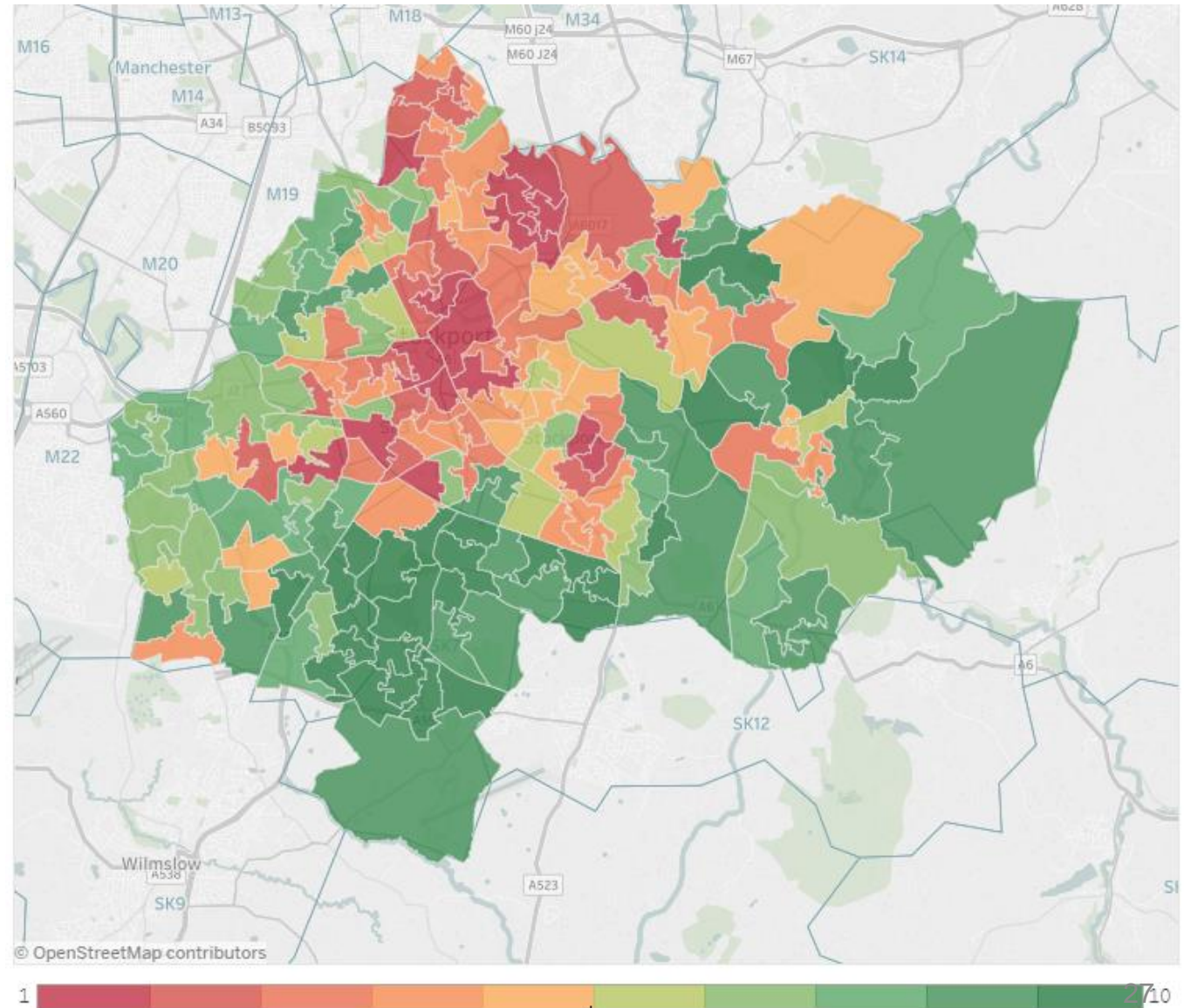
Deprivation

Stockport has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low:



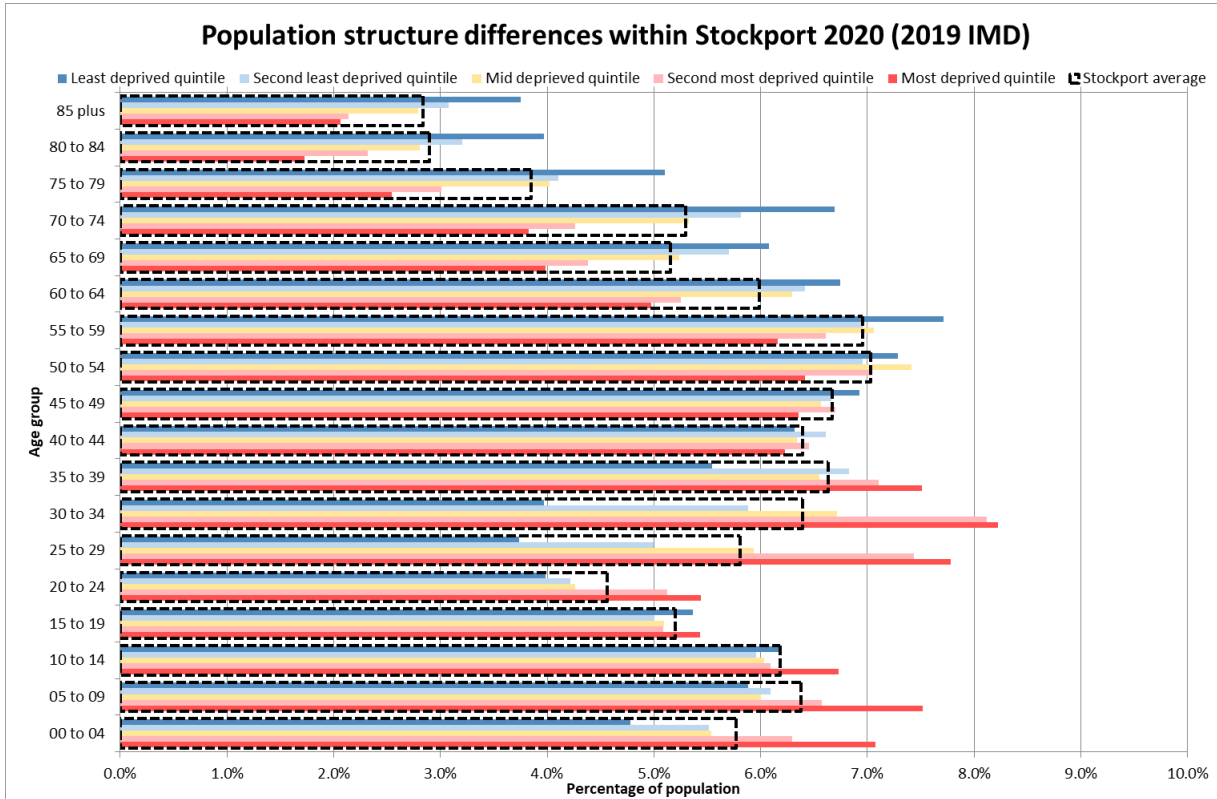
Stockport now has both the most and least deprived electoral ward and GP Practice in Greater Manchester.

Inequalities is one the biggest single challenge for Stockport's health.

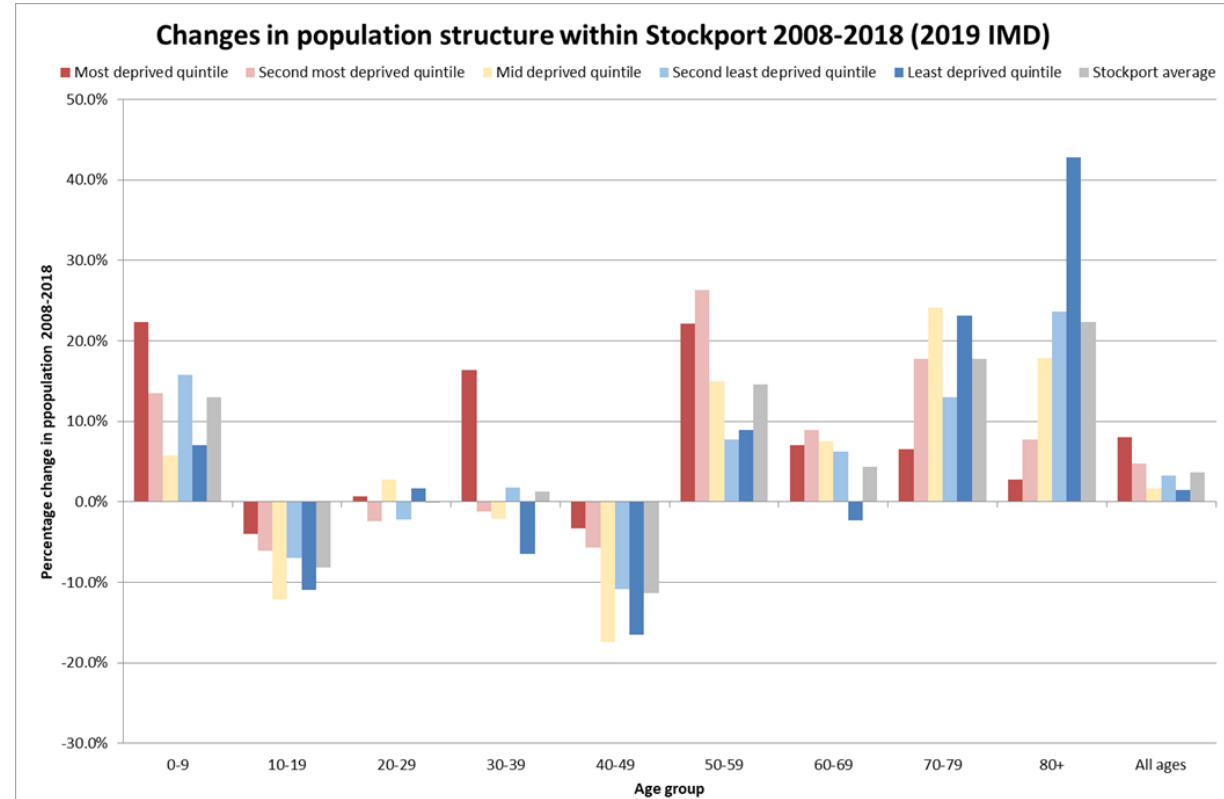


Demographics – deprivation

The population in deprived areas is younger than average

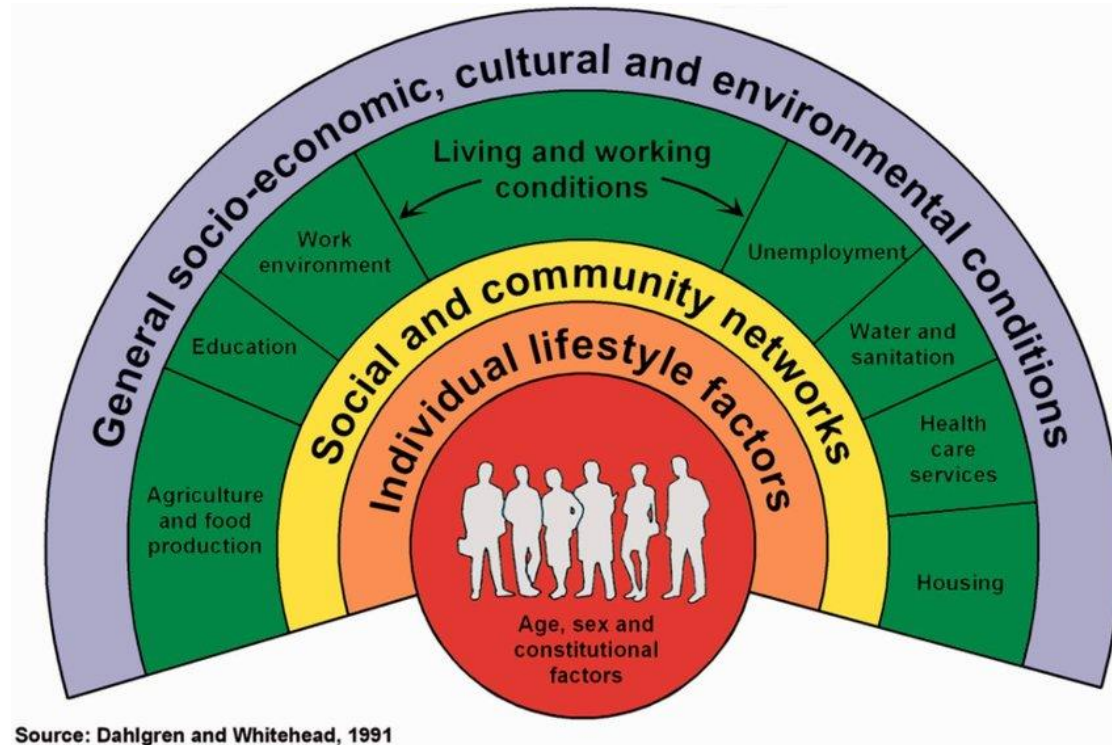


The population has grown most rapidly in areas of deprivation:



Socio economic inequalities (pre pandemic)

- 4,800 people in Stockport are claiming out-of-work benefits.
- 19,500 working age people in Stockport are claiming disability related benefits.
- An estimated 34,560 in Stockport are affected by income deprivation:
 - 9,400 older people live in relative poverty
 - 8,050 children live in low-income households.
- Housing, despite being cheaper in areas of deprivation, are relatively less affordable than in other areas



Other inequalities (pre pandemic)

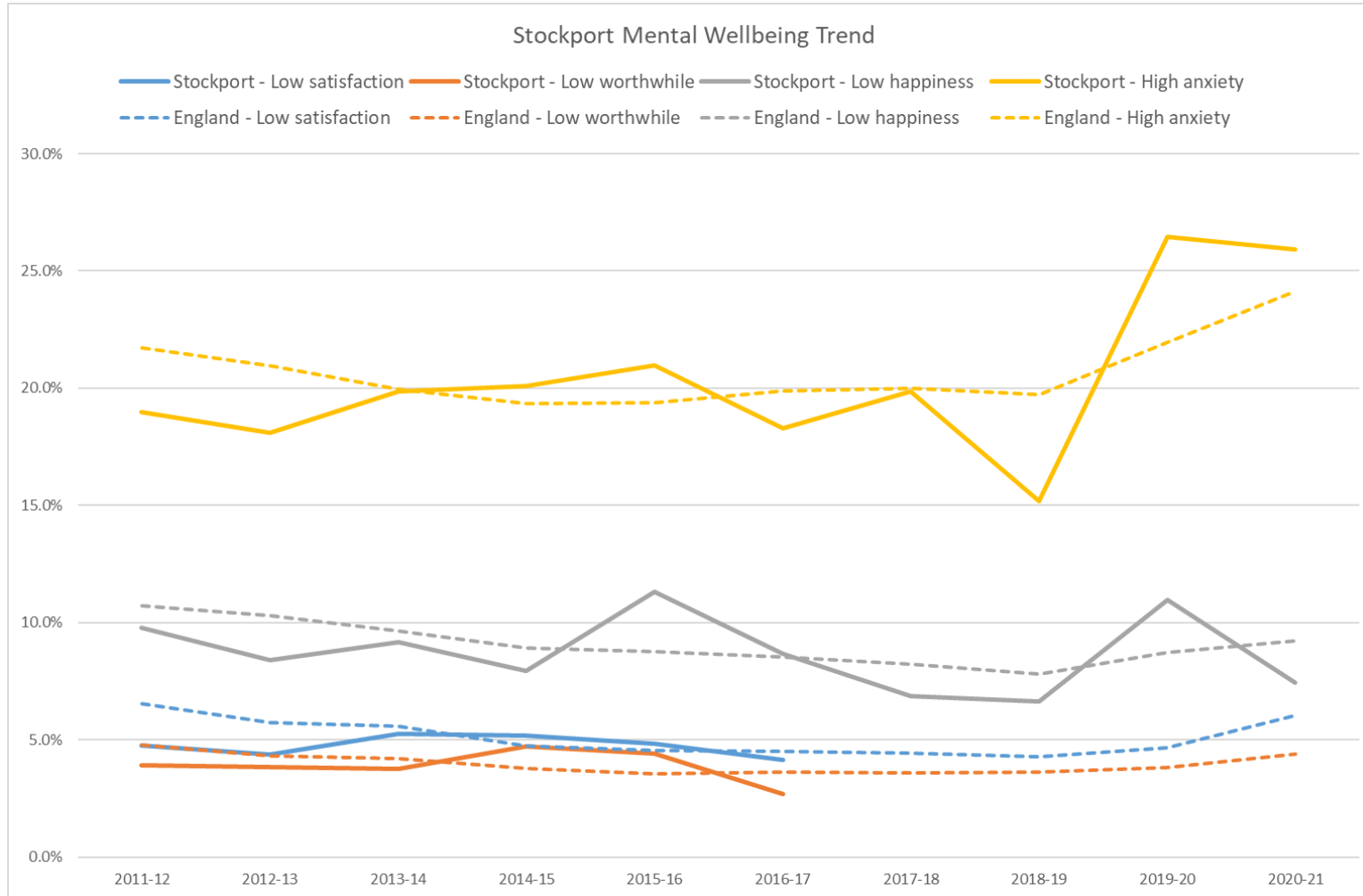
Ethnicity and Religion

- Over time the diversity of the population is increasing and the number identifying themselves as from a Black, Asian or other minority ethnic group (BAME) almost doubled from 2001 to 2011, to 22,500 and is likely to have increased since.
- People who describe themselves as Asian Pakistani are the largest ethnic minority group in Stockport, around 6,600 people in 2011.
- Stockport has seen an increase in both the Muslim population and people of no religion between 2001 and 2011.
- The distribution of the BAME population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heaton South are particularly diverse.

Other groups (indicative numbers)

- People with mental health problems – 2,845 with serious mental illness, 40,000 diagnosed with depression since 2016.
- People with learning disability – 1,225 adults with moderate or severe
- People with physical / sensory disabilities – 11,600 people across Stockport
- Unpaid carers (inc. young carers) – 32,000 people
- Homeless – 500 households
- Asylum seekers / refugees – average 100, but this is not an average time
- Care leavers – 50 a year
- LGBTQI+ – 17,000 people
- Veterans – 22,500 people

Mental wellbeing



From 2011/12, wellbeing measures had generally shown small improvements. In most years, Stockport residents were similar or slightly better than the population of England as a whole on these measures.

In 2019/20, the wellbeing measures showed the negative impact of the COVID-19 pandemic. The increase in high anxiety in 2019/20 was especially large in Stockport, and with a score of 26.4%, Stockport had significantly more people with high anxiety than England. In 2020/21 this score has remained at a high level.

BeeWell Survey results

Stockport's scores are generally slightly lower than the GM average though there is a lot of variation between Stockport neighbourhoods. Werneth; Victoria; Tame Valley; tend to be amongst the lowest ranking of all 67 GM neighbourhoods, with Tame Valley being the lowest scoring neighbourhood across GM in several measures.

Stockport FSM pupils score slightly lower than Non-FSM pupils across all measures, this is consistent across all GM authorities and all Stockport neighbourhoods.

Stockport's year 8 cohort submitted more positive scores than the year 10s in every measure except emotional regulation, where the year 10s scored slightly higher, this is consistent across GM and all Stockport neighbourhoods.

There is a stark difference between the male and female scores in Stockport and throughout GM with male scores being significantly more positive in every measure.

Inequalities persist in wellbeing scores, particularly across gender identity and sexual orientation.

Using the SWEMWBS measure for wellbeing, 82% of young people in Stockport reported low wellbeing.

18% were rated high on experiencing negative affect

Children's social care wellbeing

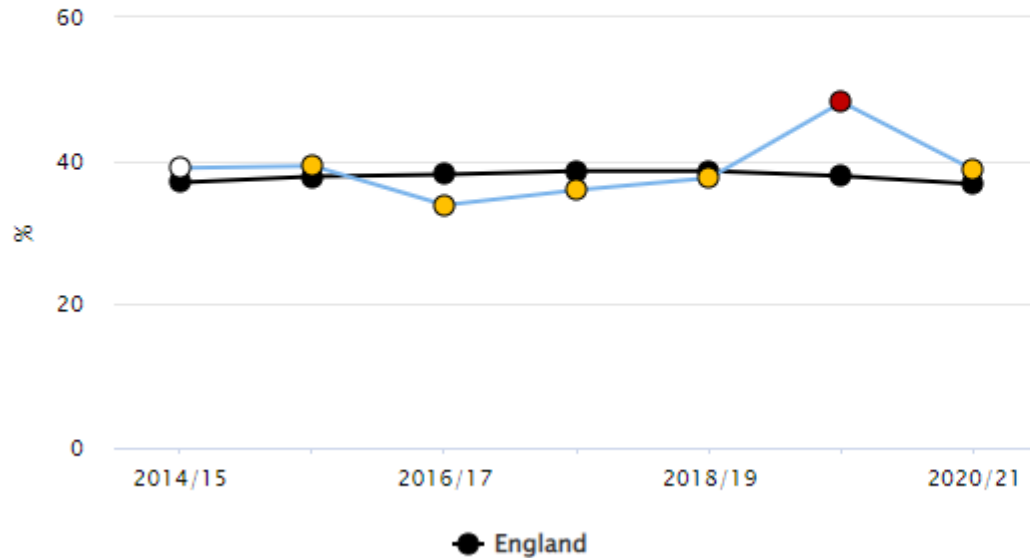
Percentage of looked after children whose emotional wellbeing is a cause for concern

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[▶ More options](#)



Recent trend: ➔ No significant change

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2014/15	-	39.0%	-	-	33.0%	37.0%
2015/16	57	39.3%	31.7%	47.4%	33.0%	37.8%
2016/17	46	33.8%	26.4%	42.1%	33.6%	38.1%
2017/18	55	35.9%	28.8%	43.8%	33.3%	38.6%
2018/19	70	37.6%	31.0%	44.8%	34.3%	38.6%
2019/20	92	48.2%	41.2%	55.2%	33.5%	37.9%
2020/21	79	38.7%	32.3%	45.6%	33.6%	36.8%

Source: Department for Education

The impact of the COVID-19 pandemic on emotional wellbeing of looked after children can be seen with a 10 percentage point increase in 2019/20 so that there were concerns around nearly half of the children. Levels in 2020/21 started to return to previous levels, with two-fifths of children with reported concerns.

Adult social care quality of life

1A: Social care-related quality of life score

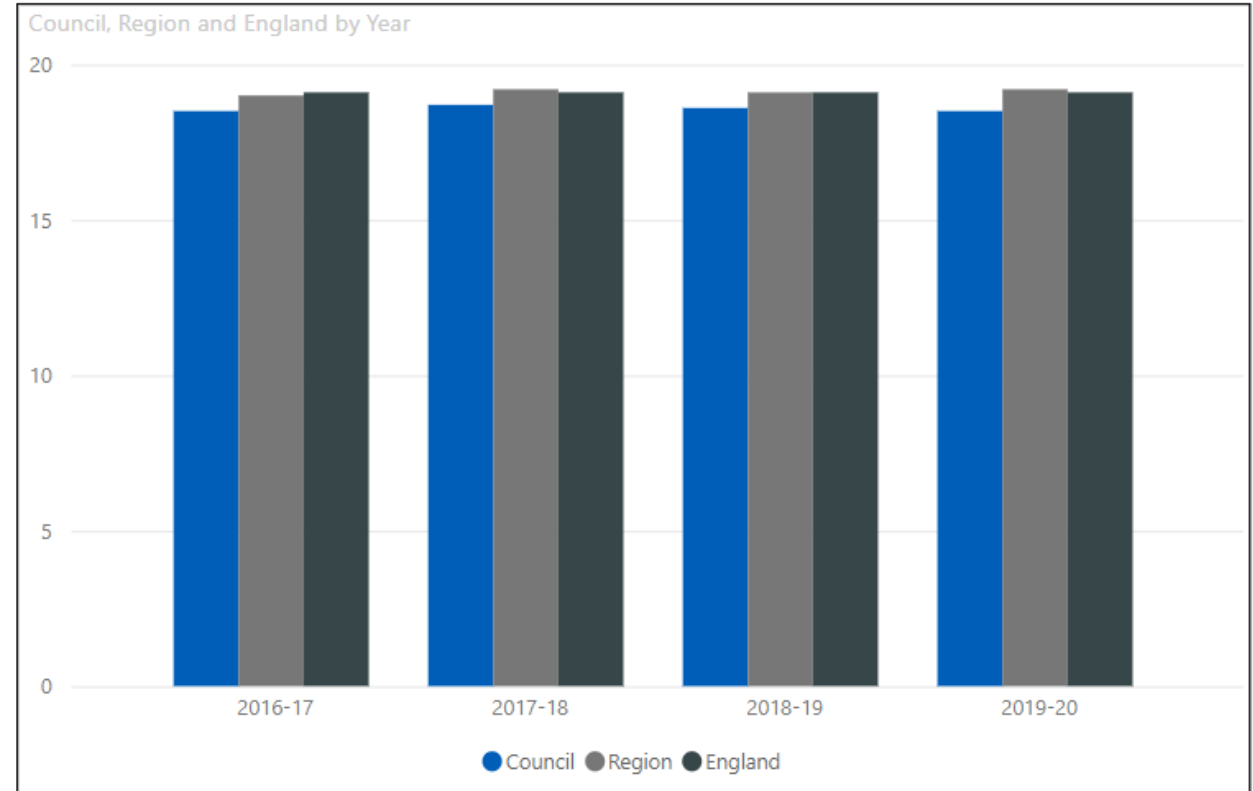
Stockport

Council, Region and England score by year

Year	Council score	Region score	England score
2016-17	18.5	19.0	19.1
2017-18	18.7	19.2	19.1
2018-19	18.6	19.1	19.1
2019-20	18.5	19.2	19.1
2020-21			

This measure is an average quality of life score based on responses to the Adult Social Care Survey. Higher values are better, with a maximum possible score of 24.

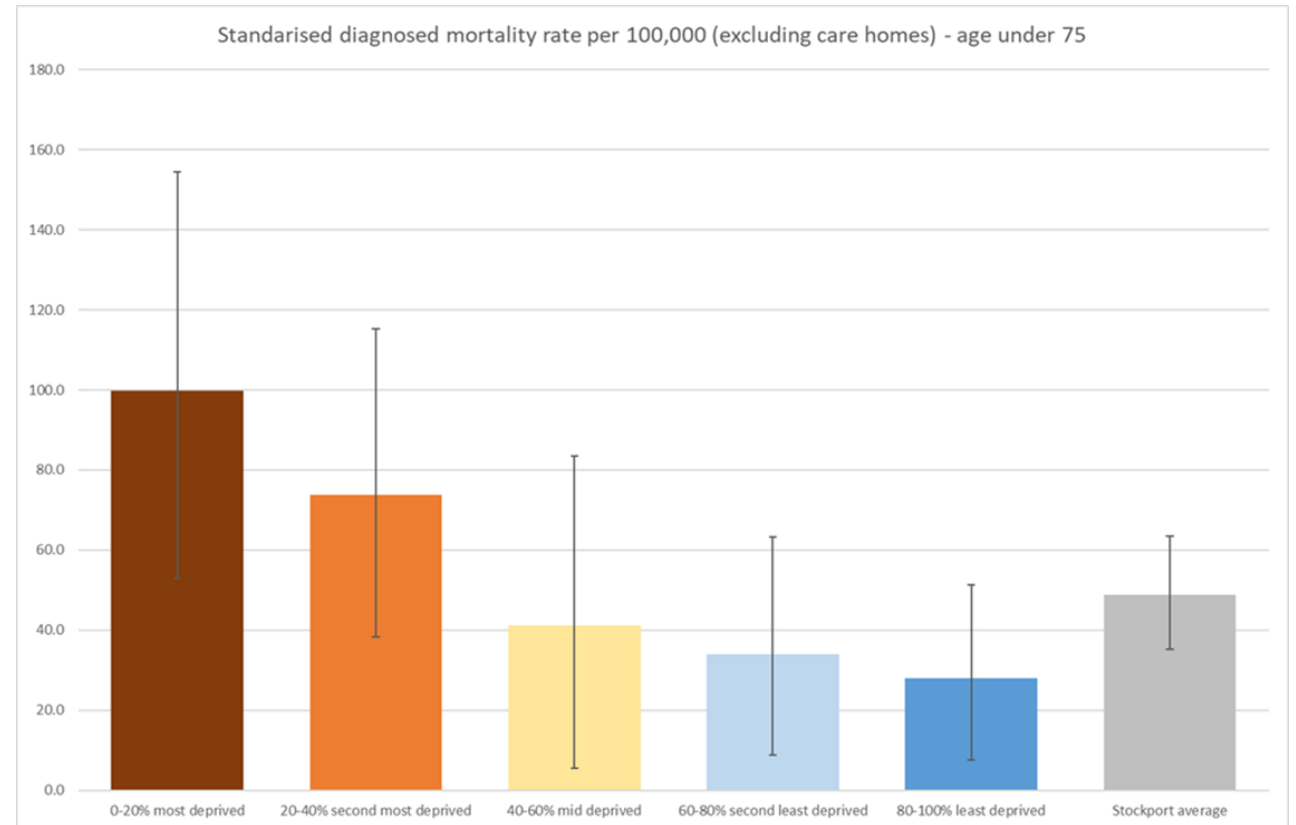
Stockport's value is consistently slightly lower than the regional and national average at around 77% of the possible total points compared to 80% nationally.



Impact of COVID-19?

- The impact of COVID-19 on the long-term health of our population has yet to be fully understood.
- We know that at least 100,700 people in Stockport have been diagnosed with COVID-19 and more than 4,500 hospital admissions in Stockport as a result.
- Sadly more than 970 people in Stockport have died as a result of COVID-19.
- In 2020 the overall mortality rate for the borough was 14% higher than normal, an excess mortality level similar to the national average. In 2021 we saw 4% excess mortality.
- COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas.

COVID-19 mortality in Stockport in 2020 by deprivation



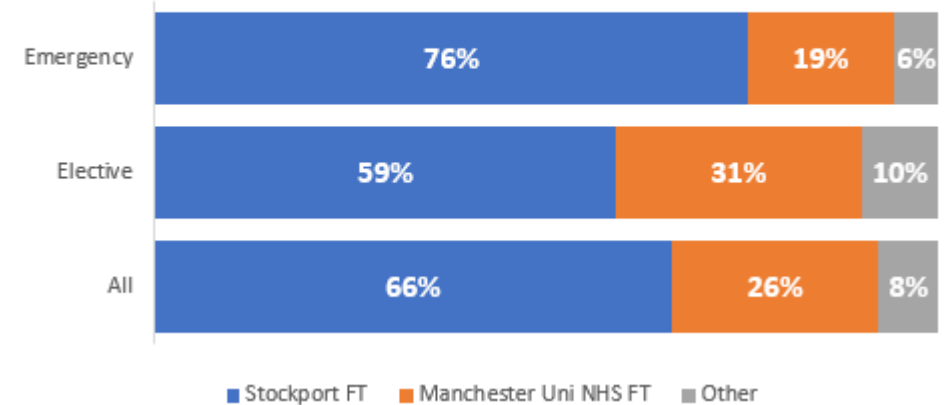


3. There are safe, high quality services and we get the most out of the Stockport pound

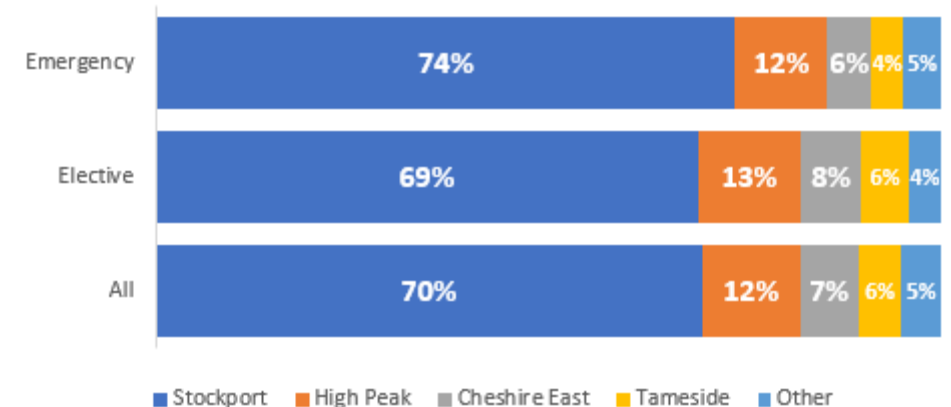
Patient flow - admissions

- In 2020, for patients that were admitted to hospital, two thirds were admitted to SFT, with a quarter admitted to Manchester NHS FT.
- As is to be expected, the figures are higher for emergency admissions, with more patients admitted to the nearest hospital.
- For patients admitted to Stockport FT, 70% are from Stockport, 12% High Peak, 7% Cheshire East and 6% Tameside, with the remaining 5% from other areas.
- Again, the percentage of patients from Stockport is higher for emergency admissions.

Where are Stockport residents admitted to hospital - Admission type (2020)



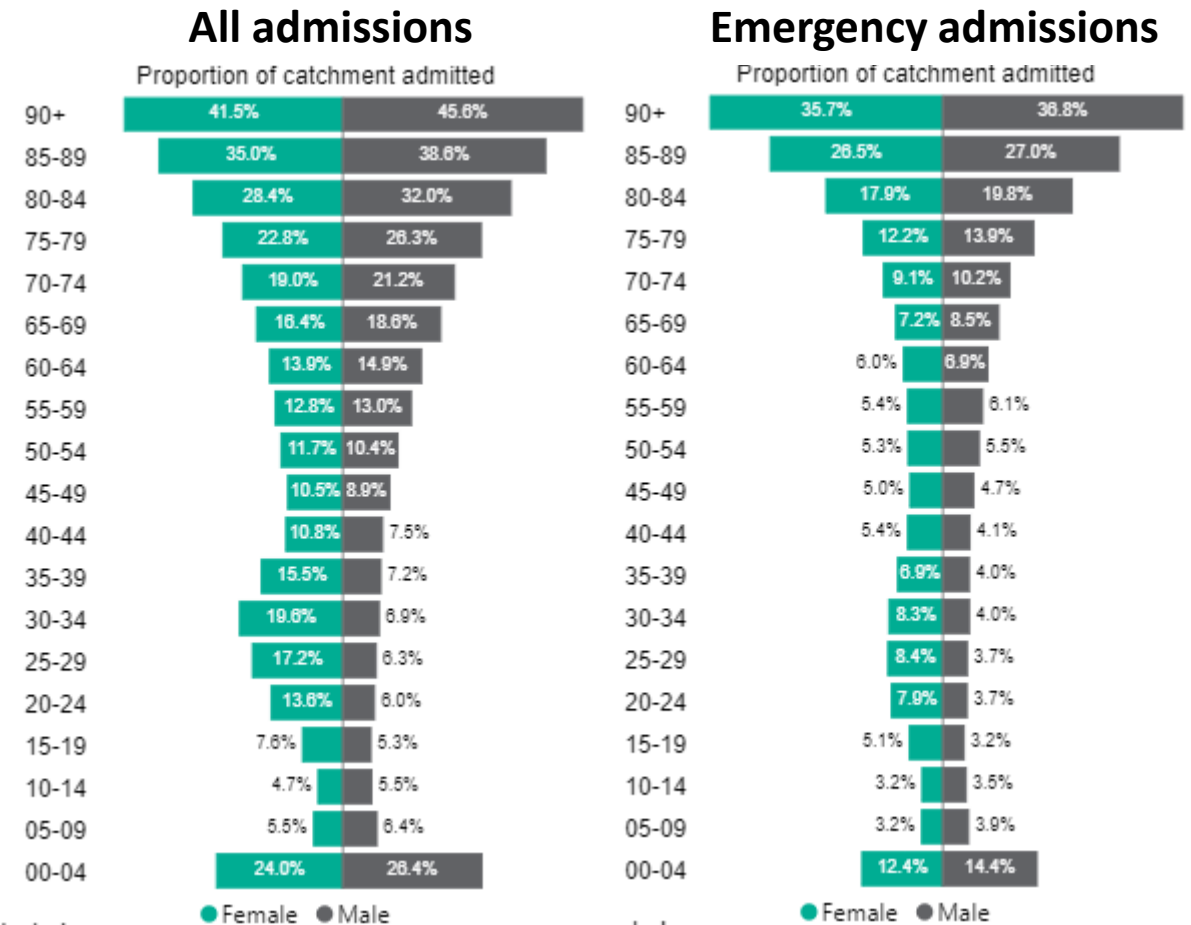
Where do Stockport FT patients normally live - Admission type (2020)



Patient flow - admissions

- The charts to the right show the percentage of Stockport FT's "catchment" that are admitted to hospital, broken down by age band. The chart on the left is all admissions and the other chart is emergency admissions.
- As is expected, admissions (all and emergency) are low for age groups 5 to 64, with notable increases for the over 65 group plus:
 - Women aged 20-39, mainly those accessing maternity services
 - Children under the age of 4
- Emergency admissions are similar, although there is a greater increase in the older age groups, in particular 80+.

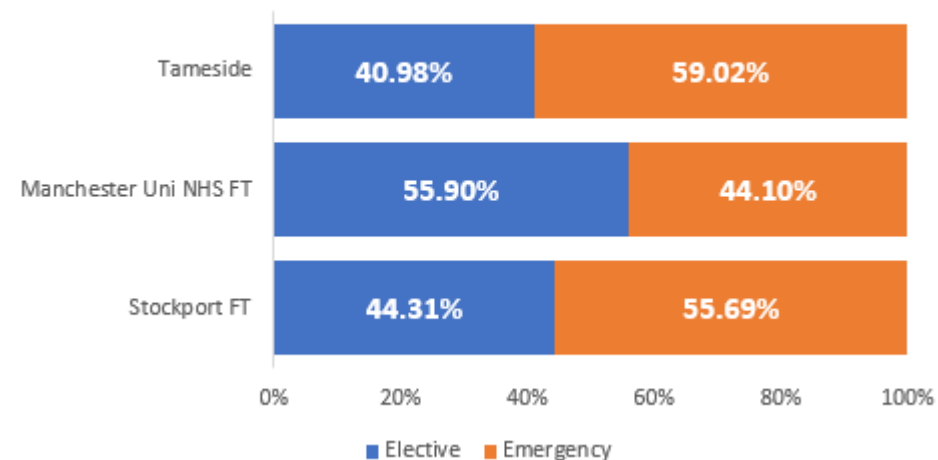
SFT Age/gender profile of admissions



Patient flow – admissions & beds

- In 2020, 44% of all admissions to Stockport FT that were classed as emergency admissions. Pre-pandemic figures are similar.
- This is higher than Tameside (41%) but lower than Manchester (56%).
- In April 2021, the number of beds available was increasing following the reduction during the pandemic.
- Bed occupancy levels have been reducing slightly since the end of 2019, but the pandemic will likely have had an impact.
- More recent data will be required to see if this trend has continued.

2020 admissions - % elective/emergency



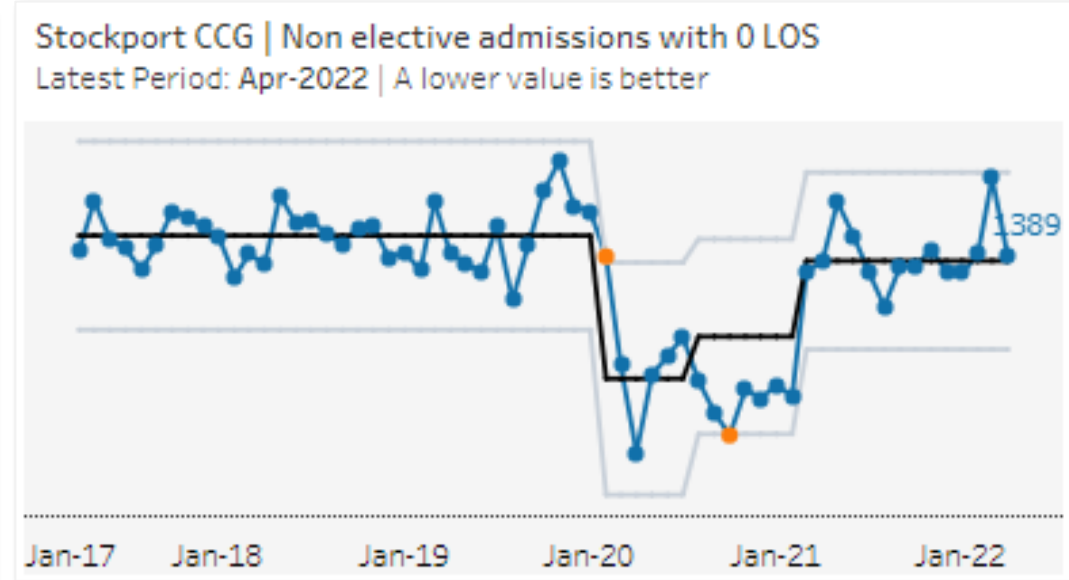
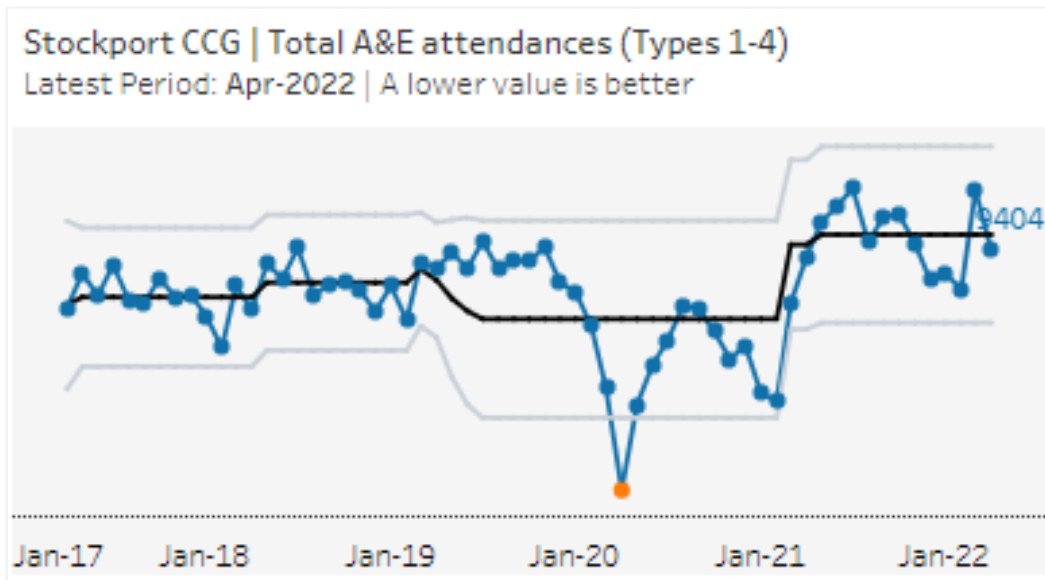
Number of Beds Available & Bed Occupancy



Source: NHS

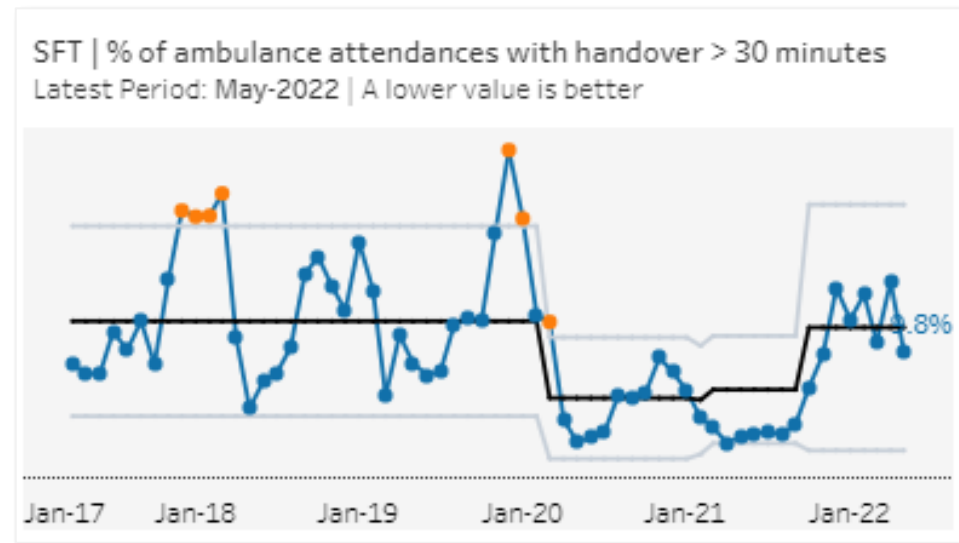
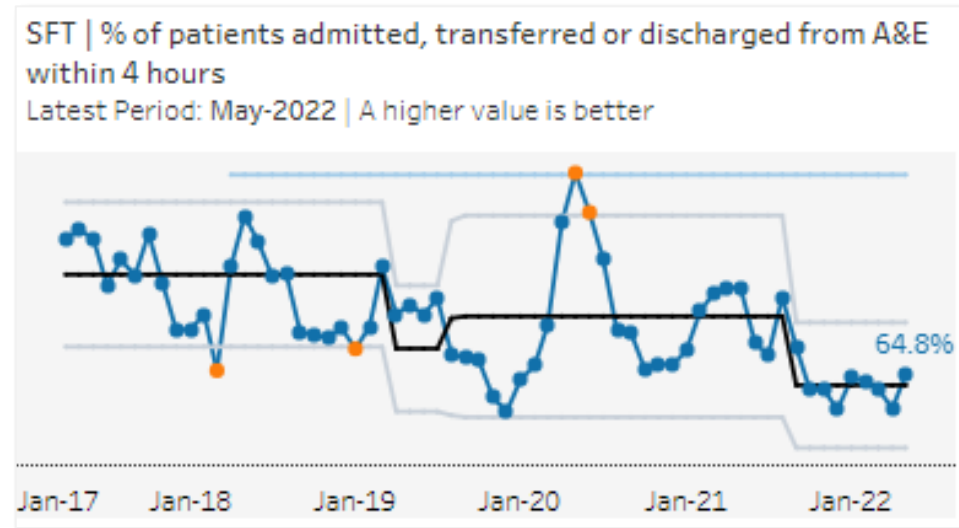
Urgent care

- Overall A&E levels are reducing (May-21 to Apr-22) for Stockport patients (all providers) but levels are still high compared to pre-pandemic levels.
- Non elective admissions with 0 length of stay are below pre-pandemic level with a total of 1,389 in Apr-22.



Urgent care

- In April 2022, 60% of patients were admitted, transferred or discharged from A&E within 4 hours, lower than the latest year to date figure (63%) and somewhat below the 95% target. There was a large rise in the number of trolley waits to 68 in April, up from 11 in the previous month. Our target is 0.
- Ambulance handovers, that are greater than 30 minutes at Stepping Hill, have returned to pre-pandemic levels (10%), although there is less variability.





Integrated Performance & Delivery Report | Urgent Care

Stockport | Statistical Peers



PMO Area	Indicator	Frequen..	Org	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
A&E access targets	% patients admitted, transferred or discharged from A&E within 4 hours (provider)	Monthly	SFT	95.0%	63.7% (Feb-22)	62.6% (Mar-22)	59.5% (Apr-22)	63.1%	↓	
	Number of waits from decision to admit to admission (trolley waits) over 12 hours (Provider)	Monthly	SFT	0	9 (Feb-22)	11 (Mar-22)	68 (Apr-22)	142	↑	
Activity	Total non-elective spells	Monthly	CCG	Null	3281 (Feb-22)	3735 (Mar-22)	3395 (Apr-22)	3395	↓	
	Non elective admissions with zero LOS	Monthly	CCG	Null	1396 (Feb-22)	1591 (Mar-22)	1389 (Apr-22)	1389	↓	
	Non elective admissions with LOS of 1 day or more	Monthly	CCG	Null	1885 (Feb-22)	2144 (Mar-22)	2006 (Apr-22)	2006	↓	
	Total A&E attendances (Types 1-4)	Monthly	CCG	Null	8653 (Feb-22)	10589 (Mar-22)	9404 (Apr-22)	9404	↓	
	Type 1&2 A&E attendances	Monthly	CCG	Null	8309 (Feb-22)	10114 (Mar-22)	8949 (Apr-22)	8949	↓	
	Type 3&4 A&E Attendances	Monthly	CCG	Null	344 (Feb-22)	475 (Mar-22)	455 (Apr-22)	455	↓	
	Acute flow	Ambulance handovers over 30 minutes (Provider)	Monthly	SFT	Null	138 (Mar-22)	185 (Apr-22)	112 (May-22)	297	↓
Category 1 (Life-threatening calls) Mean time taken for a response to arrive (Trust)		Monthly	NWAS	0:07:00	0:08:23 (Feb-22)	0:09:04 (Mar-22)	0:08:31 (Apr-22)	0:08:31	↓	
Category 1 (Life-threatening calls) 90th centile appropriate response time (Trust)		Monthly	NWAS	0:15:00	0:14:29 (Feb-22)	0:15:23 (Mar-22)	0:14:26 (Apr-22)	0:14:26	↓	
Ambulance targets	Category 2 (Emergency calls) Mean time taken for a response to arrive (Trust)	Monthly	NWAS	0:18:00	0:35:34 (Feb-22)	0:57:58 (Mar-22)	0:47:05 (Apr-22)	0:47:05	↓	
	Category 2 (Emergency calls) 90th centile appropriate response time (Trust)	Monthly	NWAS	0:40:00	1:18:50 (Feb-22)	2:14:36 (Mar-22)	1:47:46 (Apr-22)	1:47:46	↓	
	Category 3 (Urgent calls) 90th centile appropriate response time (Trust)	Monthly	NWAS	2:00:00	4:26:48 (Feb-22)	7:26:36 (Mar-22)	8:19:08 (Apr-22)	8:19:08	↑	
	Category 4 (Non-urgent Assess, treat, transport calls only) 90th centile appropriate response time (Trust)	Monthly	NWAS	3:00:00	9:45:19 (Feb-22)	16:06:27 (Mar-22)	12:22:19 (Apr-22)	12:22:19	↓	

Planned care

- The number of patients waiting over 104+ weeks has reduced from 320 in March to 225 in April. The target is for this to be at zero by 1st July 2022.
- Patients waiting over 78+ weeks has increased from 964 in March to 984 in April. The specialties particularly struggling with long waits are predominately ENT, Gynaecology and General Surgery.
- The % of patients waiting less than 6 weeks for a diagnostic test has remained similar in the 3 months to April at around 75%.



Integrated Performance & Delivery Report | Planned Care

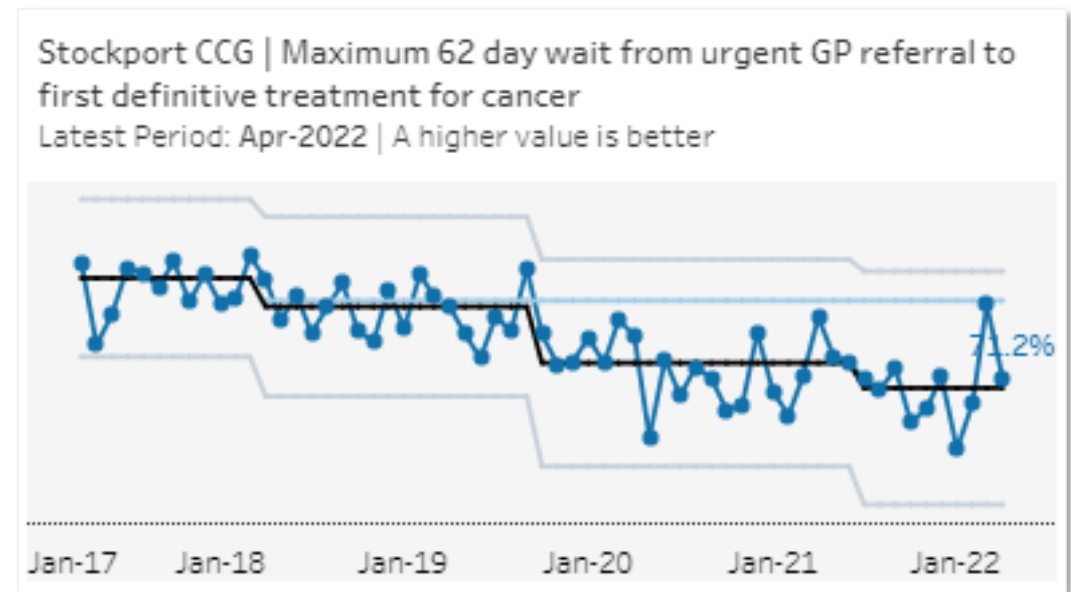
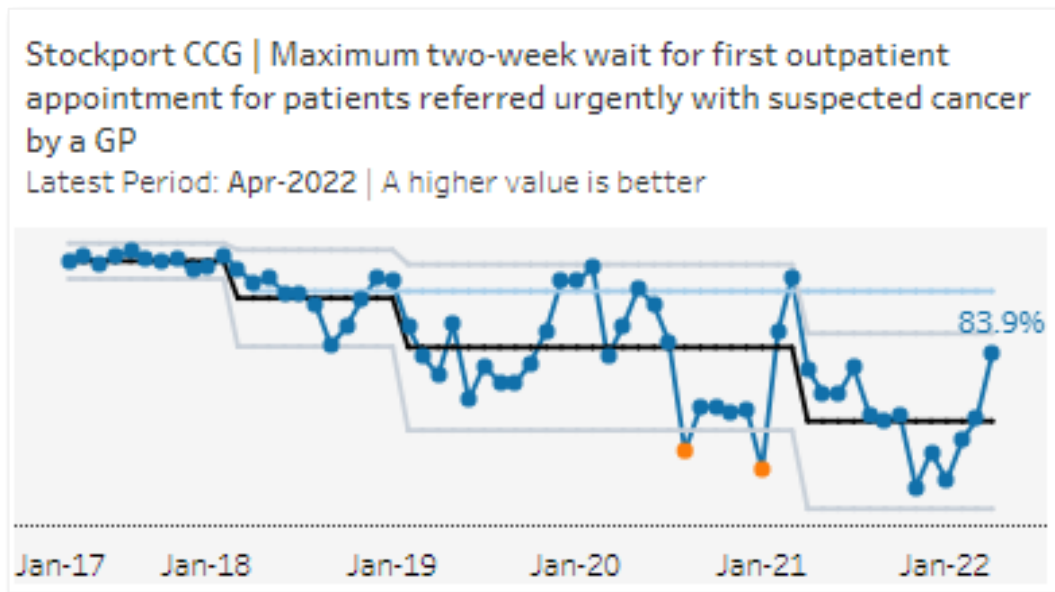
Stockport | Statistical Peers



PMO Area	Indicator	Frequency	Org	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
Access to RTT and Diagnostics	Patients <18 weeks on incomplete pathways	Monthly	CCG	92.0%	51.6% (Feb-22)	51.3% (Mar-22)	50.2% (Apr-22)	50.2%	↓	
	Total number of incomplete RTT pathways at the end of the month	Monthly	CCG	Null	47065 (Feb-22)	47634 (Mar-22)	47842 (Apr-22)	47842	↑	
	Patients <6 weeks for diagnostic test	Monthly	CCG	99.0%	76.5% (Feb-22)	75.3% (Mar-22)	74.8% (Apr-22)	74.8%	↓	
	Patients waiting 52+ weeks	Monthly	CCG	0	4112 (Feb-22)	4170 (Mar-22)	4492 (Apr-22)	4492	↑	
	Rate of 52 week waiters per 10,000 patients on waiting list	Monthly	CCG	Null	873.7 (Feb-22)	875.4 (Mar-22)	938.9 (Apr-22)	938.9	↑	
	Number of 104+ week RTT waits	Monthly	CCG	0	450 (Feb-22)	320 (Mar-22)	225 (Apr-22)	225	↓	
	Number of 78+ week RTT waits	Monthly	CCG	0	1188 (Feb-22)	964 (Mar-22)	984 (Apr-22)	984	↑	
Activity	Elective spells - total	Monthly	CCG	104.0%	4429 (Mar-22)	3215 (Apr-22)	3701 (May-22)	6916	↑	
Diagnostic tests activity	Diagnostic tests - total	Monthly	CCG	120.0%	100.3% (Feb-22)	111.2% (Mar-22)	99.3% (Apr-22)	99.3%	↓	
	Diagnostic Tests - Magnetic Resonance Imaging	Monthly	CCG	120.0%	96.4% (Feb-22)	100.3% (Mar-22)	105.0% (Apr-22)	105.0%	↑	
	Diagnostic Tests - Computed Tomography	Monthly	CCG	120.0%	107.9% (Feb-22)	123.0% (Mar-22)	111.2% (Apr-22)	111.2%	↓	
	Diagnostic Tests - Non-Obstetric Ultrasound	Monthly	CCG	120.0%	90.4% (Feb-22)	108.4% (Mar-22)	92.9% (Apr-22)	92.9%	↓	
	Diagnostic Tests - Colonoscopy	Monthly	CCG	120.0%	149.7% (Feb-22)	138.2% (Mar-22)	106.0% (Apr-22)	106.0%	↓	
	Diagnostic Tests - Flexi Sigmoidoscopy	Monthly	CCG	120.0%	124.6% (Feb-22)	99.4% (Mar-22)	70.1% (Apr-22)	70.1%	↓	
	Diagnostic Tests - Gastroscopy	Monthly	CCG	120.0%	87.3% (Feb-22)	114.9% (Mar-22)	99.8% (Apr-22)	99.8%	↓	
	Diagnostic tests - Cardiology - Echocardiography	Monthly	CCG	120.0%	89.4% (Feb-22)	86.6% (Mar-22)	72.1% (Apr-22)	72.1%	↓	
Elective activity	Elective spells - day cases	Monthly	CCG	104.0%	3986 (Mar-22)	2790 (Apr-22)	3208 (May-22)	5998	↑	
	Elective spells - ordinary cases	Monthly	CCG	104.0%	443 (Mar-22)	425 (Apr-22)	493 (May-22)	918	↑	
Elective cancellations	Number of patients not treated within 28 days of last minute elective cancellation (provider)	Quarterly	SFT	0	5 (Dec-19)	26 (Dec-21)	7 (Mar-22)	33	↓	
	Urgent operations cancelled a second time (provider)	Monthly	SFT	0	0 (Dec-19)	0 (Jan-20)	0 (Feb-20)	0	↔	
Outpatient transformation	Proportion of all outpatient activity delivered remotely	Monthly	CCG	25.0%	22.6% (Mar-22)	21.4% (Apr-22)	20.8% (May-22)	21.1%	↓	

Cancer

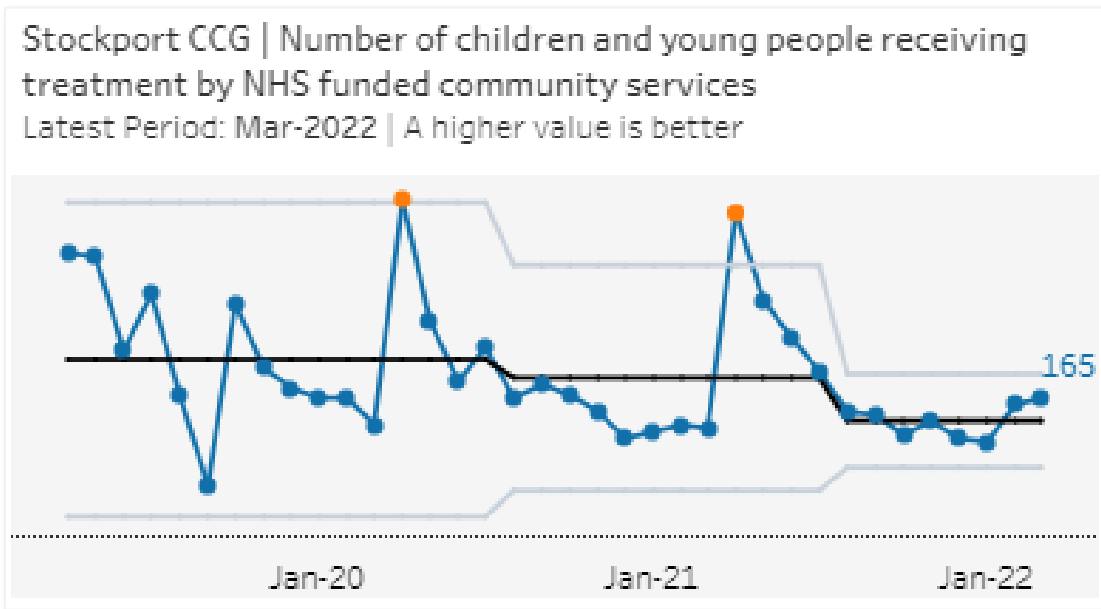
- The percentage of patients waiting a maximum of two weeks for urgent suspected cancer appointments continues to rise from a low of 65% in Nov-21 to 84% in Apr-22, nearing the 93% national standard.
- The percentage of patients waiting a maximum of 62 days from referral to first treatment dropped to 71% in Apr-22. The longer term trend is down, but performance had been improving recently, approaching the 85% national standard.



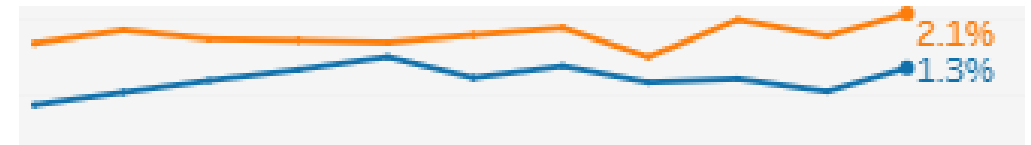
PMO Area	Indicator	Frequency	Org	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
Cancer activity	All patients urgently referred with suspected cancer by their GP who received a first outpatient appointment in the given month	Monthly	CCG	Null	1473 (Feb-22)	1702 (Mar-22)	1102 (Apr-22)	1102	↓	
	Number of patients receiving first definitive treatment following a diagnosis within the month, for all cancers	Monthly	CCG	Null	151 (Feb-22)	140 (Mar-22)	121 (Apr-22)	121	↓	
Cancer waiting times: 31 day targets	31 days diagnosis to first treatment	Monthly	CCG	96.0%	90.1% (Feb-22)	94.3% (Mar-22)	92.6% (Apr-22)	92.6%	↓	
	31 days diagnosis to first treatment	Monthly	CCG	94.0%	88.6% (Feb-22)	96.6% (Mar-22)	90.5% (Apr-22)	90.5%	↓	
	31 days where treatment is an anti-cancer drug	Monthly	CCG	98.0%	100.0% (Feb-22)	100.0% (Mar-22)	100.0% (Apr-22)	100.0%	↔	
	31 days where treatment is radiotherapy	Monthly	CCG	94.0%	100.0% (Feb-22)	100.0% (Mar-22)	98.0% (Apr-22)	98.0%	↓	
Cancer waiting times: 62 day targets	62 day wait from GP to first treatment	Monthly	CCG	85.0%	66.7% (Feb-22)	84.3% (Mar-22)	71.2% (Apr-22)	71.2%	↓	
	62 day wait from screening referral to first treatment	Monthly	CCG	90.0%	50.0% (Feb-22)	33.3% (Mar-22)	50.0% (Apr-22)	50.0%	↑	
	62 day wait for first treatment following consultant upgrade	Monthly	CCG	81.6%	88.9% (Feb-22)	75.8% (Mar-22)	90.3% (Apr-22)	90.3%	↑	
Cancer waiting times: faster diag..	28 day faster diagnosis (all routes)	Monthly	CCG	75.0%	72.5% (Feb-22)	70.8% (Mar-22)	57.2% (Apr-22)	57.2%	↓	
Cancer waiting times: Long waits	104+ days from urgent GP referral to first treatment for cancer	Monthly	CCG	0	3 (Feb-22)	2 (Mar-22)	3 (Apr-22)	3	↑	
	104+ days from screening referral to first treatment	Monthly	CCG	0	0 (Feb-22)	0 (Mar-22)	1 (Apr-22)	1	↑	
	104+ days for first treatment from consultant upgrade	Monthly	CCG	0	0 (Feb-22)	4 (Mar-22)	0 (Apr-22)	0	↓	
Cancer waiting times: Two week wait targets	2 weeks to OP for suspected cancer from GP	Monthly	CCG	93.0%	71.4% (Feb-22)	74.4% (Mar-22)	83.9% (Apr-22)	83.9%	↑	
	2 weeks to OP with breast symptoms (cancer not initially suspected)	Monthly	CCG	93.0%	23.3% (Feb-22)	30.4% (Mar-22)	24.6% (Apr-22)	24.6%	↓	
Early diagnosis and survival	One-year survival from all cancers	Annual	CCG	75.0%	74.2% (Jan-15)	75.1% (Jan-16)	76.2% (Jan-17)	76.2%	↑	
	Proportion of cancers detected at stage 1 and 2	Annual	CCG	Null	4.2% (Jan-18)	23.4% (Jan-19)	3.0% (Jan-20)	3.0%	↓	

Mental Health

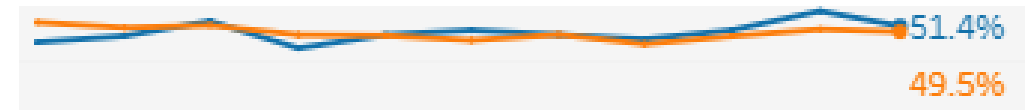
- The number of children receiving NHS funded community services has been reducing, but did increase in the last two months to 165 in Mar-22.



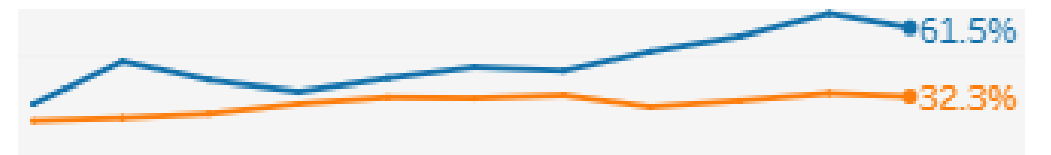
- The IAPT (Improving Access to Psychological Therapies) access rate in Stockport is lower than statistical peers at 1.3% vs. 2.1% and the target of 1.8%.



- The latest IAPT recovery rate (51.4%) is better than peers (49.5%) and the target (50%).



- Start times and wait times in Stockport are longer than in peer areas. 73% start within 6 weeks of referral, below the 75% target and peers (88%). The percentage waiting more than 90 days between 1st and 2nd treatment is 62%, above the 10% target and peers (32%).





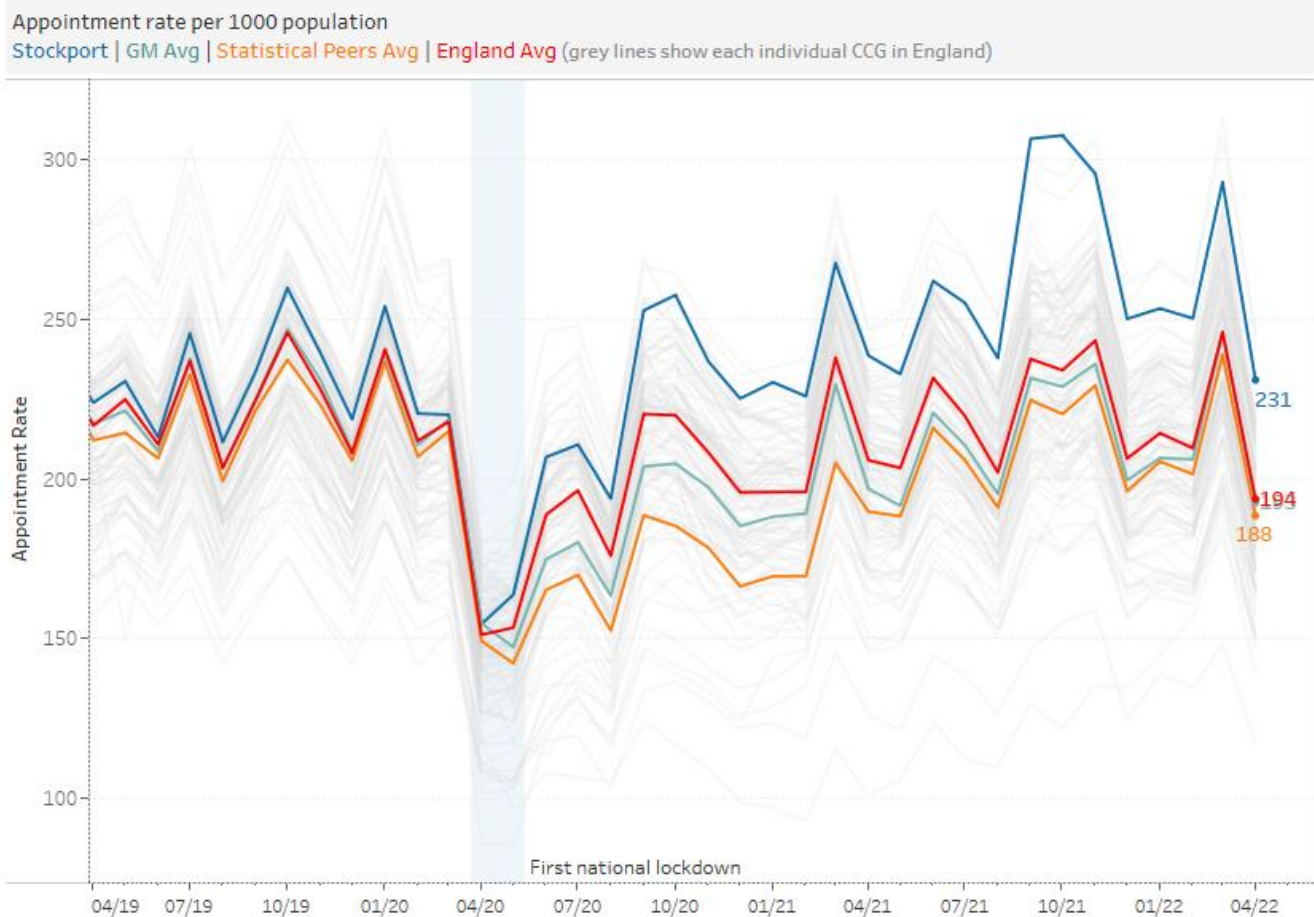
Integrated Performance & Delivery Report | Mental Health

Stockport | Statistical Peers

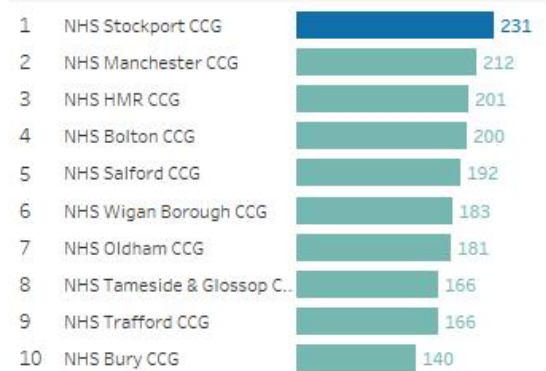
PMO Area	Indicator	Frequency	Org	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
Acute mental health beds	People in adult acute mental health beds with a length of stay over 60 days (rate per 100,000 pop)	Monthly	CCG	Null	12.9 (Dec-21)	11.1 (Jan-22)	9.9 (Feb-22)	9.9	↓	
	People in adult acute mental health beds with a length of stay over 90 days (rate per 100,000 pop)	Monthly	CCG	Null	17.0 (Dec-21)	32.4 (Jan-22)	32.4 (Feb-22)	32.4	↔	
CYP eating disorders	CYP eating disorders routine waits (rolling 12 months)	Quarterly	CCG	95.0%	84.5% (Sep-21)	87.6% (Dec-21)	89.2% (Mar-22)	89.2%	↑	
	CYP eating disorders urgent waits (rolling 12 months)	Quarterly	CCG	95.0%	100.0% (Sep-21)	90.0% (Dec-21)	88.2% (Mar-22)	88.2%	↓	
IAPT (Talking therapies)	IAPT access rate	Monthly	CCG	1.8%	1.2% (Jan-22)	1.0% (Feb-22)	1.3% (Mar-22)	15.3%	↑	
	Access to IAPT services - total	Monthly	CCG	Null	490 (Jan-22)	420 (Feb-22)	550 (Mar-22)	5685	↑	
	Access to IAPT services for adults aged 65+	Quarterly	CCG	Null	125 (Sep-21)	115 (Dec-21)	100 (Mar-22)	460	↓	
	IAPT recovery rate	Monthly	CCG	50.0%	50.0% (Jan-22)	56.7% (Feb-22)	51.4% (Mar-22)	49.5%	↓	
	% finishing IAPT who start treatment within 6 weeks of referral	Monthly	CCG	75.0%	72.2% (Jan-22)	68.8% (Feb-22)	73.0% (Mar-22)	68.6%	↑	
	% finishing IAPT who start treatment within 18 weeks of referral	Monthly	CCG	95.0%	100.0% (Jan-22)	100.0% (Feb-22)	97.3% (Mar-22)	99.2%	↓	
	% IAPT in treatment waits waiting >90 days between 1st and 2nd treatment	Monthly	CCG	10.0%	57.9% (Jan-22)	67.6% (Feb-22)	61.5% (Mar-22)	46.7%	↓	
	Out of area	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (Rolling 3 mth)	Monthly	CCG	Null	130 (Jan-22)	130 (Feb-22)	155 (Mar-22)	155	↑
Dementia	Dementia diagnosis rate	Monthly	CCG	67.0%	67.2% (Mar-22)	66.5% (Apr-22)	66.9% (May-22)	66.9%	↑	

Primary & Community Care

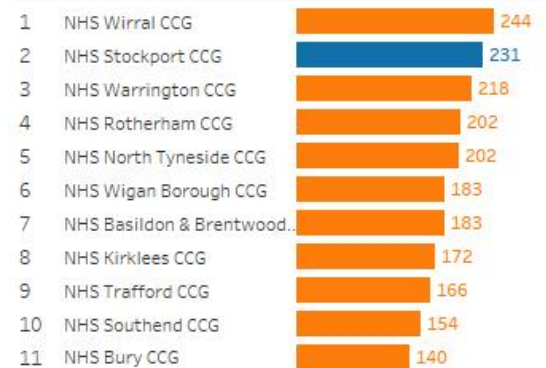
- Stockport provided 410 appointments per 1000 patients in general practice during April 2022 and remains one of the top performing localities in Greater Manchester and compared to peers.
- The rate of appointments with a GP was 231 per 1000 and continues to be amongst the highest rates in England.



How does stockport compare to other CCGs in GM?
 Latest date: April-2022



How does stockport compare to its statistical peers?
 Latest date: April-2022

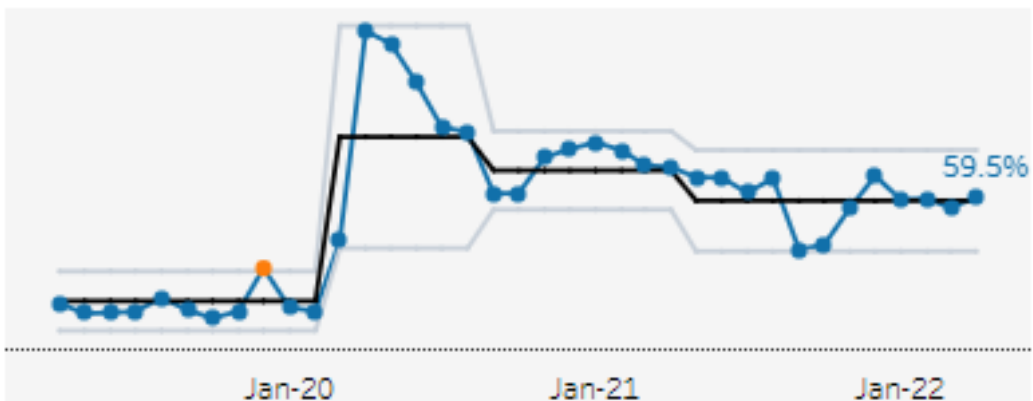


Primary & Community Care

- The percentage of same day / next day appointments in primary care is higher than pre-pandemic levels but has been reducing slightly in recent months.

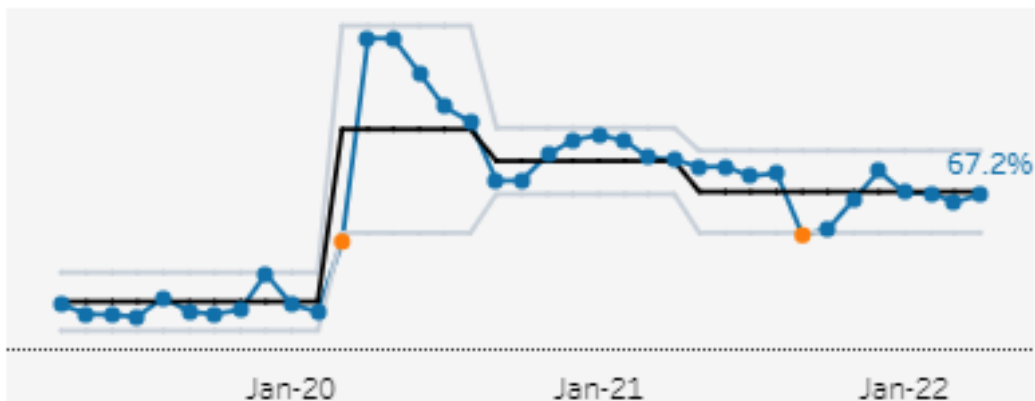
Stockport CCG | Appointments in primary care - time between booking and attendance (same day)

Latest Period: Apr-2022 | A higher value is better



Stockport CCG | Appointments in primary care - time between booking and attendance (same day or 1 day)

Latest Period: Apr-2022 | A higher value is better



Primary & Community Care

- In 2021/22, 71.2% of people on the Learning Disability register received a health check by Stockport's GP practices, achieving the national standard (70%). This was a significant increase on previous years and above the Greater Manchester (63.3%), peer group (65%) and England (69%) averages.
- By March 2022 50.9% of people on the SMI register had receive all 6 physical health checks in the previous 12 months. This represents a significant increase during the most recent 3 months with a number of GP practices achieving the 60% national standard.



Integrated Performance & Delivery Report | Primary & Community Care

Stockport | Statistical Peers



PMO Area	Indicator	Frequency	Org	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
Access	Extended access appointment utilisation	Monthly	CCG	Null	83.4% (Mar-22)	81.4% (Apr-22)	82.9% (May-22)	82.2%	↑	
	Appointments in general practice (rate per 1000 population)	Monthly	CCG	Null	436.6 (Feb-22)	512.7 (Mar-22)	410.4 (Apr-22)	410.4	↓	
Crisis Response	2 hour crisis response first care contacts	Monthly	CCG	Null	691 (Mar-22)	726 (Apr-22)	688 (May-22)	1414	↓	
Learning disabilities	Reliance on inpatient care for people with learning disabilities and/or autism - commissioned by CCG	Monthly	CCG	17.5	21.9 (Mar-22)	21.9 (Apr-22)	21.9 (May-22)	21.9	↔	
	% people on GP LD register receiving LD health check	Monthly	CCG	70.0%	71.2% (Mar-22)	4.3% (Apr-22)	8.5% (May-22)	8.5%	↑	
Medicines optimisation	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care (rolling 12 mth)	Monthly	CCG	Null	1.0 (Feb-22)	1.0 (Mar-22)	1.0 (Apr-22)	1.0	↑	
	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care (rolling 12 mth)	Monthly	CCG	Null	7.8% (Feb-22)	7.7% (Mar-22)	7.7% (Apr-22)	7.7%	↓	
Psychosis and severe mental illness	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Monthly	CCG	60.0%	75.0% (Jan-22)	92.0% (Feb-22)	89.0% (Mar-22)	84.2%	↓	
Vaccinations	Seasonal flu vaccine uptake in GP Patients - 65+ years (Monthly survey)	Monthly	CCG	Null	86.3% (Dec-21)	86.5% (Jan-22)	86.9% (Feb-22)	86.9%	↑	
Psychosis and severe mental illness	% people on GP SMI register receiving physical health checks (rolling 12 months)	Quarterly	CCG	60.0%	29.5% (Sep-21)	39.8% (Dec-21)	50.9% (Mar-22)	50.9%	↑	
Screening	Females aged 25-64 attending cervical screening within target period (3.5 or 5.5 year coverage)	Quarterly	CCG	Null	77.0% (Apr-21)	76.4% (Jul-21)	76.1% (Oct-21)	76.1%	↓	
Disease/illness specific	Diabetes patients that have achieved all the NICE recommended treatment targets	Annual	CCG	Null	44.0% (Apr-18)	43.7% (Apr-19)	38.1% (Apr-20)	38.1%	↓	



Integrated Performance & Delivery Report | Quality

Stockport | Statistical Peers



PMO Area	Indicator	Org	Frequency	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
Healthcare acquired infections (HCAI)	Number of E-coli infections	CCG	Monthly	Null	16 (Feb-22)	16 (Mar-22)	12 (Apr-22)	12	↓	
	Number of MRSA infections	CCG	Monthly	0	1 (Feb-22)	0 (Mar-22)	0 (Apr-22)	0	↔	
	MRSA infections per 100,000 CCG registered population	CCG	Monthly	Null	0.3 (Feb-22)	0.0 (Mar-22)	0.0 (Apr-22)	0.0	↔	
	Number of Clostridium Difficile (C Diff) infections	CCG	Monthly	97	20 (Feb-22)	18 (Mar-22)	12 (Apr-22)	12	↓	
	CDI infections per 100,000 CCG registered population	CCG	Monthly	Null	6.2 (Feb-22)	5.6 (Mar-22)	3.7 (Apr-22)	3.7	↓	
Quality of services	Mixed sex accommodation breaches	CCG	Monthly	0	6 (Feb-22)	9 (Mar-22)	3 (Apr-22)	3	↓	
Personalisation	Cumulative number of Personal Health Budgets in place	CCG	Quarterly	Null	645 (Sep-21)	525 (Dec-21)	812 (Mar-22)	812	↑	
GP Patient Survey	Overall experience of GP Practice : very good or fairly good	CCG	Annual	Null			88.0% (Jan-21)	88.0%		

Maternity & Children

Maternal smoking at delivery

- Maternal smoking at delivery reduced to 6.4% in December 2021 which was an improvement from 7.3% in September 2021. It should be noted that as part of the long term plan the aim is to reduce this to 5%.



Integrated Performance & Delivery Report | Maternity & Children

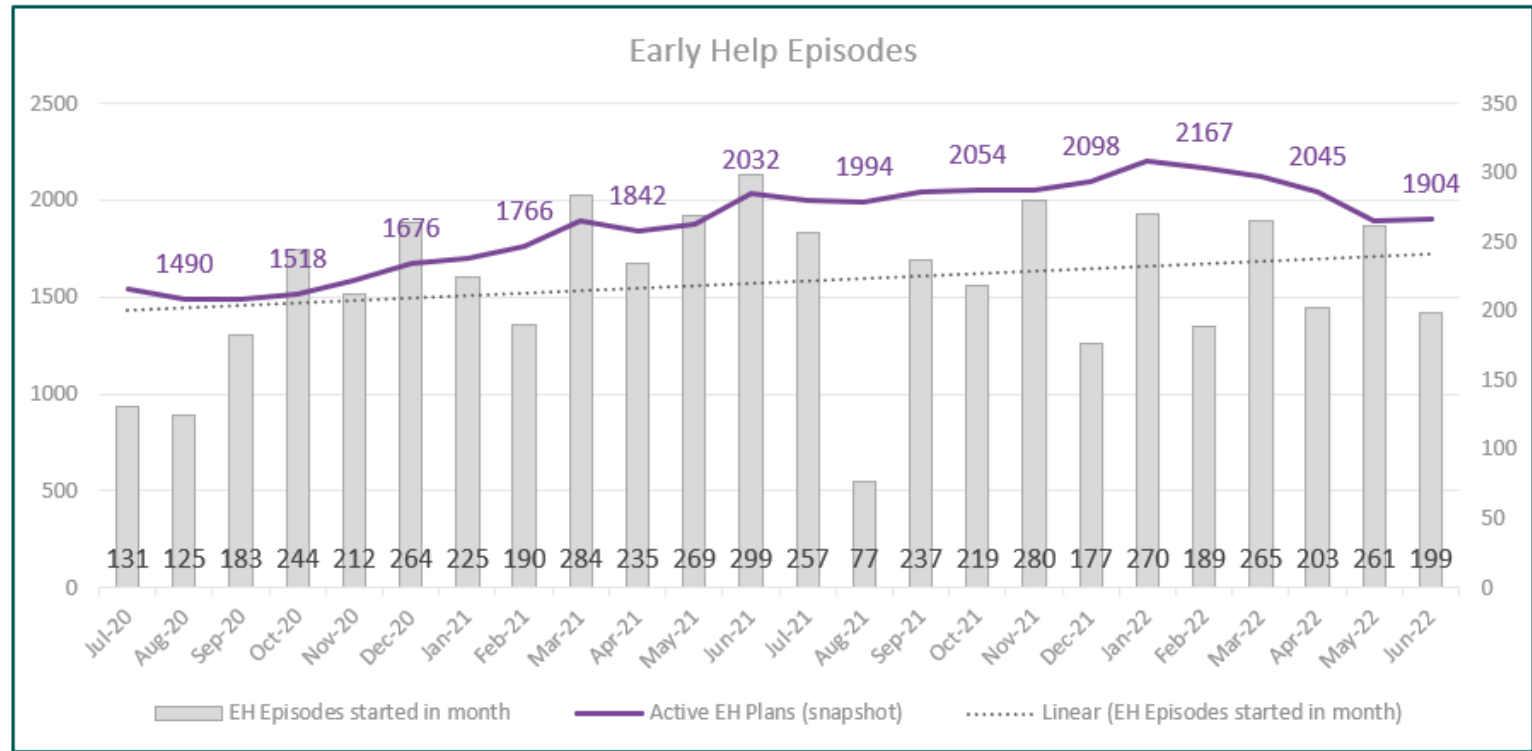
Stockport | Statistical Peers



PMO Area	Indicator	Frequency	Target	Last 3 Reporting Periods			Year To Date	Trend	Trend Over Time
CAMHS	CYPMH access rate	Monthly	34.0%	40.5% (Jan-22)	41.0% (Feb-22)	41.9% (Mar-22)	41.9%	↑	
Maternity	Number of women accessing specialist community perinatal mental health services (12 mth rolling)	Monthly	Null	225 (Jan-22)	225 (Feb-22)	225 (Mar-22)	225	↔	
Maternity	Maternal smoking at delivery	Quarterly	6.0%	6.7% (Jun-21)	7.3% (Sep-21)	6.4% (Dec-21)	6.8%	↓	
Maternity	Stillbirth Rate	Annual	Null	3.9 (Jan-18)	2.3 (Jan-19)	2.9 (Jan-20)	2.9	↑	
	Neonatal Mortality Rate	Annual	Null	2.4 (Jan-18)	3.6 (Jan-19)	1.3 (Jan-20)	1.3	↓	

Early Help

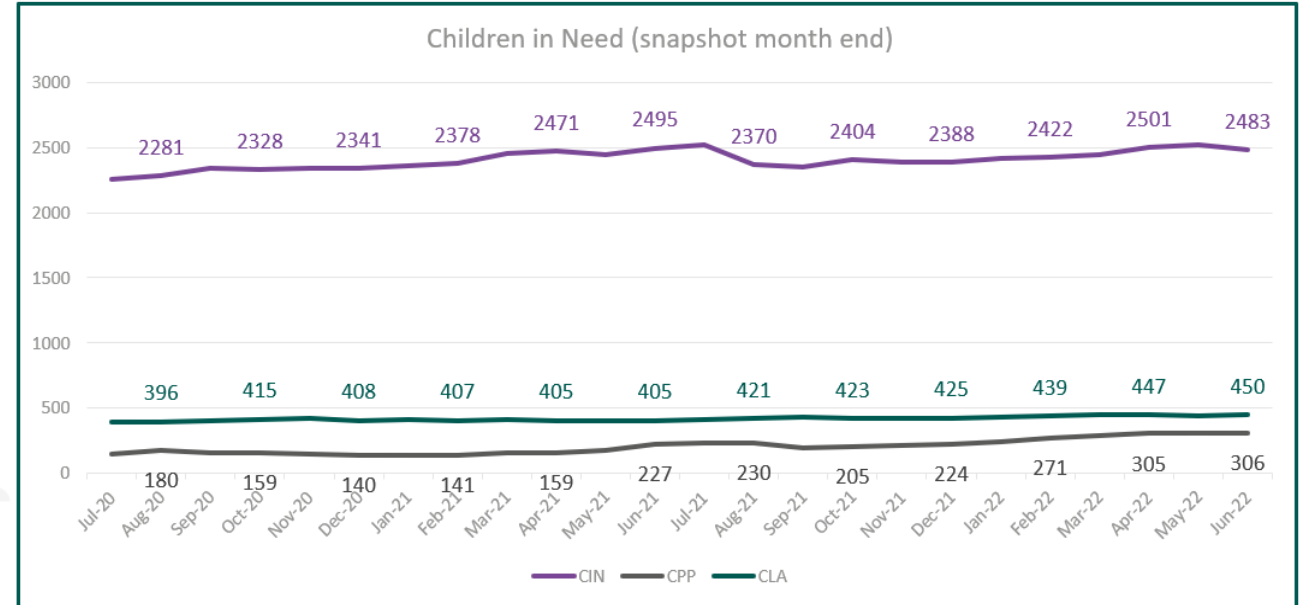
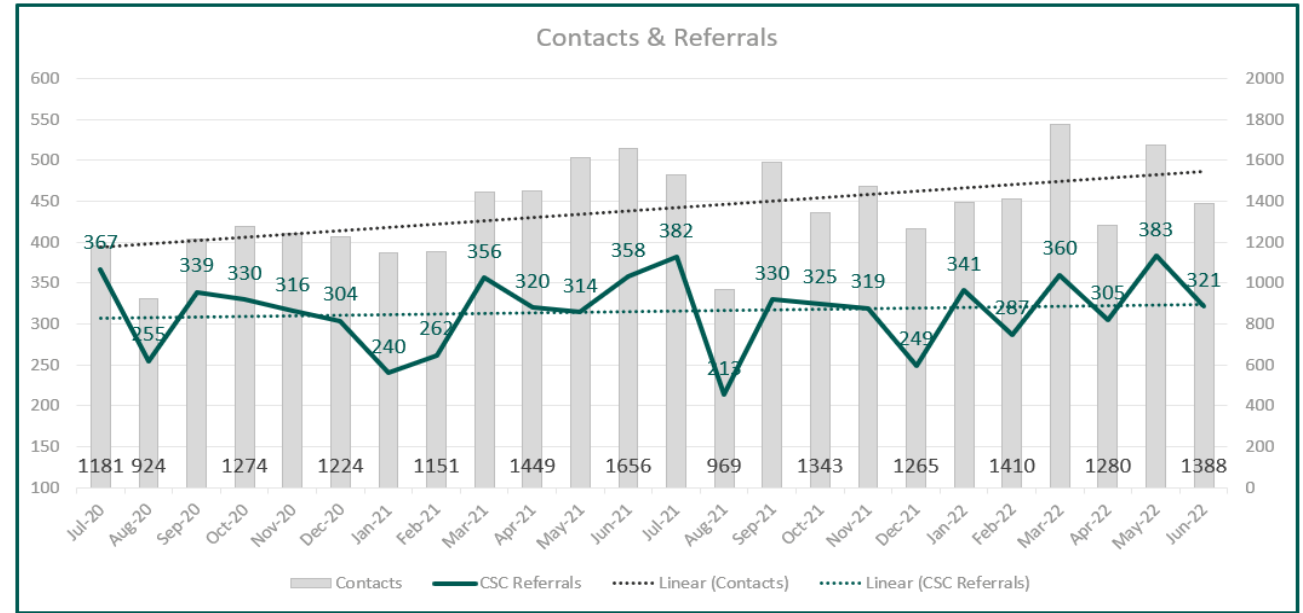
- Open / active Early Help episodes are showing an increasing trend over the last 2 years, which can also be seen in episodes starting in month.
- The recent decline rather than being a decline in demand is linked to data cleansing activities.
- In the last 6 months, 63% of assessments have been completed within 45 working days.
- Comparing outcomes of the last 12 months to the previous, there has been some positive shifts with a higher percent of EH plans completed and fewer stepped up to CSC and families not engaging with the service.



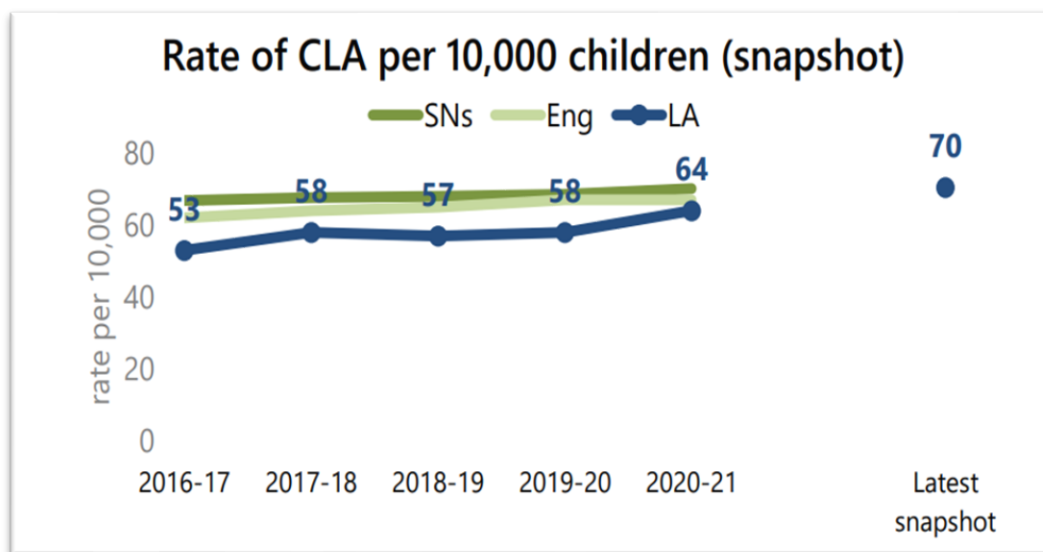
Episode Closure Reason	Jul 21 - Jun 22	Jul 20 - Jun 21
Child Deceased	0.0%	0.0%
Child Moved to other LA	1.6%	1.0%
EHA not required	27.8%	27.5%
Plan Completed	39.8%	32.7%
Professional Unable to Engage Family	6.2%	7.9%
Refer to CSC	15.0%	18.5%
Refer to Universal Services	9.6%	12.4%

Children's Social Care

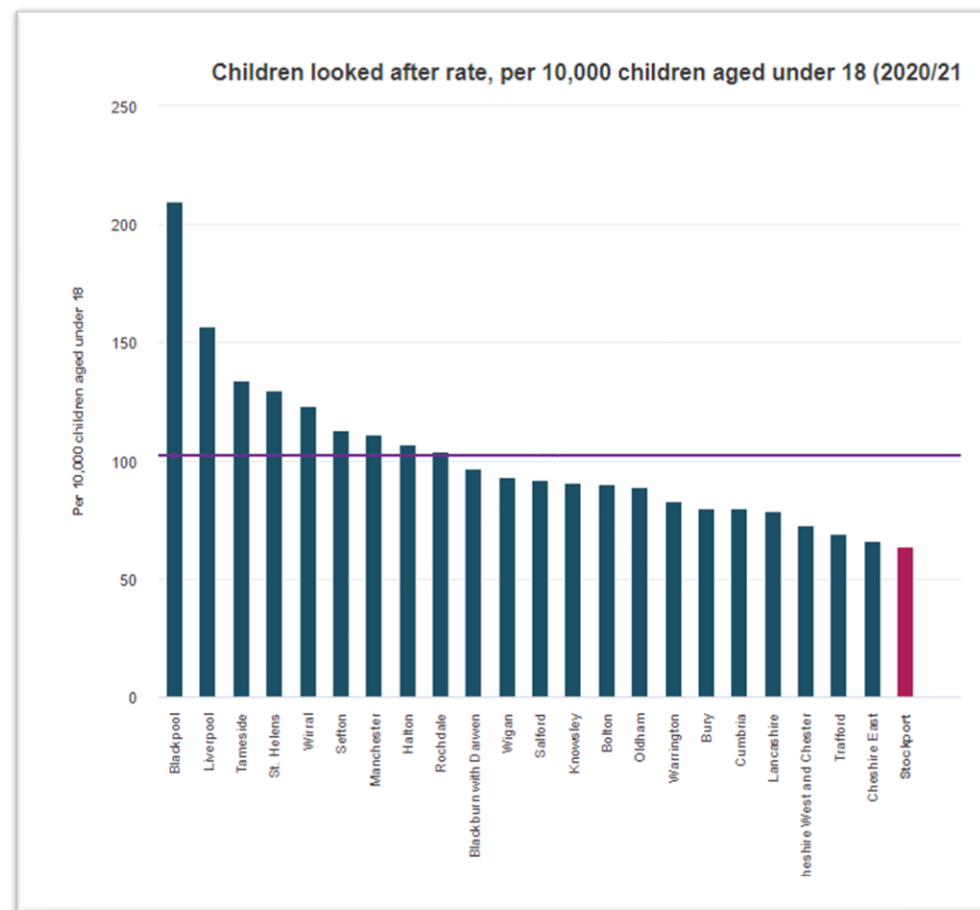
- Demand through the Front Door and into Children's Social Care has been increasing over the last few years with growing numbers of Children in Need, Child Protection Plans and Children Looked After.
- Key indicators have in the most part been maintained or improved upon by the service who are facing increased demand and complexity, with the following Q1 updates for performance:
 - 72% of CIN have been visited in the last 3 months (exc. new CIN starts)
 - Assessment Timeliness – 69%
 - Initial Child Protection Conference Timeliness – 89%
 - 94% CPP have had a review in the last 6 months
 - 72% CLA have had a review in the last 6 months
 - 81% of CLA have an up to date Health Assessment
 - 54% of CLA have an up to date Dental Check (measure impacted upon by Covid)



Looked After Children

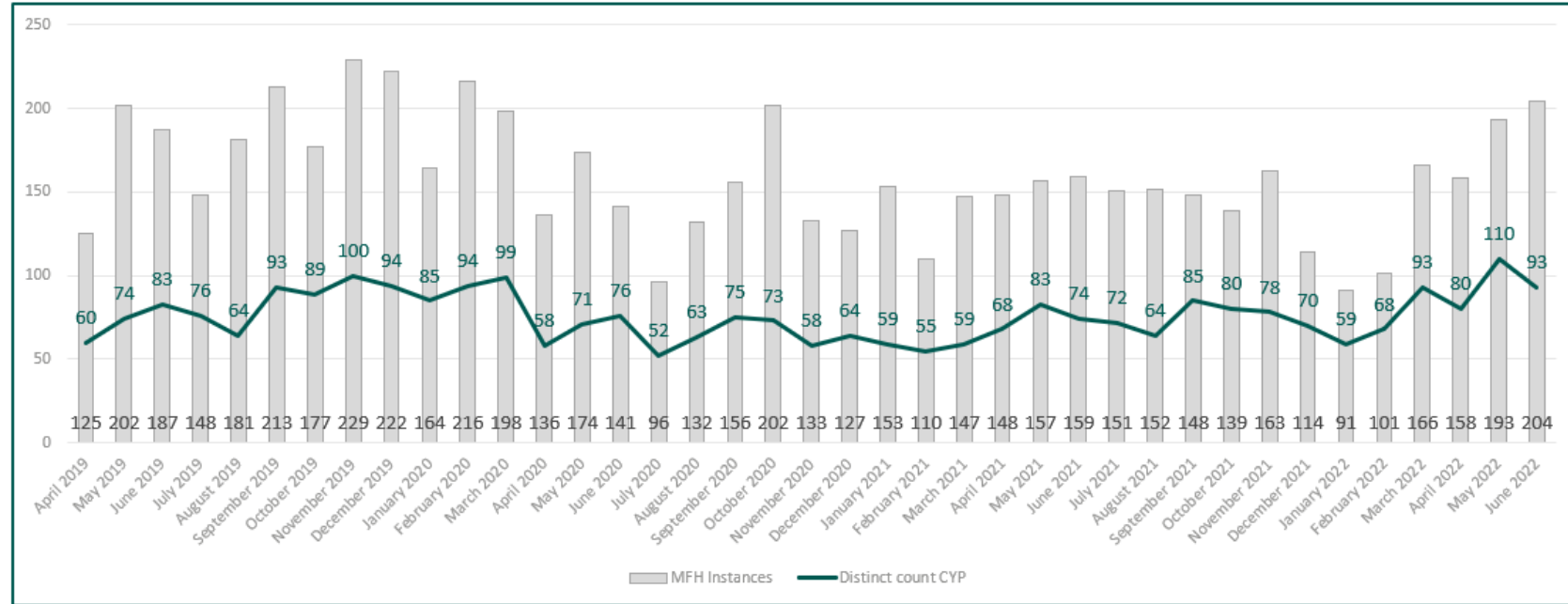


- Looked after children numbers have increased over the pandemic
- Stockport still the lowest in the North West

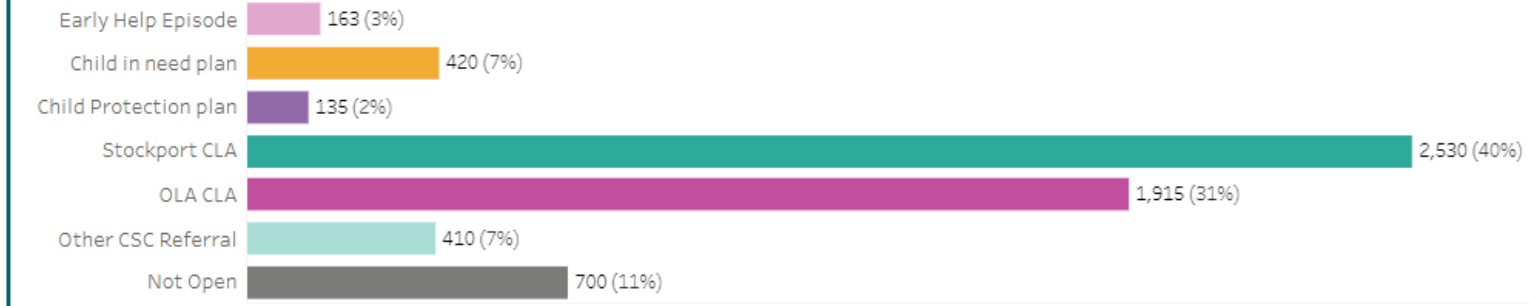


Missing from Home / Care

- Missing from Home episodes have started to increase over the last 4 months with June reporting 204 missing instances (93 distinct children), similar to numbers seen pre-covid / lockdowns.
- Based on all episodes in the same period (Apr 19 – Jun 22), the majority 40% are Stockport's CLA with 31% Other Local Authority CLA placed in borough, these percentages reduce slightly when looking at the last 6 months:
 - Stockport CLA – 35%
 - OLA CLA – 26%



Episodes by case status at episode start



SEND Scorecard

SEND Scorecard by [Stockport Council](#)

Scorecard | [Education Indicators Notes](#) | [Early Years Indicators Notes](#) | [EHCP specific Indicators Notes](#) | [Data Publications Diary](#)

SEND Scorecard

How Many Measures are Red in each Theme?

I am confident and able to achieve my goals.	I am happy and have people I can trust.	I enjoy good health and wellbeing.	I feel part of my community.	I feel safe.	My voice is heard and acted upon.	The people who love me and care for me are enabled to do...
3 of 13	3 of 11	1 of 4	3 of 10	1 of 8	2 of 9	1 of 9

Multiple Themes Selected

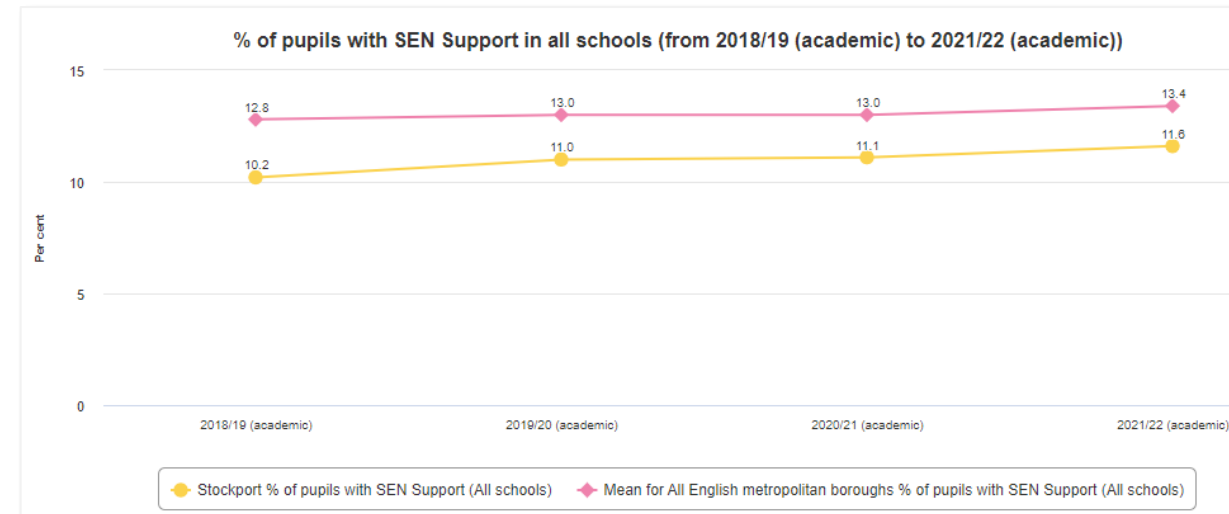
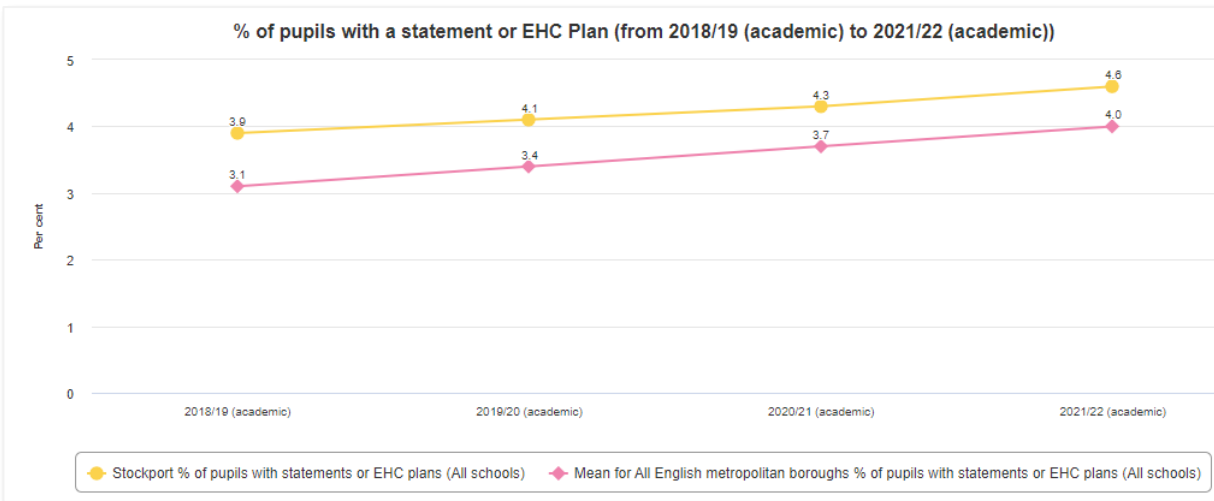
Ind. Ref	Indicator name	Good performance	Previous 3	Previous 2	Previous 1	Latest	National	Stat. Neighbour	Target.	DoT
1a	Early Years, Percentage of children achieving expected level in communication and language skills (9 to 12 months)	High	91.4% (Q4 2020-21)	88.5% (Q1 2021-22)	90.1 (Q2 2021-22)	88.6% (Q3 2021-22)	Null	Null	N/A	
	Early Years, Percentage of children achieving		77.8%	82.7%	78.5	83.2%				

- Proxy indicators aligned against the 7 Outcome Statements codesigned with families, colleagues and the Council for Disabled Children.
- Underperformance consistently reported for Child and Adolescent Mental Health Services waiting time for assessments as well as Children's Speech and Language Therapy referral to treatment.

SEND – EHCP & SEN Support rates

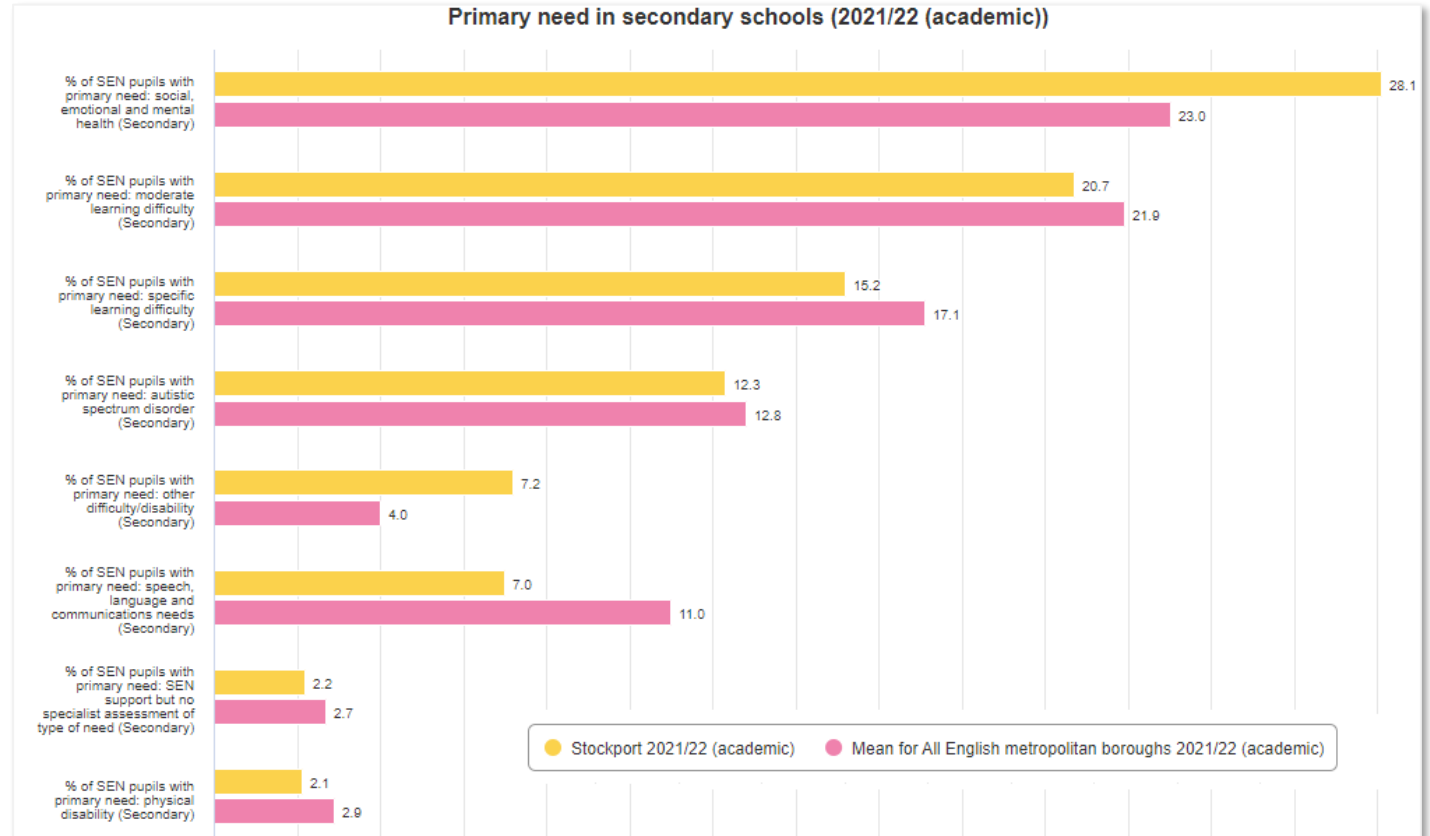
- Stockport has a higher proportion of EHCP pupils in school, with a value of 4.6%, compared to an average of 4.0% in All English metropolitan boroughs. This has been consistently high for a number of years. Stockport is an outlier for this.

- For SEN support it is the opposite, with 11.6% of pupils, compared to an average of 13.4% in All English metropolitan boroughs. The gap has been larger and has narrowed a little in recent years.



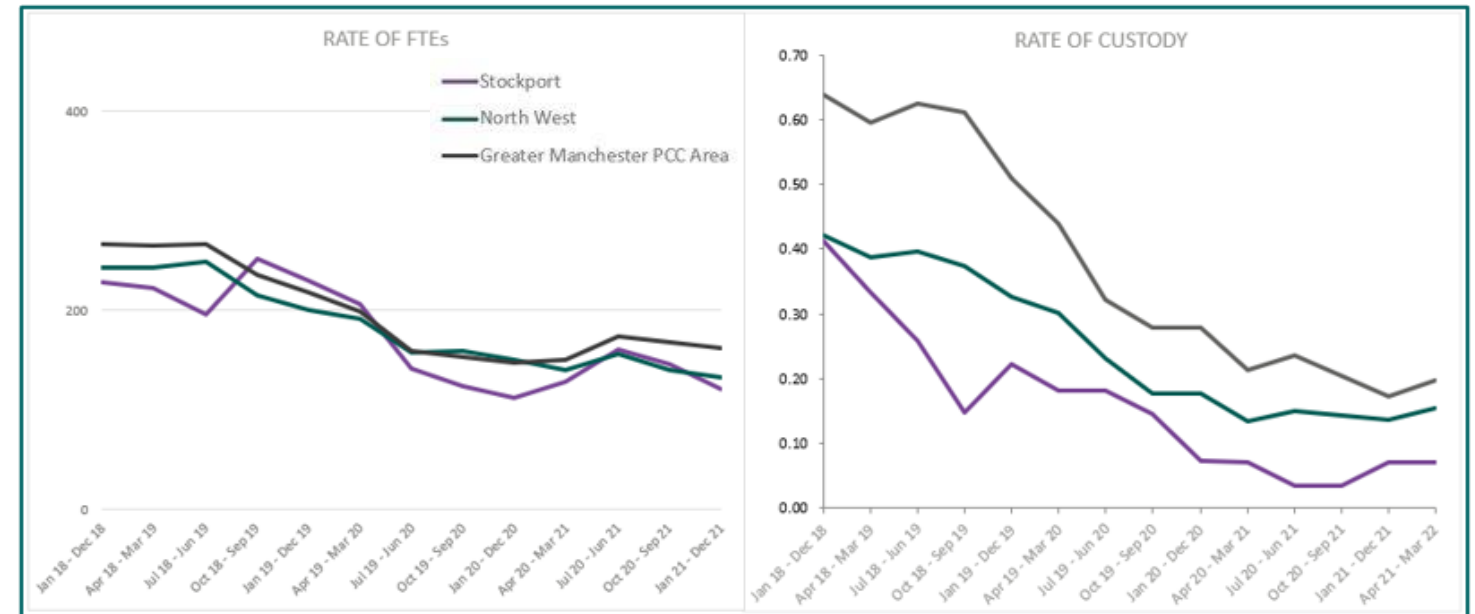
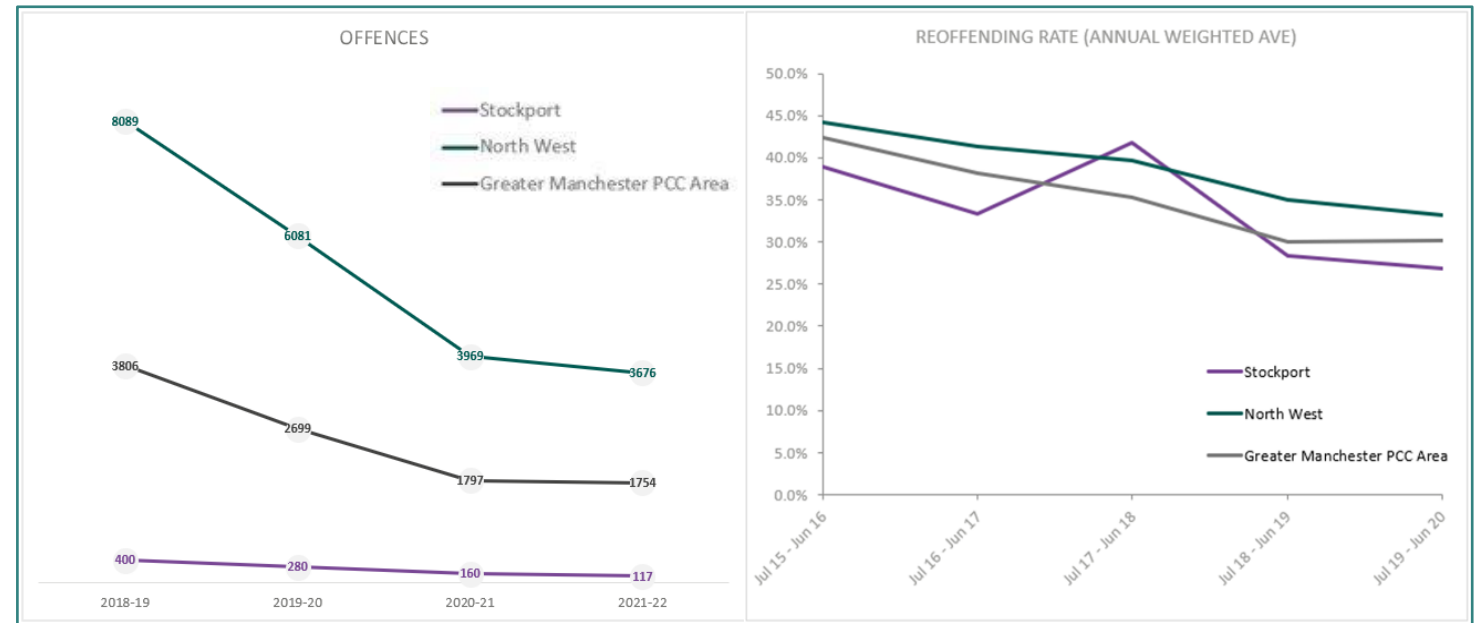
SEND – Primary Need

- Stockport has a much higher proportion of SEND children with Social, Emotional & Mental Health as a Primary Need – 28% vs. 23% for similar local authorities.
- There are lower rates for; moderate learning difficulties, specific learning difficulties and autistic spectrum disorder and speech, language & communication need.



Youth Justice Service

- Over the last 4 years there has been a noticeable shift in Youth Justice, with declining trends in number of offences, first time entrants, custodial sentences and reoffending rates...
- Trends which have been echoed across GMPCC and the NW
- There has been significant focus, together with partners on reducing reoffending and ensuring that we continue to prioritise work with our most complex young people with a well embedded prevention offer, which has evolved over several years, including early intervention voluntary offer and targeted youth support.



Births = Births 2020
NOR = Numbers on Roll
SW = Social Work
EH = EH Episodes
FSM = Free School Meals
EHCP = Education Health and Care Plan
SEN = Special Educational Need
EXCL = Exclusions

Geographical Footprint **Children's Data in Numbers and (percentage of total) / [rate per population (children)] – 2021/22**

Heatons & Reddish

Births = 709 (22.5)
 NOR = 7912 (19.3)
 SW = 465 [3.5]
 EH = 404 [3.1]
 FSM = 1633 [12.5]
 EHCP = 539 [4.1]
 SEN = 1100 [8.4]
 EXCL = 6 [0.05]

Werneth & Brinnington

Births = 446 (14.1)
 NOR = 5758 (14)
 SW = 558 [6.7]
 EH = 420 [5.0]
 FSM = 1642 [19.6]
 EHCP = 417 [5.0]
 SEN = 700 [8.4]
 EXCL = 6 [0.07]

Edgeley

Births = 456 (14.5)
 NOR = 5743 (14)
 SW = 436 [5.0]
 EH = 357 [4.1]
 FSM = 1686 [19.2]
 EHCP = 449 [5.1]
 SEN = 902 [10.3]
 EXCL = 10 [0.11]

Marple

Births = 174 (5.5)
 NOR = 2814 (6.9)
 SW = 71 [1.6]
 EH = 117 [2.7]
 FSM = 254 [5.8]
 EHCP = 153 [3.5]
 SEN = 324 [7.4]
 EXCL = 1 [0.02]

Cheadle

Births = 433 (13.7)
 NOR = 6015 (14.7)
 SW = 184 [1.9]
 EH = 226 [2.4]
 FSM = 629 [6.7]
 EHCP = 378 [4.0]
 SEN = 535 [5.7]
 EXCL = 1 [0.01]

Offerton, Great Moor, Hazel Grove

Births = 673 (21.3)
 NOR = 8700 (21.2)
 SW = 507 [3.9]
 EH = 394 [3.0]
 FSM = 1568 [11.9]
 EHCP = 544 [4.1]
 SEN = 992 [7.6]
 EXCL = 5 [0.04]

Bramhall

Births = 264 (8.4)
 NOR = 4059 (9.9)
 SW = 70 [1.0]
 EH = 93 [1.4]
 FSM = 207 [3.1]
 EHCP = 184 [2.8]
 SEN = 334 [5.0]
 EXCL = 1 [0.01]

Adult Social Care

Stockport Adult Social Care is currently facing significant demand across all of its functions.

The complexity of need, the numbers requiring support and the availability within the workforce both in the market but also qualified social workers and occupational therapists is leading to rising waiting lists for all adults who may have Care Act eligible needs who require assessment and the provision of care to support them.

The cost of care, and the wider financial pressures on individuals and families is also resulting in increased requests for support to access benefits and greater risk within the adult social care budgets.

Adult Social Care reform, and other legislation proposed changes such as the implementation of CQC Assurance within adult social care, and the implementation of Liberty Protection Safeguards mean that the operating environment for this area is particularly challenging at this time.

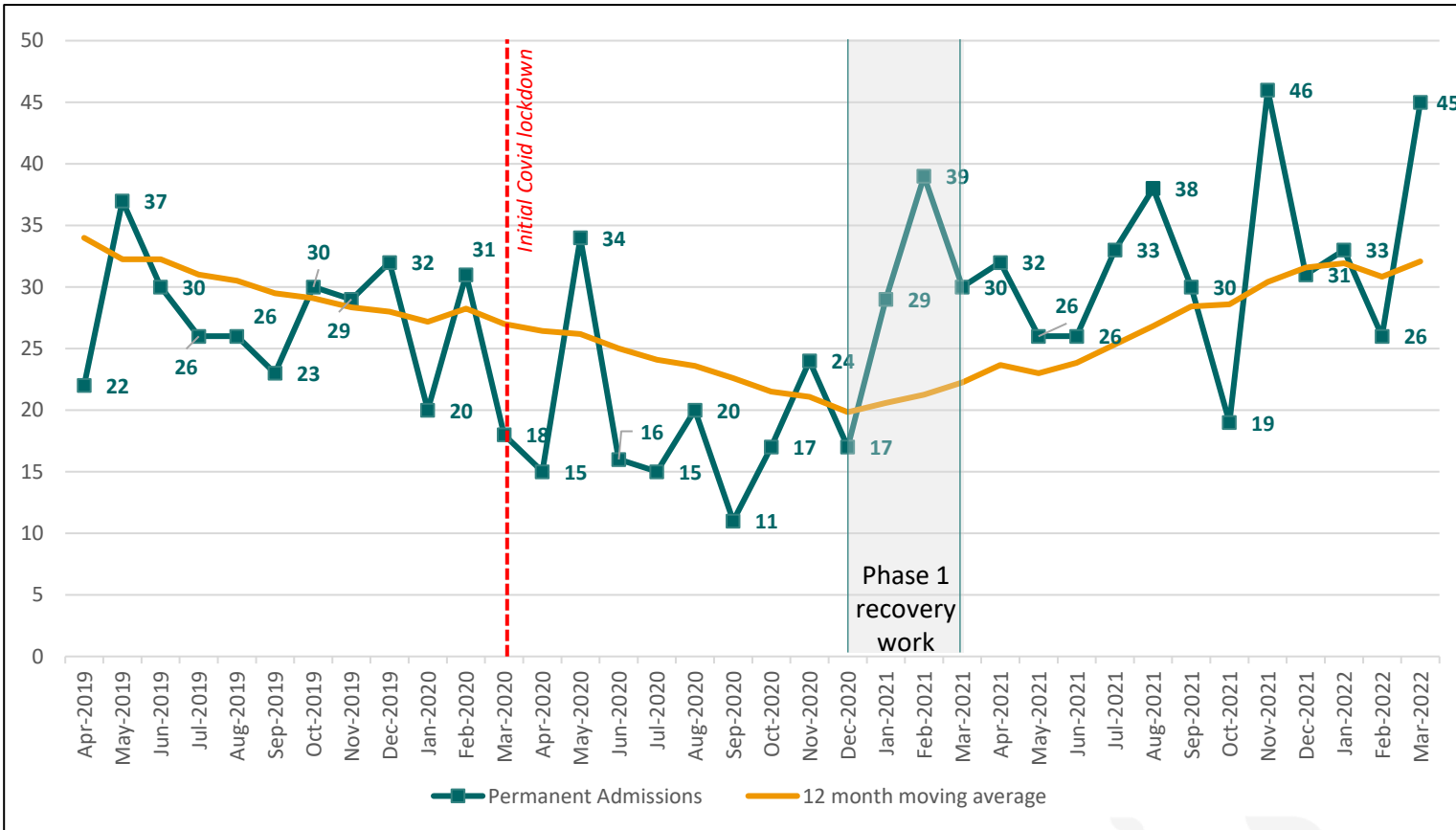
Adult Social Care: Number of Permanent admissions

Permanent admissions to residential or nursing care per month (over 65s)

**including temporary admissions converting to permanent.*

Year	Permanent admissions figures	Rate per 100,000
2019/20	324	549.78
2020/21	267	453.06
2021/22	385	653.28

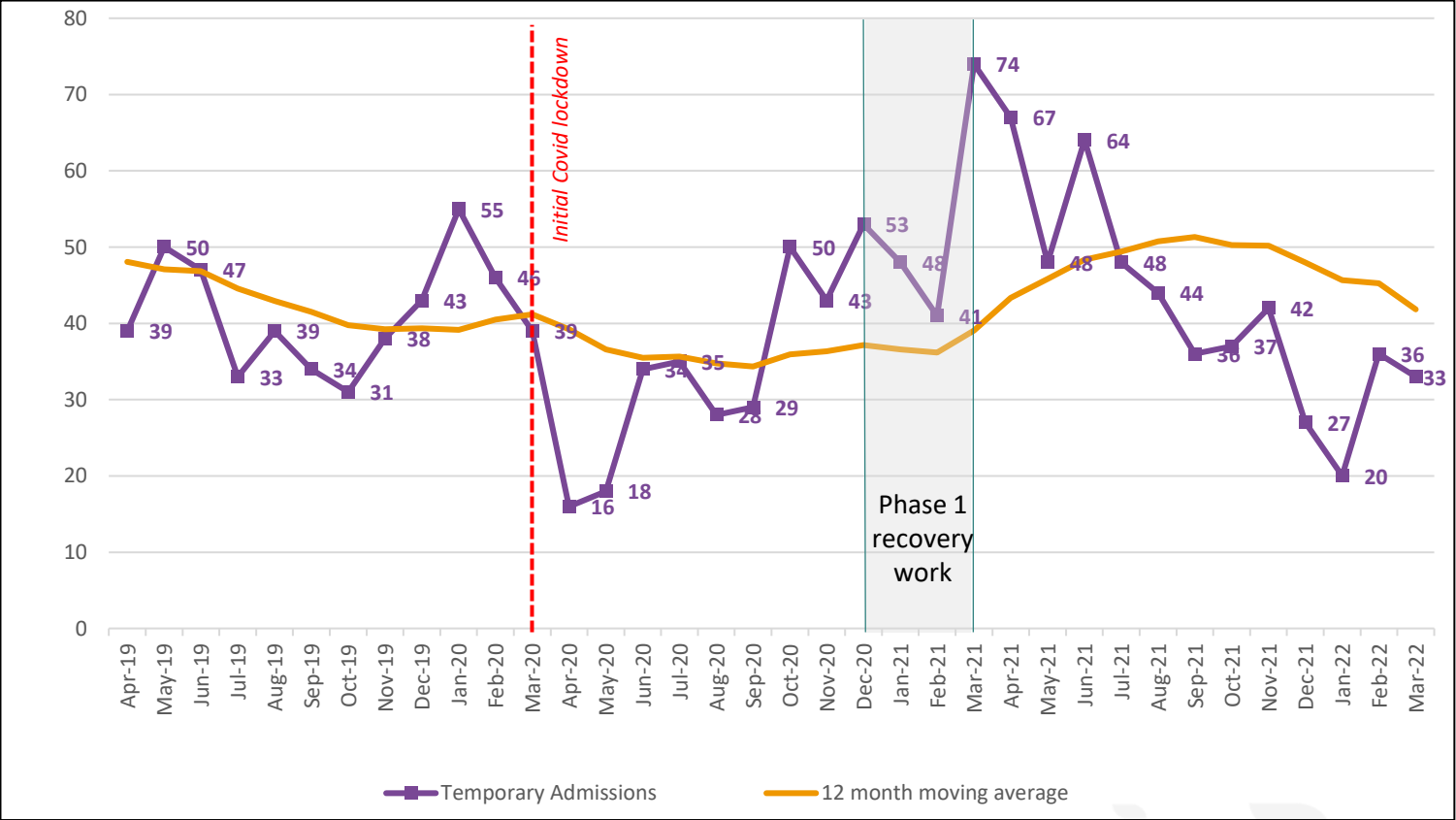
The figures are 453 for 20/21 against 653 for 21/22. We are reporting more admissions than the previous year – fewer admissions is better performance although with Covid the 20/21 figures are not likely to represent ‘the norm’. Ideally a return to something approximating the previous year’s figures (19/20) would be desirable and more comparable, however, the increase in 21/22 may represent a volume of ‘deferred admissions’ due to Covid during 20/21 and upward demographic pressure in terms of greater numbers of older people needing support and care. Note – the average between 20/21 and 21/22 is similar to the 19/20 reported figures, therefore the increase for this year appears to be making up for the decrease experienced last year.



Adult Social Care: Number of Temporary admissions

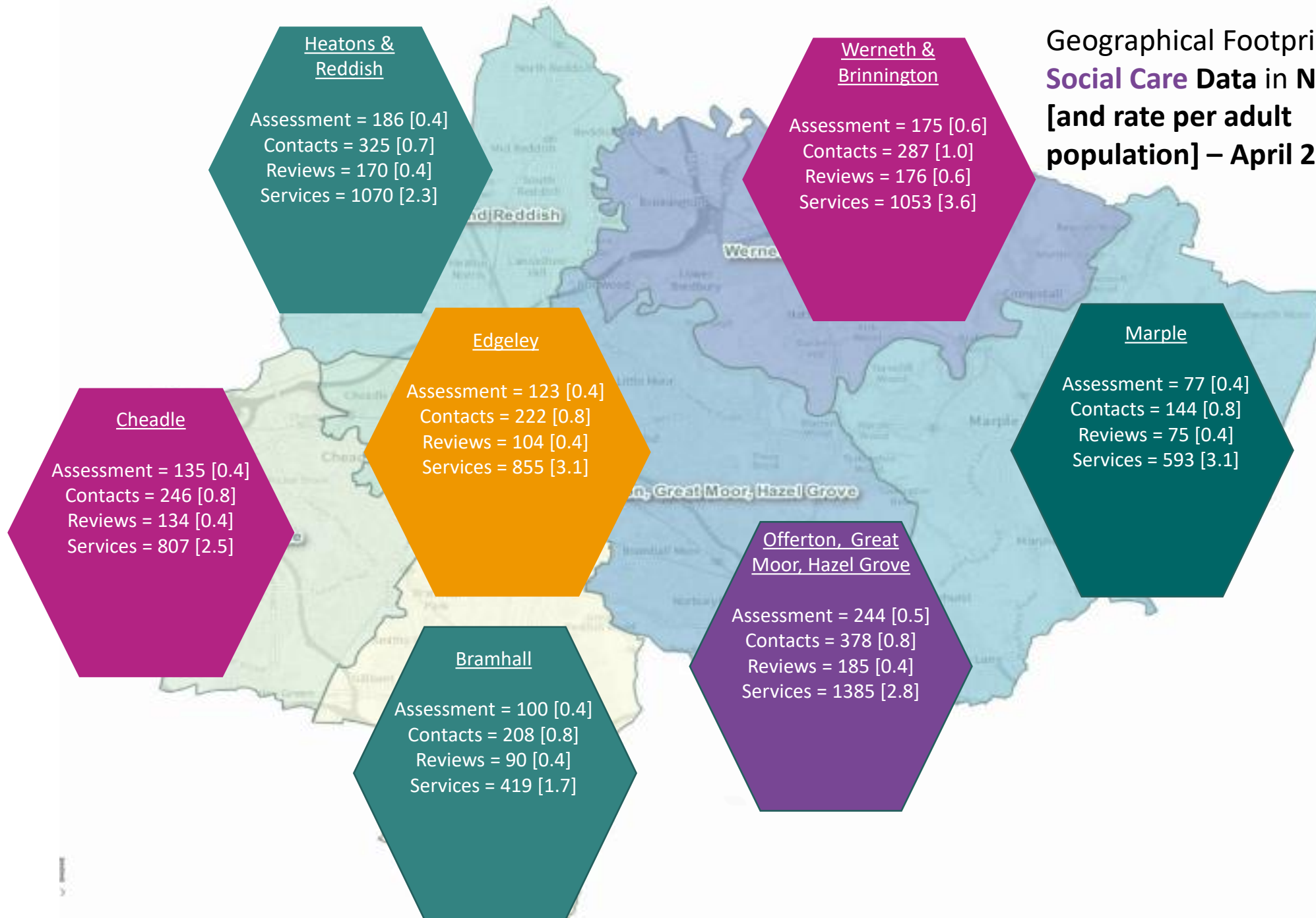
Temporary admissions to residential or nursing care per month (over 65s)

**excluding repeat temporary admissions*



There has been a significant increase in people being admitted to temporary residential and nursing care, the figure reduced as we moved into 2022. This increase may be reflective of the widescale implementation of the Discharge to Assess model during 2021 and the opening up of Cheadle and Bramhall Manor care homes as part of the Intermediate Care Pathway from hospital.

Geographical Footprint **Adult Social Care Data in Numbers [and rate per adult population] – April 2022**



Assessment = All ASC assessments starting, ending or open during April 2022 (except for mental health assessments).

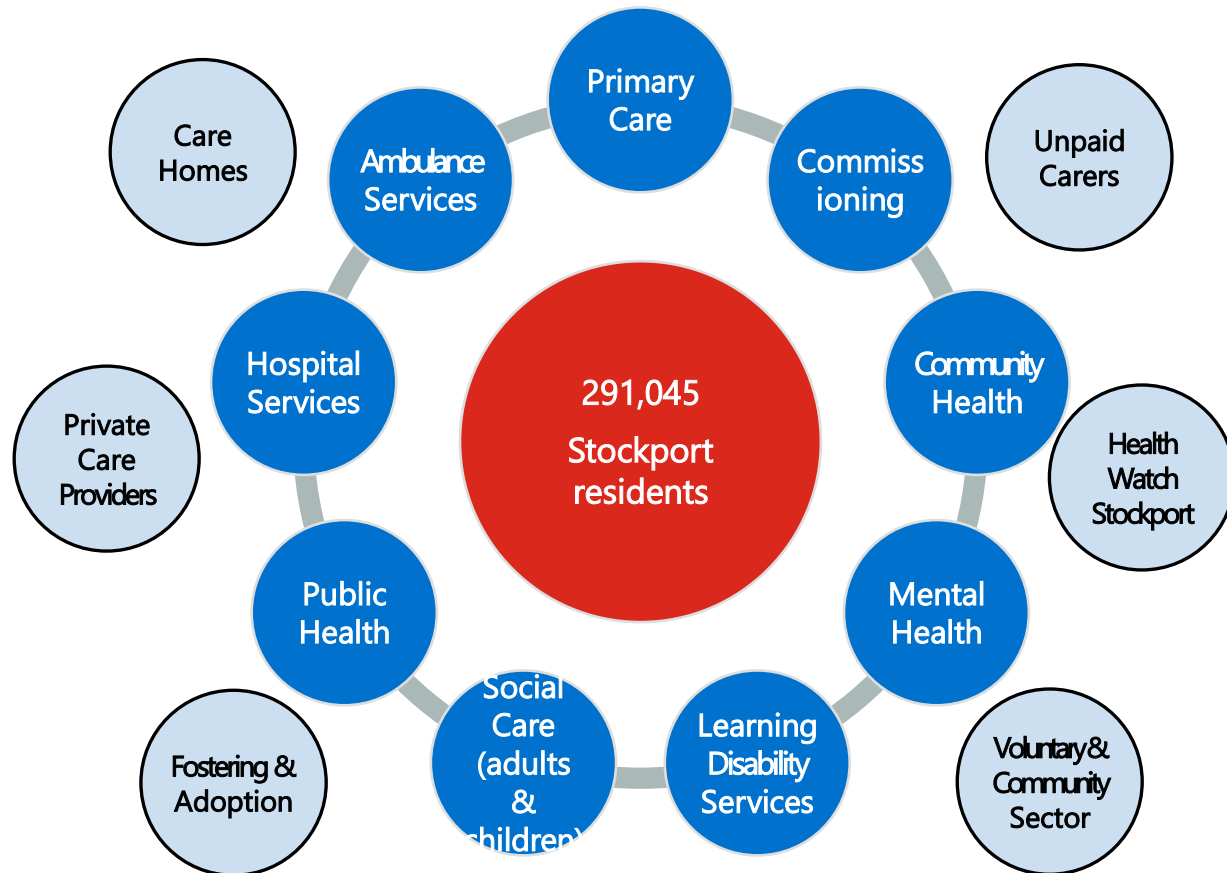
Contacts = All ASC contacts (except for mental health contacts) with a contact date within April 2022

Reviews = All reviews starting, ending or open within April 2022 (excluding mental health reviews).

Services = All services starting, ending or open within April 2022 (INCLUDING mental health services).

Our Workforce

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



Key information :

- Like most of the country, Stockport faces a challenge in recruiting to key positions across health and social care
- As our population grows and their needs change, it is vital that we have the right people in the right roles to meet local needs.
- Developing our combined workforce and supporting them to deliver a service fit for the 21st century will be vital to delivering our transformation goals.

Workforce

The vast majority of Health and Social Care staff in Stockport are employed by Stockport NHS Foundation Trust. Most health and care employees are female, but this is seen most in Community services and Population Health staff. Adult social care staff have the highest average age, with the youngest age profile working in the hospital and children's social care.

	Commiss- ioning	Primary Care	Community Healthcare	Mental Health	Acute Care	Adult Social Care	Children's Social Care	Population Health	Voluntary Sector
Employer	Stockport ICB	37 x GP Practices	Stockport NHS FT	Pennine Care NHS FT	Stockport NHS FT	Stockport Council	Stockport Family	Stockport Council	VCSE
Number of employees	129	1,023	540	494	4,432	667	512	34	3,000
Full-Time Equivalents	101.72	696	421	444	3,712	583	434	26	Not known
Salary Costs	£6.6m	Not known	£11.7m	Not known	£113m	£16.9m	£14.3m	£1m	Not known
Average Age	Not known	47	45	46	43	48	43	47	Not known
Gender	74% female	82% female	92% female	81% female	80% female	77% female	84% female	91% female	Not known
Roles	95% admin 4% GPs 1% nursing	55% admin 28% GPs 11% nursing 8% Direct Patient Care	14% admin 30% nursing 23% clinical 9% AHPs 8% medical / dental 4% scientific 10% estates 2% students	16% admin 37% nursing 30% clinical 4% AHPs 3% medical / dental 8% scientific 1% healthcare scientists	18% admin 44% nursing 24% clinical 12% AHPs 1% medical / dental 1% students	4% admin 45% support workers 29% social workers 15% management 4% equipment & adaptations	Not known	95% admin 5% nursing	Not known

Voluntary Sector

In addition to those employees working in health and social care, Stockport benefits from a vibrant voluntary, community and social enterprise sector, which makes a significant contribution to health and wellbeing in the borough.

Research undertaken in 2017 identified an estimated:

- **1,689** VCSE organisations in Stockport
- employing **3,000** staff
- supported by **49,100** volunteers
- undertaking **2.3 million** interventions a year.

Almost half of organisations work on health and wellbeing:

- 47% support health and wellbeing
- 26% community development
- 24% sport and leisure

Most of the local voluntary, community and social enterprise groups in Stockport said that their work supports 'everyone' in our community, with some supporting specific community groups:

- 41% of VCSEs support 'everyone'
- 25% support older people
- 16% support disabled people
- 15% support women
- 11% support men.

For more information, a report on the state of Stockport's Voluntary, Community and Social Enterprise Sector can be found at:

<https://www.gmcvo.org.uk/system/files/publications/State%20of%20the%20VCSE%20Sector%20-%20Stockport.pdf>



4. Everyone takes responsibility for their health with the right support

Summary

- This priority is integral to our ambition – but is more difficult to measure and to get right
- This is not about blame or stigmatisation, nor is it about shifting the burden onto individuals and the community – but is about recognising that we need to support people in the right way, building on their existing assets and acknowledging the importance of their networks
- Stockport has been working on these approaches for many years and have some exemplar areas of work including:
 - Stockport Family
 - Stockport Team Around the Place / Stockport Team around the school
 - Early Intervention and Prevention
- Community asset assessments, co-production and segmentation approaches will help us understand our population and tailor our approaches

Changes in behaviors

Risk	2007 Ranking		2017 Ranking	Risk	Change
Tobacco	1		1	Tobacco	-13.0%
Dietary risks	2		2	Dietary risks	-11.0%
High systolic blood pressure	3		3	High body-mass index	+3.4%
High body-mass index	4	X	4	High systolic blood pressure	-16.4%
High fasting plasma glucose	5		5	High fasting plasma glucose	+19.5%
High LDL cholesterol	6		6	Alcohol use	+3.9%
Alcohol use	7	X	7	High LDL cholesterol	-19.6%
Occupational risks	8		8	Occupational risks	-1.0%
Air pollution	9		9	Air pollution	-11.5%
Drug use	10		10	Drug use	+10.6%
Child and maternal malnutrition	11		11	Child and maternal malnutrition	-3.1%
Impaired kidney function	12		12	Impaired kidney function	-6.4%
Low physical activity	13		13	Low physical activity	-14.2%
Low bone mineral density	14		14	Low bone mineral density	+17.2%
Other environmental risks	15		15	Other environmental risks	-20.3%
Unsafe sex	16		16	Unsafe sex	-2.2%
Childhood maltreatment	17		17	Childhood maltreatment	-2.4%
Intimate partner violence	18		18	Intimate partner violence	-0.3%
Unsafe water, sanitation and handwashing	19		19	Unsafe water, sanitation and handwashing	+1.6%

- Obesity and alcohol use are the behavioural risks that are rising in rank; while tobacco use is falling, it is still the largest risk.

Pre-pandemic lifestyles in Stockport

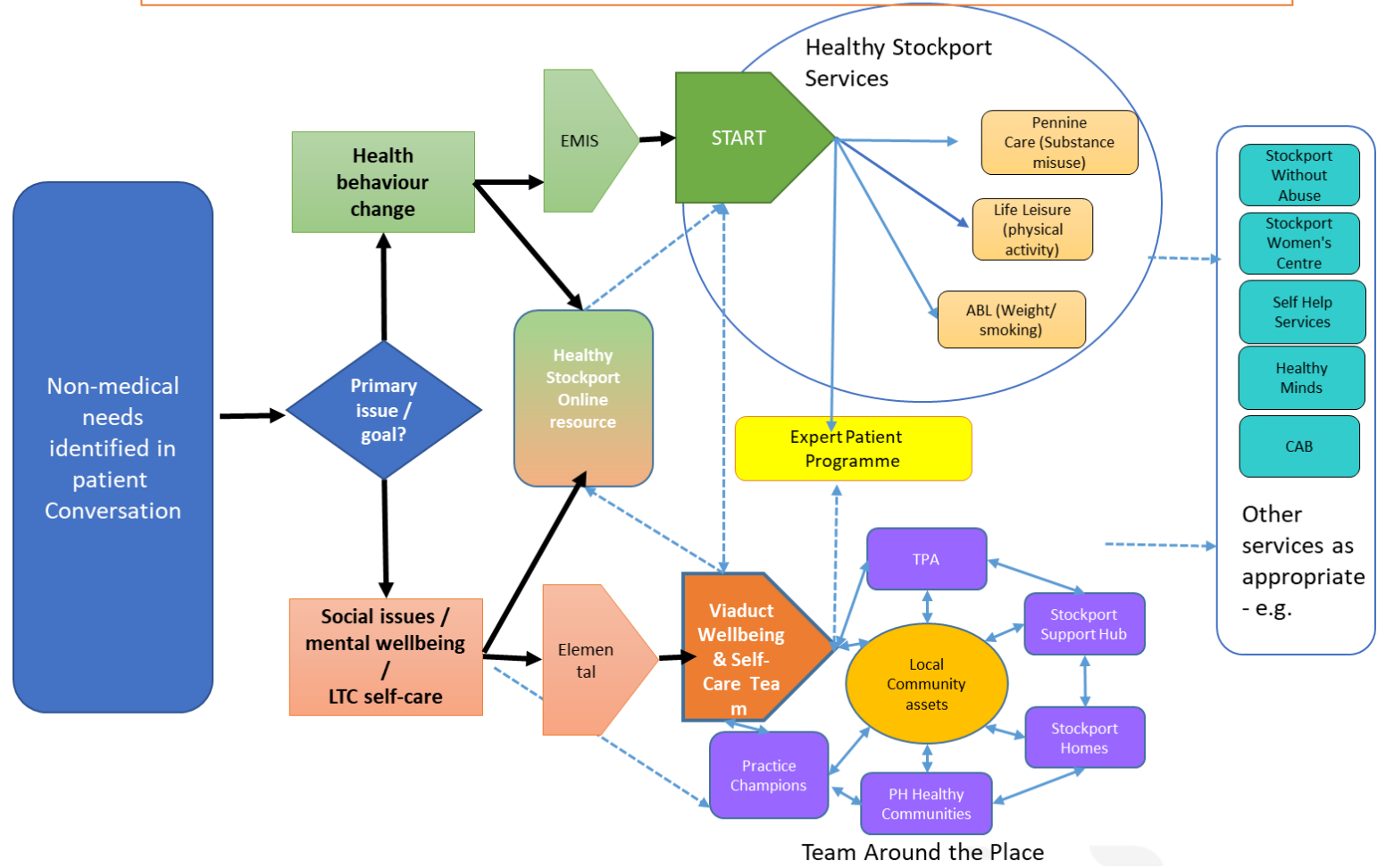
Smoking, poor diets, low activity, and alcohol are major underlying causes of disease and disability.

In Stockport:

- **19%** of adults have three or more lifestyle risk factors, 32% have two risk factors
- **14%** of adults smoke –rates are falling slowly; **but this rate more than doubles in areas of deprivation**
- **21%** of adults drink unhealthily –rates are falling slowly; **23%** of 15 year olds have been drunk in the last month
- **15,000** Stockport residents use illegal drugs
- **32%** of adults are not active enough–rates are stable; only 16% of children meet physical activity targets
- **29%** of adults are obese –rates are increasing; **16%** of children are obese.

Prevention & Lifestyle Services

GP Social Prescribing & Behaviour Support Pathways in Stockport



There are lots of different services available.

This diagram represents just a few of them – those that GP Practice staff can refer into

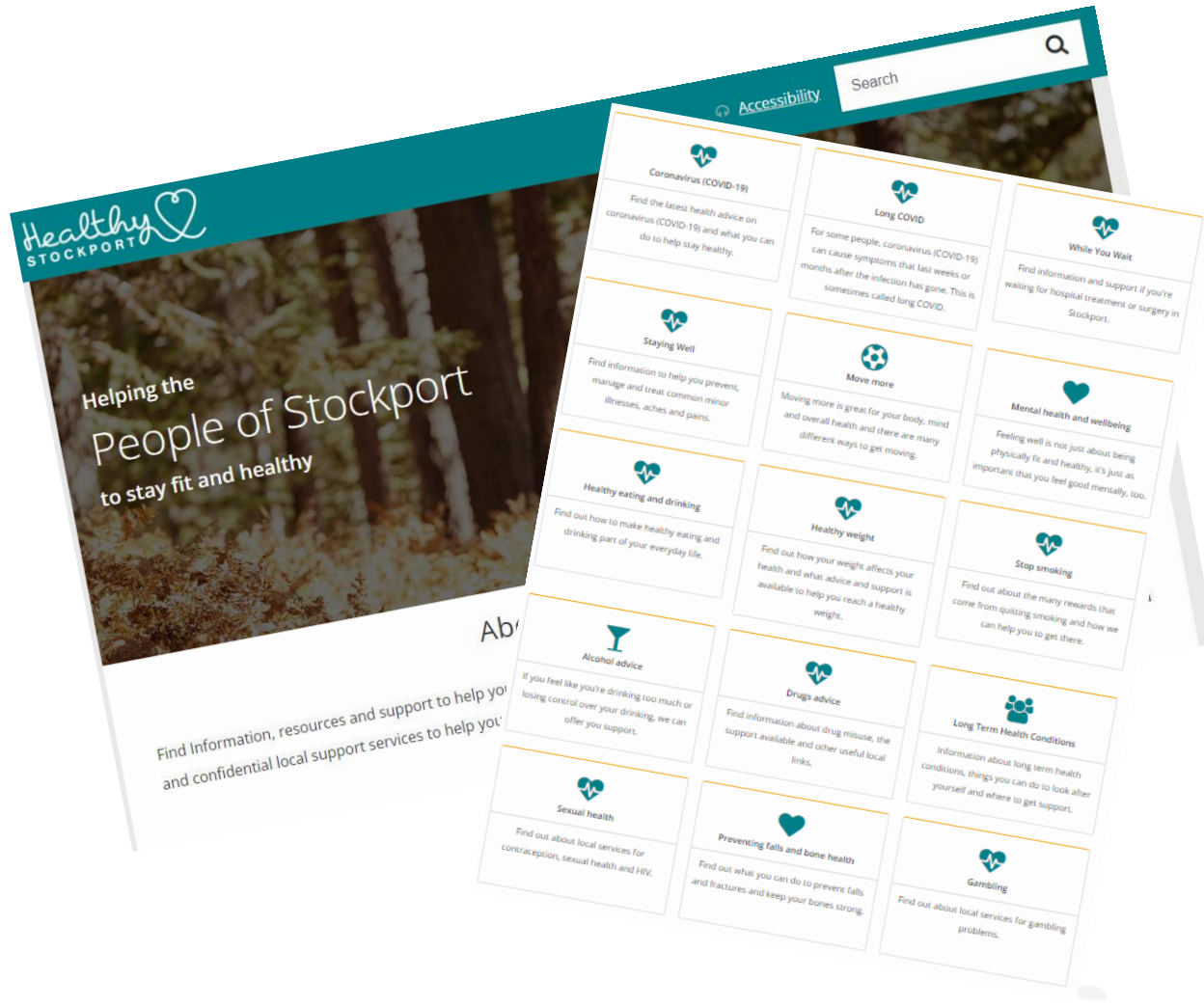
It can lead to a picture which is confusing for residents

Prevention & Lifestyle Services

Prevention & Lifestyle Services	Pre pandemic			Pandemic impact	
	2017/18	2018/19	2019/20	2020/21	2021/22
Number of people starting the National Diabetes Prevention Programme	659	1,070	1,223	518	377
Number of people receiving an NHS Health Check	7,219	6,719	6,318	1,208	1,681
Numbers of referrals to START (Stockport Triage Assessment & Referral Team)	5,028	4,315	3,996	2,591	2,847
Number of people completing a tier 3 weight management (ABL lifestyle serv.)	-	121	127	182	271
Number of people completing a smoking cessation (ABL lifestyle service)	112	130	316	434	603
Percentage of women screened for breast cancer	72.9%	73.5%	71.1%	58.3%	n/a
Percentage of people screened for bowel cancer	61.3%	62.2%	65.3%	66.8%	n/a
Percentage of women screened for cervical cancer	77.9%	78.3%	78.6%	77.1%	n/a
Take up of flu vaccinations by over 65s.	80.8%	79.9%	79.6%	85.6%	87.1%

There are a broad range of prevention, screening and lifestyle services across the partnership. Stockport generally has good uptake, though the pandemic has impacted many of these services. There are often inequalities in take up.

Healthy Stockport – self care resource



26,370 total visits

1 April 2021 to 31 March 2022

Most popular ten pages :

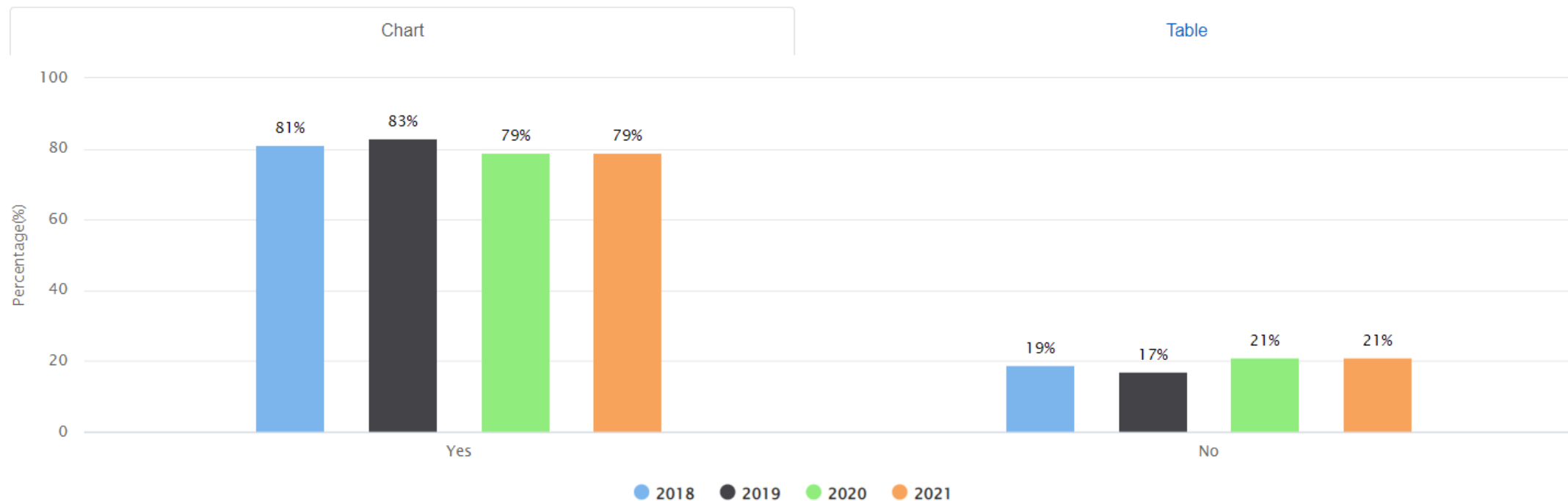
- Welcome (home page) – 6,982 (26.4%)
- Central Youth – young people’s service – 2,721 (10.3%)
- Contact us – START – 2,360 (8.9%)
- Getting support – 2,136 (8.1%)
- Stop smoking – 1,281 (4.8%)
- Steady in Stockport service – 1,120 (4.2%)
- Coronavirus – 1,219 (4.6%)
- Healthy weight – 889 (3.4%)
- Sexual health – 827 (3.1 %)
- Additional support and advice (healthy weight) - 769 (2.9%)

Control & support – GP Practices

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

All patients with a long-term condition, excluding those who haven't needed support and don't know / can't say

Showing summary results (?)



79% of respondents to the Stockport GP Survey with a long term condition report having enough support to control or manage their condition, meaning a fifth don't.

In addition:

- 84% report being confident in managing their own condition
- 42% report having had a discussion with the GP Practice to say what's important to them
- 63% report having agreed a plan with the GP Practice to manage their condition

Control & support – Adult Social Care

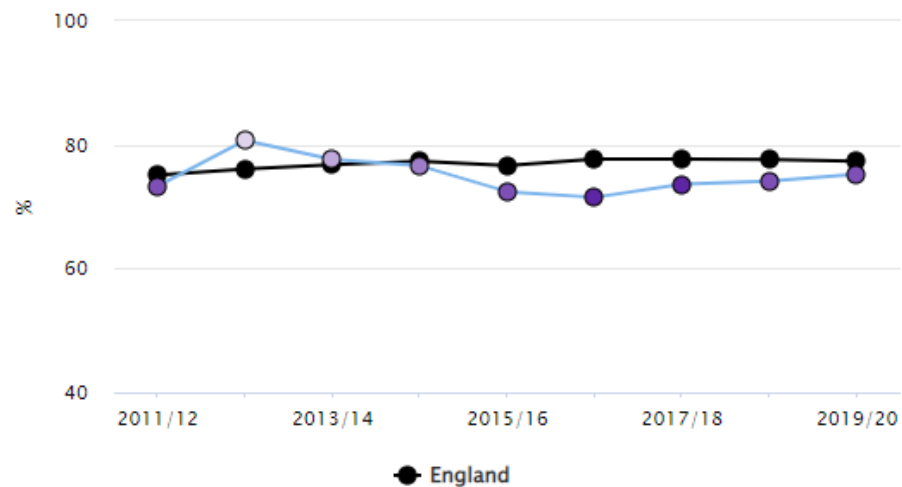
Proportion of people who use services who have control over their daily life

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	-	73.3%	68.8%	77.8%	76.1%	75.1%
2012/13	-	80.7%	76.8%	84.6%	77.0%	76.1%
2013/14	-	77.6%	73.7%	81.5%	76.8%	76.8%
2014/15	-	76.6%	73.0%	80.2%	78.1%	77.3%
2015/16	-	72.4%	69.2%	75.6%	76.6%	76.6%
2016/17	3,340	71.5%	68.0%	75.0%	77.4%	77.7%
2017/18	3,425	73.6%	70.2%	77.0%	77.7%	77.7%
2018/19	2,845	74.1%	70.9%	77.3%	77.5%	77.6%
2019/20	2,865	75.2%	72.0%	78.4%	78.7%	77.3%

Source: NHS Digital, Measures from the Adult Social Care Outcomes Framework

Over three-quarters of Adult Social Care service users in Stockport report having as much control over their daily lives as they want, a proportion slightly lower than the national average.

Carers – isolation

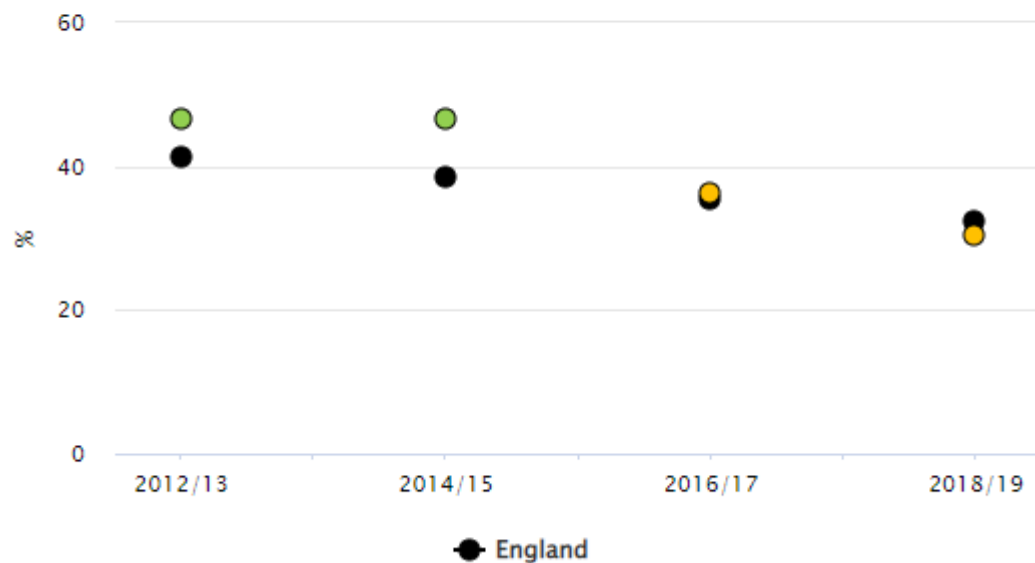
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



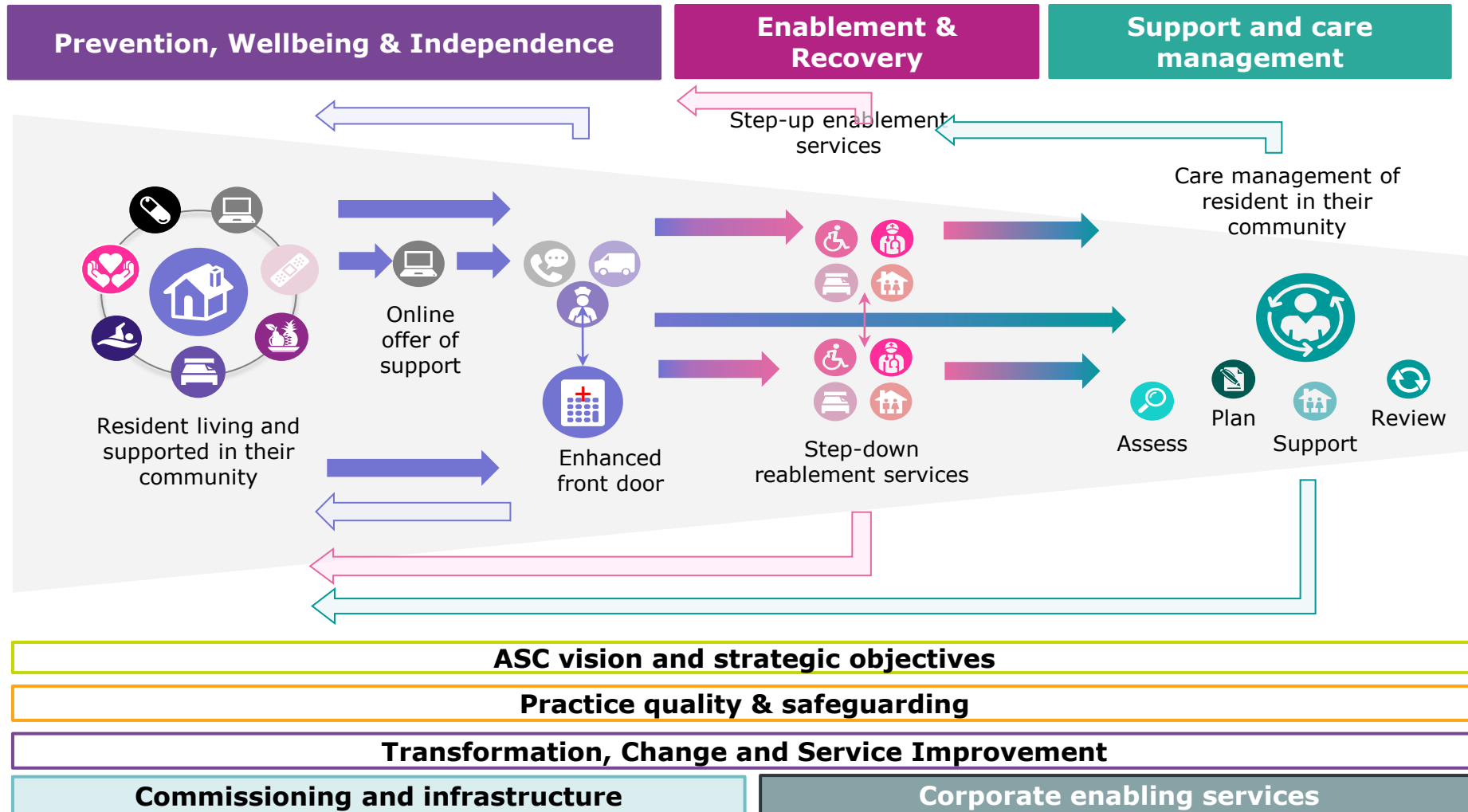
Recent trend: Could not be calculated

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2012/13	-	46.7%	42.4%	51.0%	43.5%	41.4%
2014/15	-	46.7%	42.8%	50.6%	39.5%	38.5%
2016/17	115	36.3%	31.5%	41.1%	35.8%	35.5%
2018/19	100	30.5%	25.7%	35.3%	32.4%	32.5%

Source: Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Survey of Adult Carers, NHS Digital

Just under a third of adult carers for adult social care service users in Stockport report having as much social contact as they'd like as they want, a proportion slightly lower than the national average. This means that almost 70% of carers may be feeling isolated and unsupported.

Adult Social Care Operating Model



Designed using a strengths and assets based approach, so that colleagues consistently have “different conversations” with customers based on assets, strengths and community resources.

Support Hub - Adult Social Care

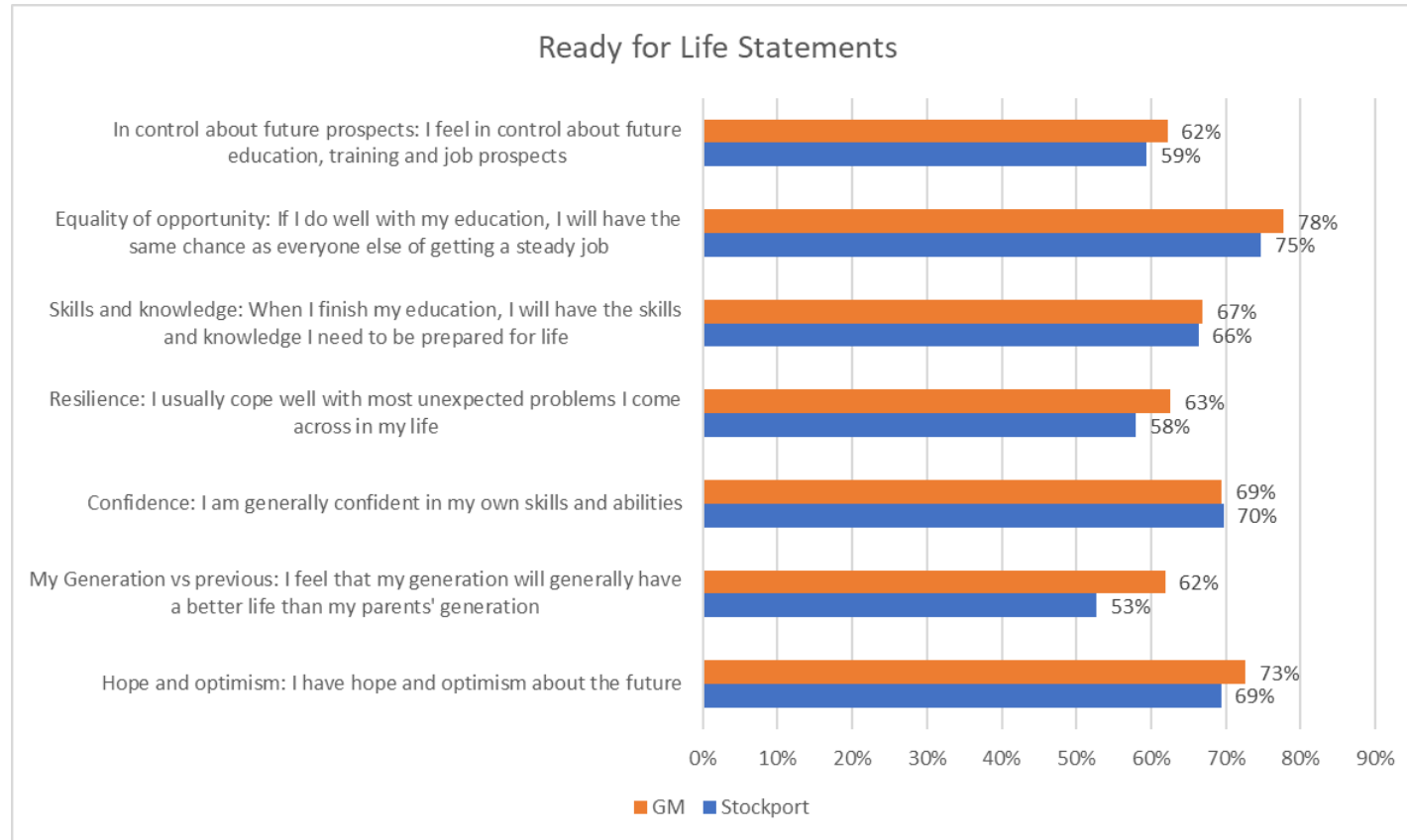


- Your Support (delivered by TPA)
- Community Support (delivered by Pure Innovations)
- Community Transport (delivered by Stockport Car Schemes)
- Home Support (Age UK Stockport and partners)
- Carers Support (delivered by Signpost for Carers in partnership with Stockport Mind)
- Domestic Abuse Support (a new partnership led by Talk, Listen, Change)

www.stockportsupport.com

- Prevention and Early Help Services are central to the Council's support offer to Stockport residents
- Following a recent tender, eight new contracts started on 1st April, which will run for the next five years at least
- The services are primarily aimed at adults, but they work with families and carers / the wider household where appropriate, adopting a strengths based approach
- We have streamlined access points and referral arrangements as part of the new contracts, so that it will be easier for professionals and Stockport residents to refer into the range of services
- A central hub has been developed for six of the services, which is known as 'Stockport Support Hub'

BeeWell - Readiness for life for children and young people



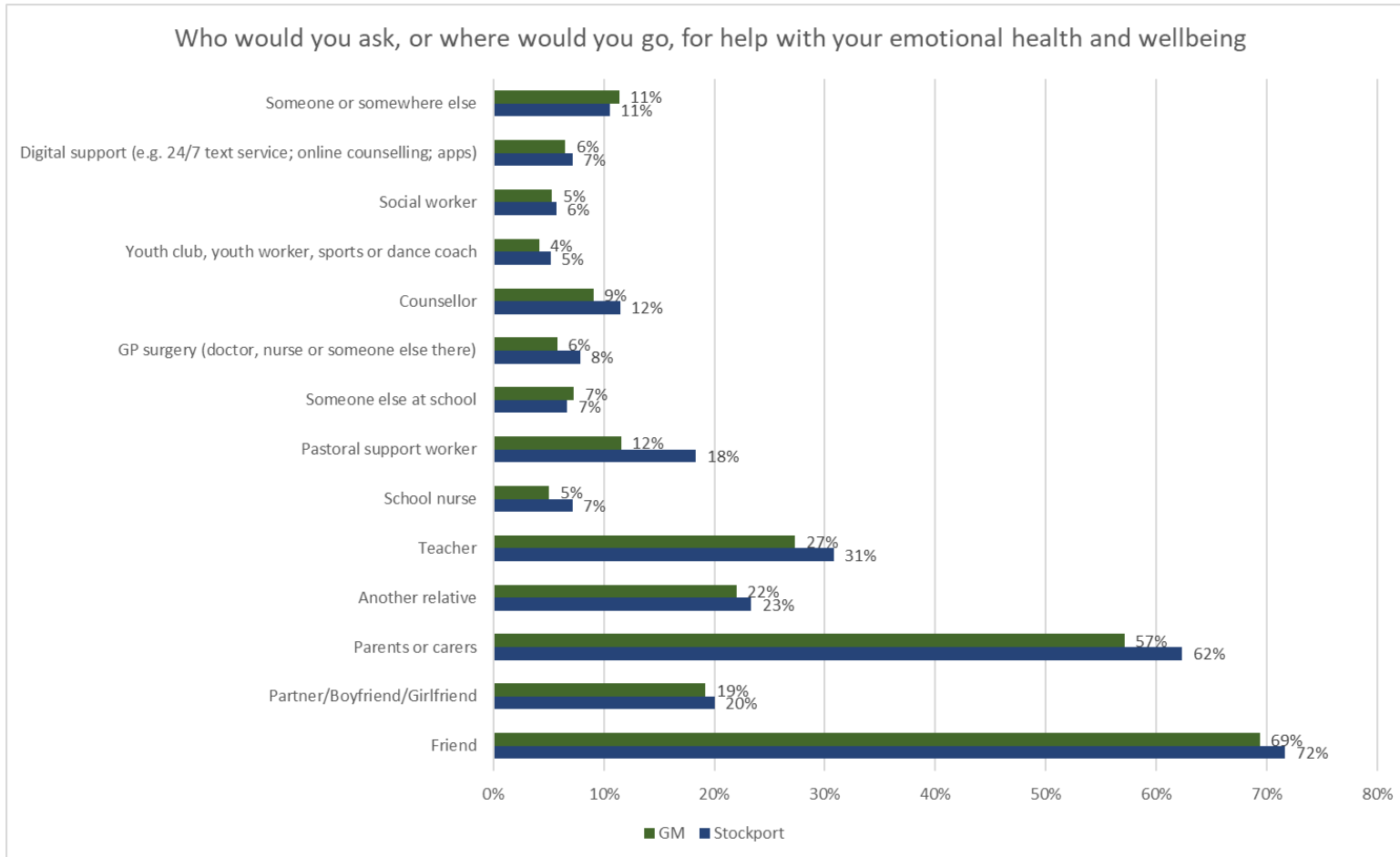
- The majority of respondents give an overall positive response for the readiness for life statements
 - The highest scores was given to equality of opportunity and confidence in own skills and abilities
 - The lowest score was given to comparing the current generation to parents generation and resilience
- Stockport pupils gave fewer positive responses than the GM average in every measure except for being confident in their own skills and abilities.

BeeWell - Future worries of Children and Young People

Future Worries (Percent very worried or fairly worried about the following)	2020/2021		2019/2020	
	Stockport	GM AVG	Stockport	GM AVG
Being able to find a job	63%	59%	65%	63%
Being able to go on to further education or university after school	53%	54%	56%	56%
Being able to move out of my parent's home	41%	40%	38%	37%
Getting good grades at school	71%	73%	70%	71%
Having enough money generally	61%	56%	64%	63%
Having enough money to travel to my studies or training	57%	53%	55%	55%
My mental health	50%	48%	51%	47%
My physical health	34%	35%	43%	41%

- Stockport pupils most significant worries are about getting good grades (71%) and being able to find a job (63%)
- Stockport pupil's responses are largely in line with the GM averages, with the starkest differences being :
 - concerns over having enough money in general (5% higher),
 - having enough money to travel to studies or training (4% higher)
 - being able to find a job (4% higher).
 All other responses are within 2% of the GM average.

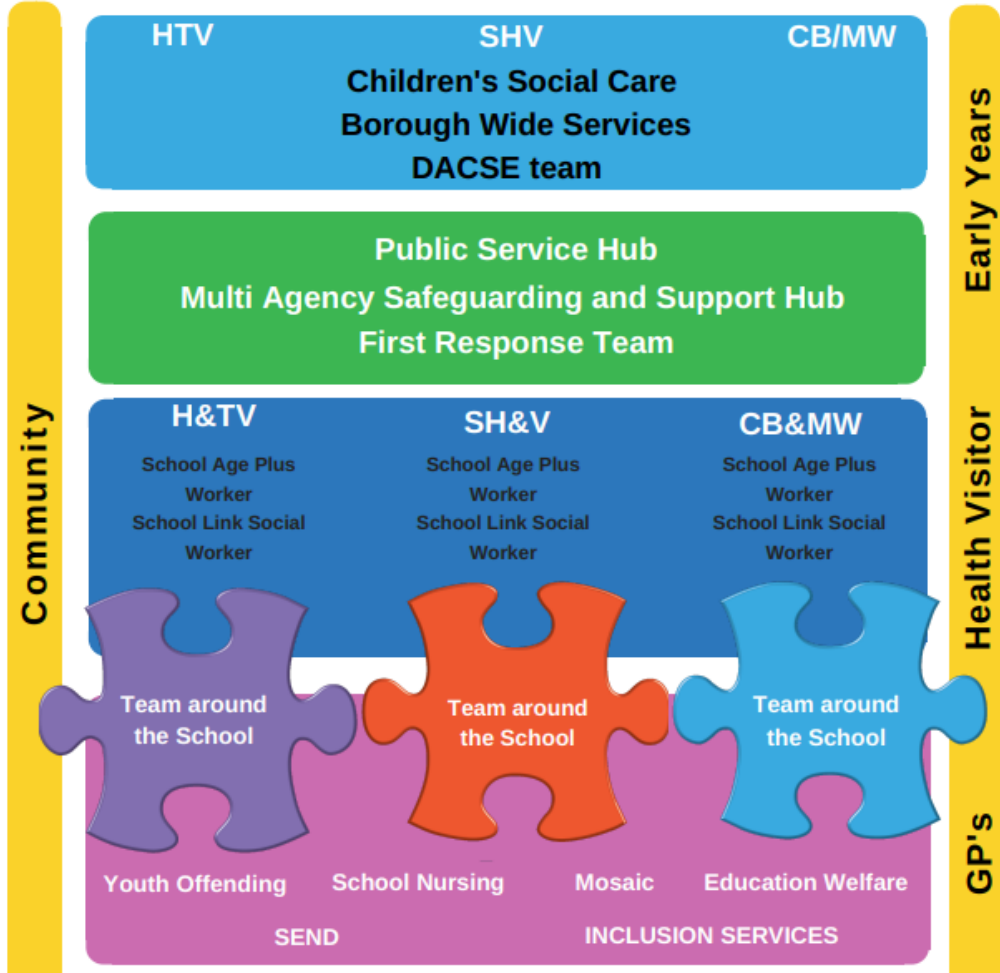
BeeWell – sources of support with emotional wellbeing



- The most common sources of support for emotional wellbeing for children and young people are:
 - Friends (72%)
 - Parents / carers (62%)
 - Teachers (31%)



Stockport Family Operating Model



A child's biggest influence is their family. With many different services now working together as part of Stockport Family you will not have to tell your story to lots of people and it will be easier for you to find the support you need, when you need it.

Sometimes we all need a little extra support. Stockport Family can put you in touch with the right person so that things do not get worse.

When there's an issue affecting a child or young person or family member and if it's safe and appropriate to do so, we'll work with you and your family to plan the support you need so that you're able to take responsibility for improving the situation. We'll respect your views and listen carefully to what your family needs

Community Assets

What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing

The skills, knowledge and commitment of individual community members

The resources and facilities within the public, private and third sector

Friendships, good neighbours, local groups and community and voluntary associations

Physical, environmental and economic resources that enhance wellbeing



Community Assets

Estimates from the 2020/21 Community Life Survey show that among adults (16+) in England:

- Most adults (95%) agreed that if they needed help there are people who would be there for them.
- 66% of respondents met up in person with friends or family at least once a week, a significant decrease from 2019/20 (74%) COVID-19 impact.
- The proportion of adults reporting they felt lonely often/always remained similar to 2019/20 at 6%.
- 79% of respondents agree that they were satisfied with their local area as a place to live, an increase from 2019/20 (76%).
- 65% of respondents agreed that people in their neighbourhood pull together to improve their neighbourhood; this was higher than in 2019/20 (59%).
- 41% of respondents have taken part in civic participation, 19% in civic consultation, and 7% in civic activism.
- 27% of respondents agreed that they could personally influence decisions in their local areas.
- There was a decrease in the proportion of people giving to charitable causes. 63% of respondents reported having given to charitable causes in the last 4 weeks (at the time of responding to the survey (COVID-19 impact))
- There was a decrease in the proportion of people formally volunteering. 17% of respondents reported formally volunteering at least once a month, the lowest recorded participation rate since data collection in the Community Life Survey.
- There was an increase in the proportion of people informally volunteering. 33% of respondents had volunteered informally at least once a month, the highest percentage on record in the Community Life Survey.

Understanding motivation – Segmentation approaches

Segment	Description	2012 Stockport	2012 Stockport most deprived
Hedonistic immortal	Motivated by risk and enjoyment. Feel that anything enjoyable (smoking, drinking) can't be bad for you. Lack of concern for their health. Intend to lead healthy lifestyles – later.	16%	12%
Live for today	Take a short term, fatalistic view of life and health. Don't acknowledge consequences of health choices. Value their health but believe that leading a healthy lifestyle doesn't sound like much fun, and think it would be difficult.	27%	34% (sig. higher)
Unconfident fatalist	Fairly negative about most things. Don't feel in control of their health. Likely to be depressed and demotivated. Acknowledge unhealthy behaviours but don't feel able to change. Need help to take small realistic steps.	12%	17% (sig. higher)
Health conscious realist	Motivated and feel in control of their health. Take a long term view and realistic of their health. Not risk takers, but will take opportunities to improve health.	29%	21% (sig. lower)
Balance compensators	Generally positive and like to feel and look good. Take some risks but generally not with their health. Compensate unhealthy activities with healthy. Need to be made aware of long term health risks.	17%	17%

This shows the 2012 Healthy Foundation model segments and the distribution of the Stockport population by segment, and how this varies by deprivation.



5. We support local social and economic development together

Summary

- Stockport is great place to live - unique neighbourhoods, local villages and district centres
- Stockport is good place to grow up with good quality schools and strong overall education attainment. However FSM pupils do worse than their comparators.
- Stockport has seen strong employment growth, the number of jobs in Stockport increased by 13% compared to 11% in Greater Manchester and 5% in England. However the number of Youth (age 18-24) benefit claimants rates is higher than national and statistical peers.
- There are exciting plans around housing, particularly in the town centre through the Mayoral Development Corporation. However Stockport is becoming increasingly unaffordable and there is a higher proportion of households on the social housing waiting list compared to the national average.
- Stockport respondents tend to feel safer in their local areas than across GM as a whole. However residents with a disability and LGBTQ+ residents tended to feel less safe.
- The rising cost of living is having an impact and is expected to result in an increase of 30% more people in Fuel poverty.
- Climate change and air quality pose significant risks to health.

Every Child Has the Best Start in Life

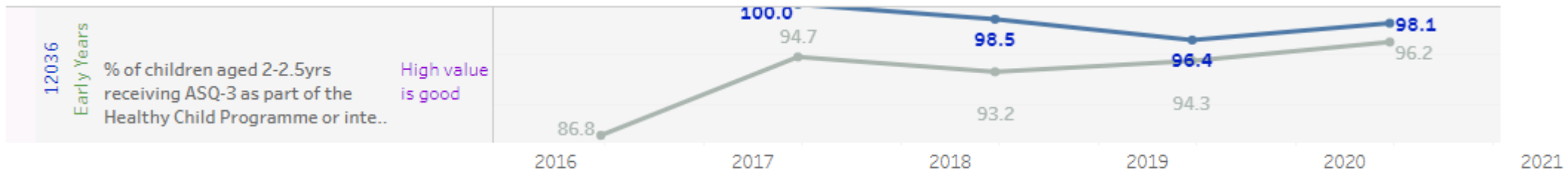
Early Years

- More young children benefit from funded early education compared to other areas, although there has been a reduction from a high of 99% in 2019.

Early Years - Stockport vs CIPFA



- The percentage of children receiving an ASQ-3 assessment is also higher in Stockport, increasing the likelihood of children reaching their potential.

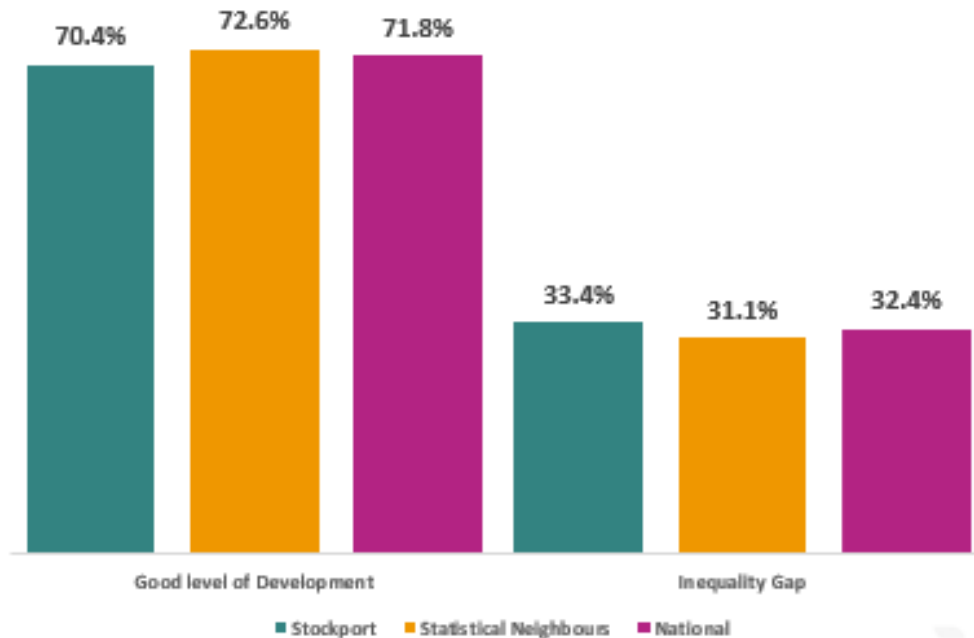


- About 9 in 10 children achieve the expected level in communication and language skills between the ages of 9 and 12 months. This reduces to 8 in 10 by 24 months.

Education

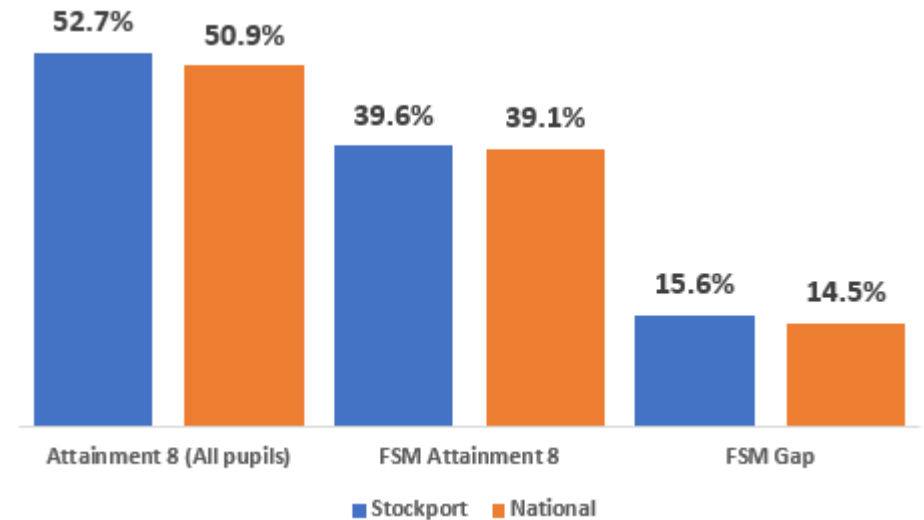
Early Years Foundation Stage (2019)*

- In reception, a smaller proportion of children achieve a good level of development compared to the national and statistical neighbour averages.
- The inequality gap is also wider compared to other areas.



Key Stage Four (2021)*

- Key Stage Four outcomes are higher for Stockport schools than the national average.
- FSM pupils also achieve better attainment 8 scores, however the gap between the FSM and non FSM cohorts is greater in Stockport.



**Covid has resulted in the cancellation or alteration of assessments, resulting in missing data and/or incomparable results.*

School Readiness - % children achieving good level of development

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	458,847	71.8		71.7	71.9
North West region	↑	59,456	68.9		68.6	69.2
Trafford	→	2,222	74.7		73.1	76.3
Warrington	↑	1,791	73.6		71.9	75.4
Cheshire East	↑	2,960	72.8		71.4	74.1
Cheshire West and Chester	→	2,771	71.8		70.4	73.2
Bury	↑	1,668	71.4		69.5	73.2
Cumbria	↑	3,452	70.6		69.3	71.8
Stockport	→	2,544	70.4		68.9	71.9
St. Helens	↑	1,439	70.2		68.1	72.1
Wirral	→	2,544	69.3		67.8	70.8
Lancashire	→	9,522	69.2		68.4	70.0
Sefton	→	2,079	68.8		67.2	70.5
Blackburn with Darwen	↑	1,403	68.4		66.4	70.4
Oldham	↑	2,308	68.1		66.5	69.7
Blackpool	↑	1,191	67.9		65.7	70.1
Wigan	↑	2,474	67.9		66.3	69.4
Knowsley	↑	1,224	67.8		65.6	69.9
Salford	↑	2,151	67.7		66.1	69.4
Bolton	↑	2,670	67.3		65.8	68.7
Tameside	↑	1,942	66.9		65.2	68.6
Halton	↑	962	66.1		63.6	68.5
Rochdale	↑	1,971	66.0		64.2	67.6
Manchester	↑	4,644	65.8		64.7	66.9
Liverpool	↑	3,524	64.9		63.7	66.2

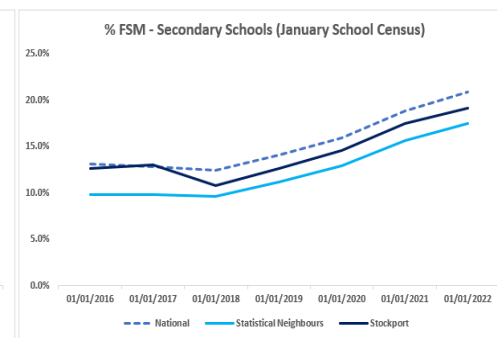
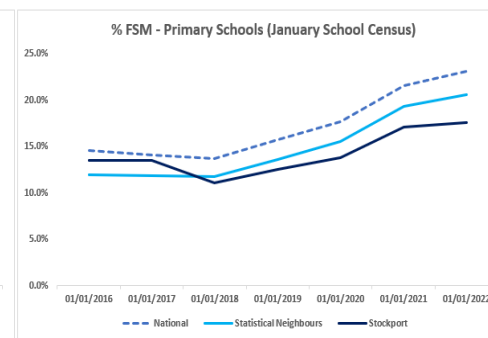
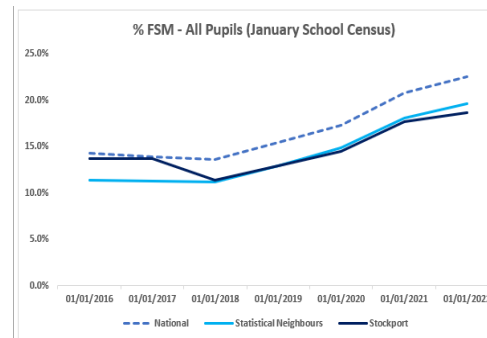
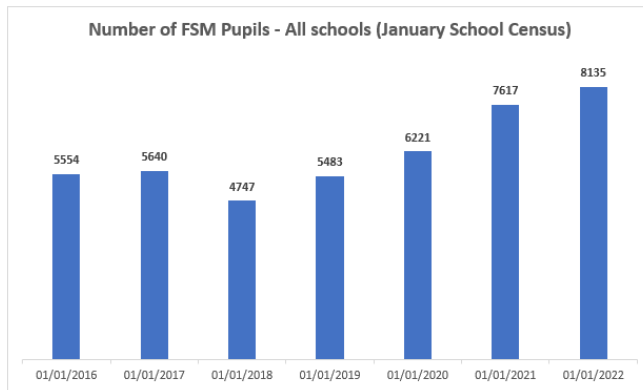
School Readiness - % children with Free School Meals achieving good level of development

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	50,732	56.5		56.2	56.9
North West region	↑	7,349	54.4		53.6	55.3
Warrington	↑	194	61.4		55.9	66.6
Manchester	↑	1,127	61.2		58.9	63.4
Salford	→	404	60.0		56.3	63.7
Bury	→	156	59.8		53.7	65.5
Blackburn with Darwen	↑	205	59.2		54.0	64.3
Blackpool	↑	228	58.5		53.5	63.2
Oldham	↑	314	57.0		52.8	61.1
Trafford	→	103	56.0		48.8	63.0
Knowsley	→	294	54.4		50.2	58.6
Tameside	↑	297	54.4		50.2	58.5
Sefton	→	251	53.5		49.0	58.0
Rochdale	↑	277	53.4		49.1	57.6
Cheshire West and Chester	→	221	52.5		47.7	57.2
Bolton	↑	339	52.4		48.5	56.2
Lancashire	→	936	52.3		50.0	54.7
St. Helens	→	153	51.9		46.2	57.5
Liverpool	↑	526	50.8		47.8	53.9
Wigan	↑	293	50.6		46.5	54.7
Cheshire East	→	162	50.5		45.0	55.9
Cumbria	↑	225	50.1		45.5	54.7
Wirral	→	323	50.0		46.2	53.8
Halton	→	148	48.1		42.5	53.6
Stockport	→	173	45.8		40.8	50.8

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

Child poverty

- The number of children eligible for free school meals (FSM) in Stockport increased to 8,135 in January 2022, an increase of over 500 since 2021 and an increase of almost 2,500 from five years ago
- Rates are higher in secondary schools (19.2%) compared to primary schools (17.6%).
- Stockport has a lower proportion of FSM pupils in primary schools in comparison to statistical neighbours and the national average, but a higher proportion in secondary schools



**All children, young people and adults to
maximise their capabilities and have control
over their lives**

Young People's Destination

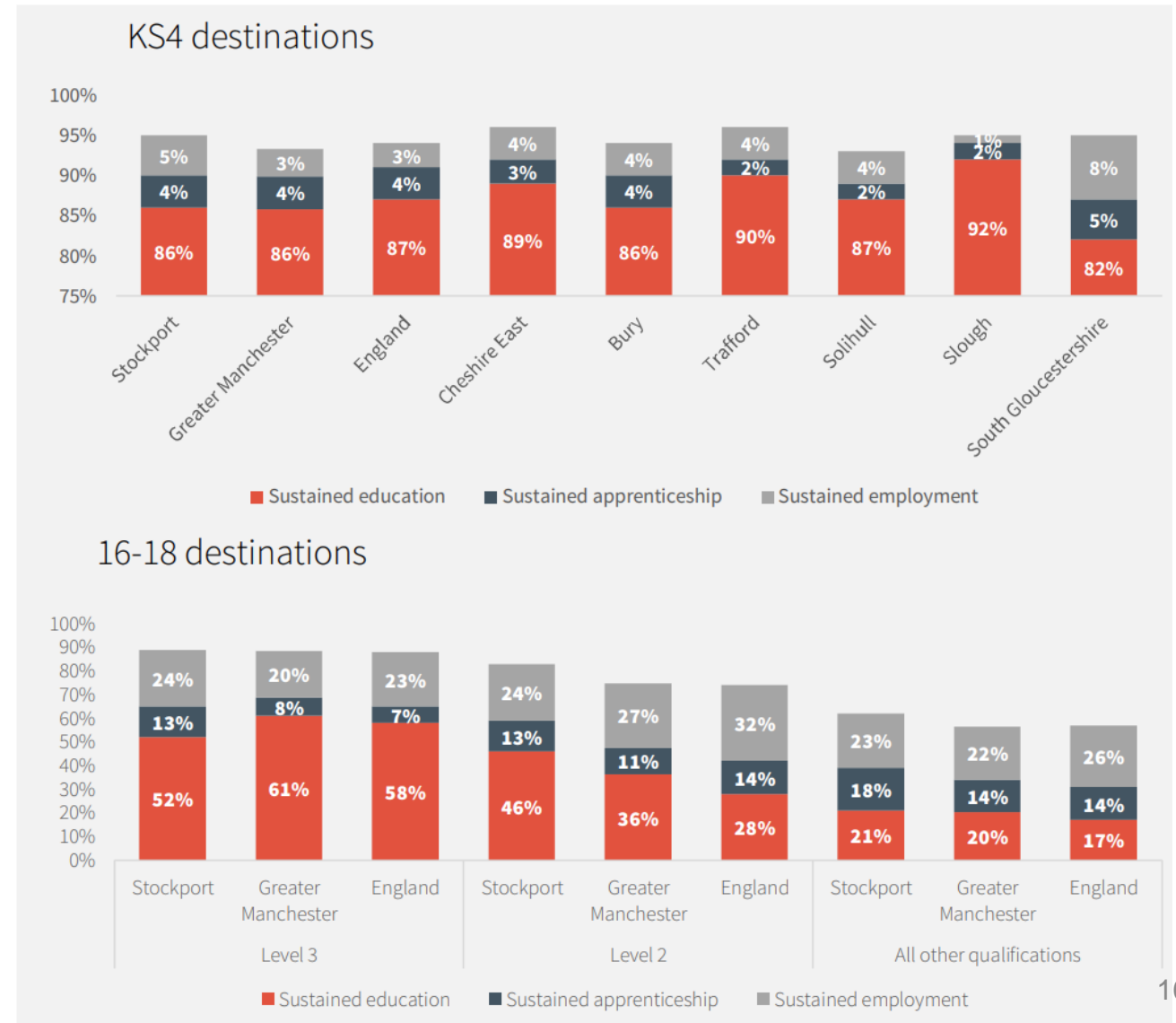
Stockport's young people are less likely to continue on to sustained education at higher levels...

A higher proportion of young people enter employment in Stockport (5%) than is seen at the national level (3%) following completion of KS4. This translates to a slightly lower proportion of Stockport's young people continuing on to sustained education.

The gap between those undertaking further qualification versus alternative routes widens in Stockport for those post 16-18 qualifications. On completion of a Level 3 qualification, only 52% of students enter sustained education (compared to 61% in Greater Manchester) and a much higher proportion enter sustained apprenticeship at this level.

Those studying Level 2 qualifications in Stockport are more likely to enter sustained education (46%) than at the England level (28%) with a lower proportion entering employment in Stockport (24%) compared to 32% nationally.

Highest take-up of apprenticeships in Stockport occurs amongst those studying all other qualifications (18%) compared to 14% in Greater Manchester and England.



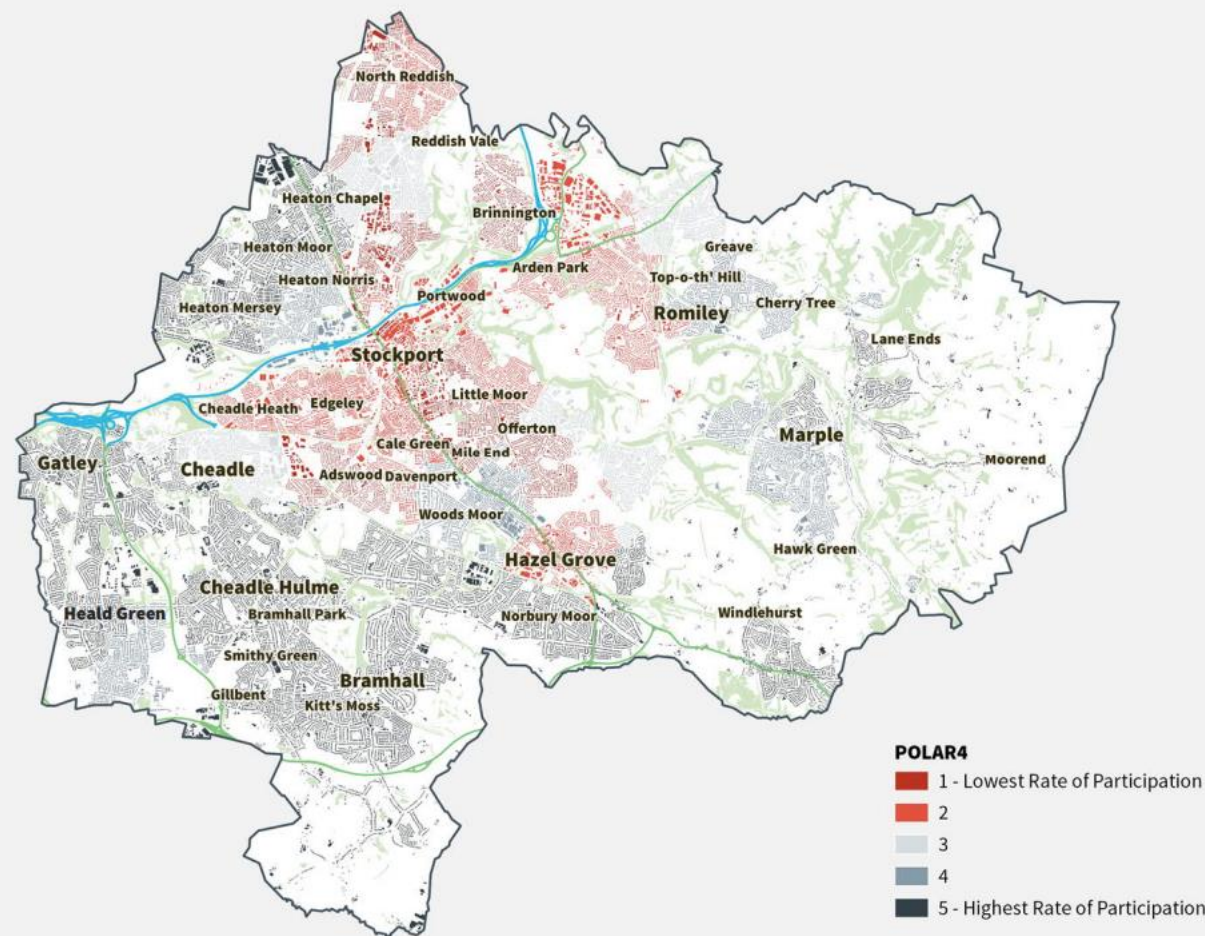
Higher Education

Overall picture masks clear spatial dimension to Higher Education aspiration and progression...

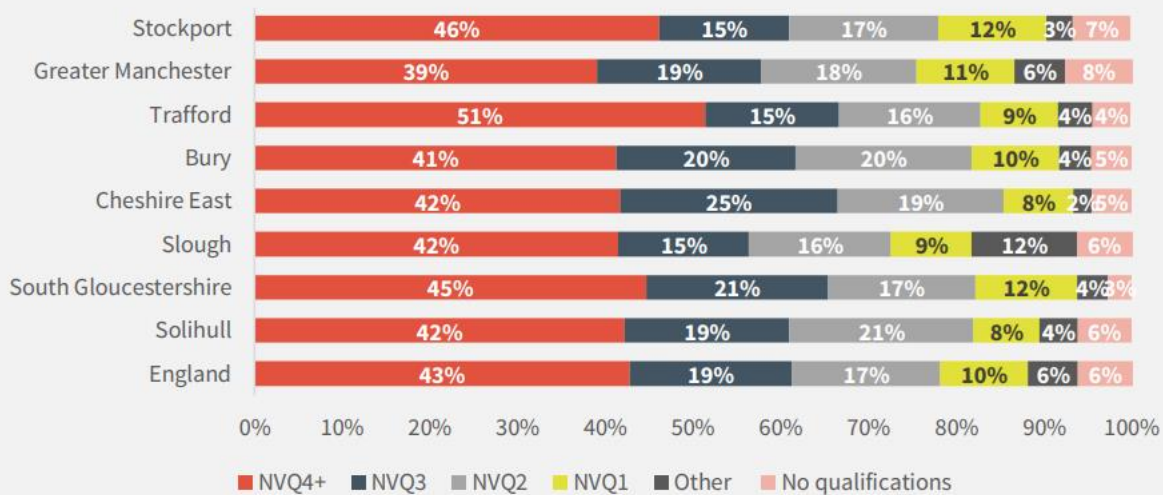
Stockport's residents hold higher levels of qualifications than their comparator areas and the level seen nationally. Almost half of residents (46%) are educated to degree level, compared to 43% in England as a whole.

However, the proportion of Stockport's young people progressing from A Levels through to Higher Education varies significantly in each neighbourhood. Whilst parts of Brinnington and Reddish have some of the lowest participation rates nationally; areas such as Bramhall, Marple and Cheadle Hulme have the highest rates of higher education participation.

POLAR 4 score: HE participation by LSOA



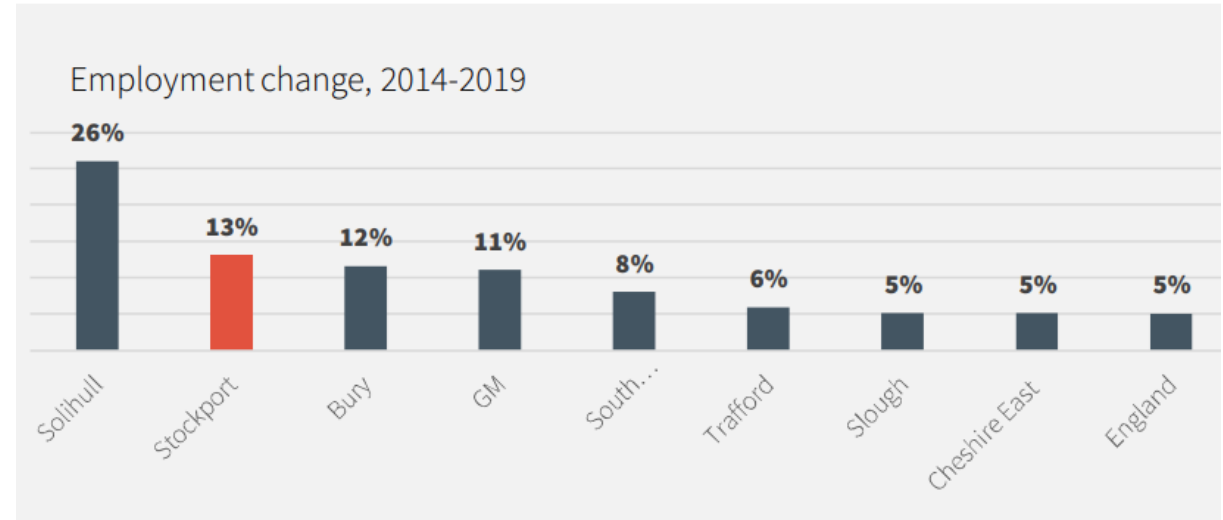
POLAR 4 score: HE participation by LSOA



**Create fair employment and good work
for all**

Employment

- Between 2014 and 2019, the number of jobs in Stockport increased by 13% compared to 11% in Greater Manchester and 5% in England.
- Sectors with the greatest number of businesses in Stockport include financial and professional services (24% of all businesses), construction (12%) and ICT, Media and Creative Activities (12%).
- Whilst skills gaps are not currently hindering recruitment in Stockport, the Employer Skills Survey found that 6% of employers in Stockport reported skills gaps in their workforce, compared to 5% in Greater Manchester and nationally. This may act as a constraint on long term economic growth



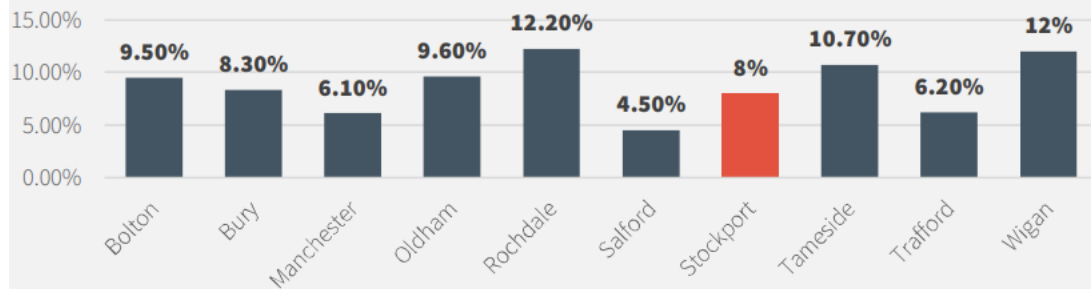
Earnings

Resident earnings are significantly higher than workplace earnings – perpetuating challenges of a dual economy...

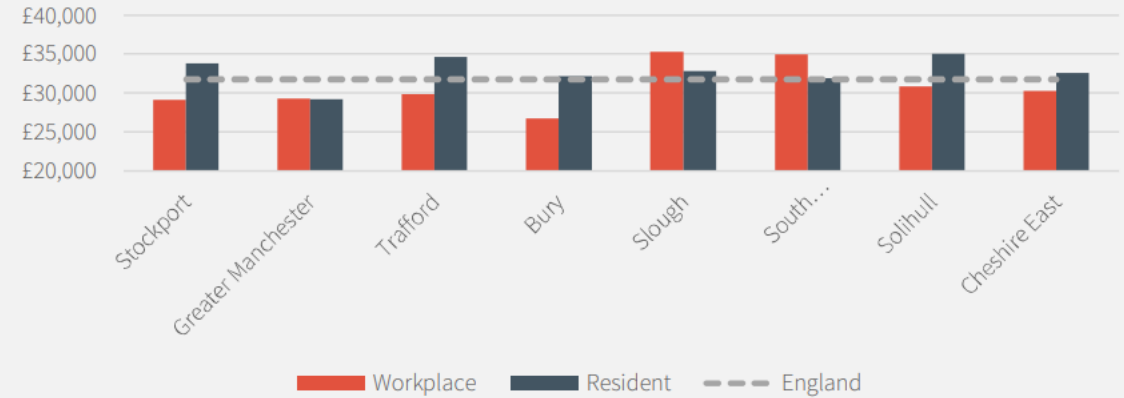
Resident earnings in Stockport are 16% higher than workplace earnings, reinforcing that many residents leave the borough to work to access high value employment opportunities in Manchester and the wider city region. Median male earnings are 17% higher than female earnings – however this disparity is not as vast as the England average (22% difference between median male and female averages). Data from Greater Manchester Poverty Action shows that Trafford, Stockport, and Bury are the only GM Boroughs with an average hourly pay above the national average.

The chart below shows the estimated proportion of workers aged 16+ earning the National Minimum Wage (NMW) or National Living Wage (NLW) in 2018 by Greater Manchester local authority from the Low Pay Commission. The chart shows that Salford has the lowest proportion of workers earning the NMW or NLW at 4.5%, with Rochdale having the highest proportion of workers earning the NMW or NLW at 12.2%. It is estimated that over 9,000 residents in Stockport are either on the National Living Wage or National Minimum Wage.

Estimated % workers aged 16+ earning NLW/NMW



Median resident and workplace earnings



Resident earnings by gender



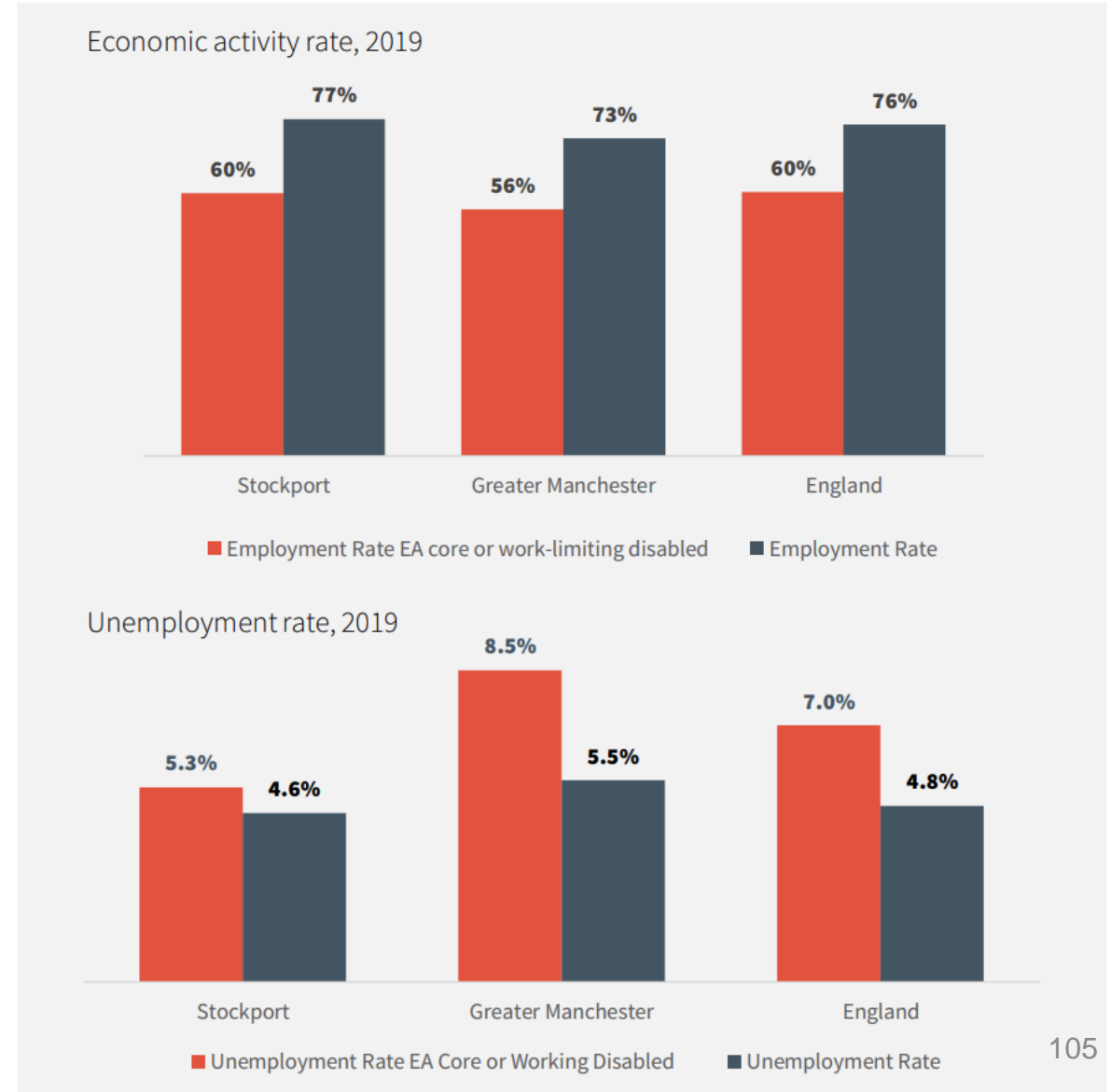
Inclusive Employment

Disparity of employment outcomes for disabled residents less acute in Stockport than the national or regional averages...

The charts to the right show the economic activity and unemployment rate of people classified as 'equality Act core or work-limiting disabled' within the ONS' Annual Population survey.

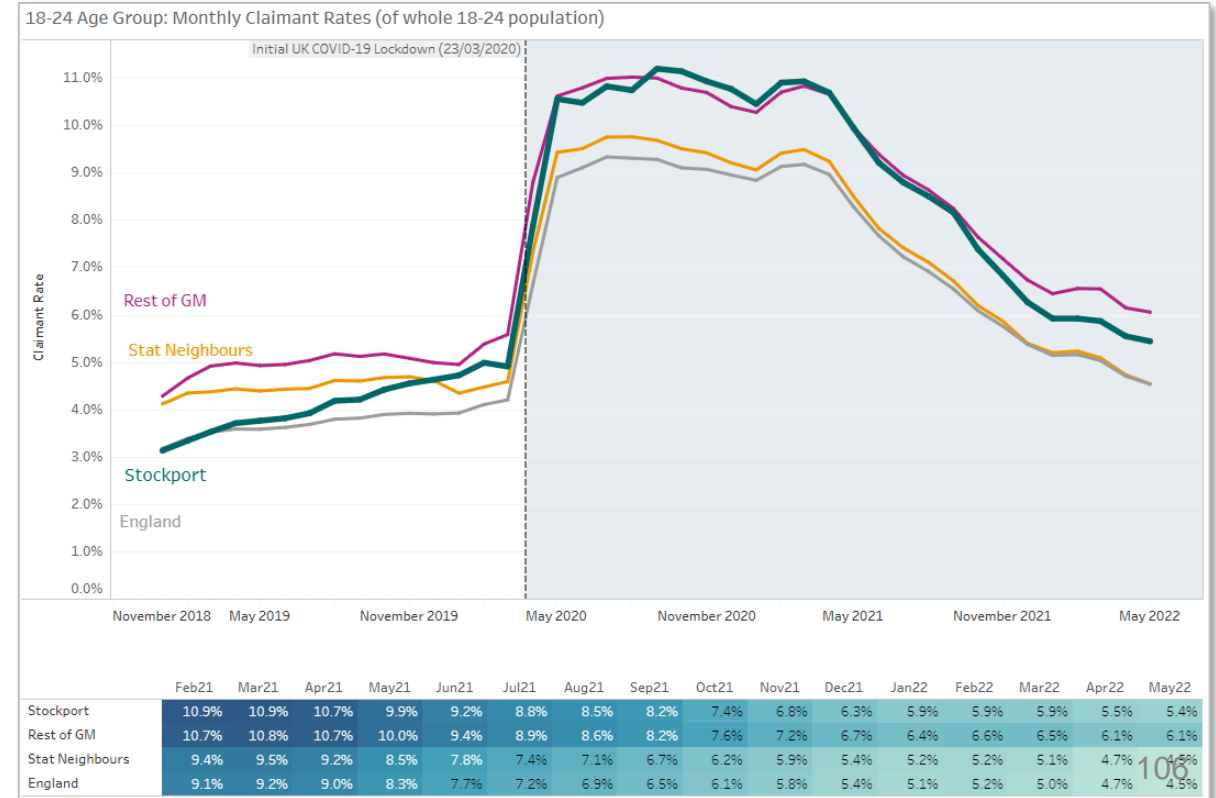
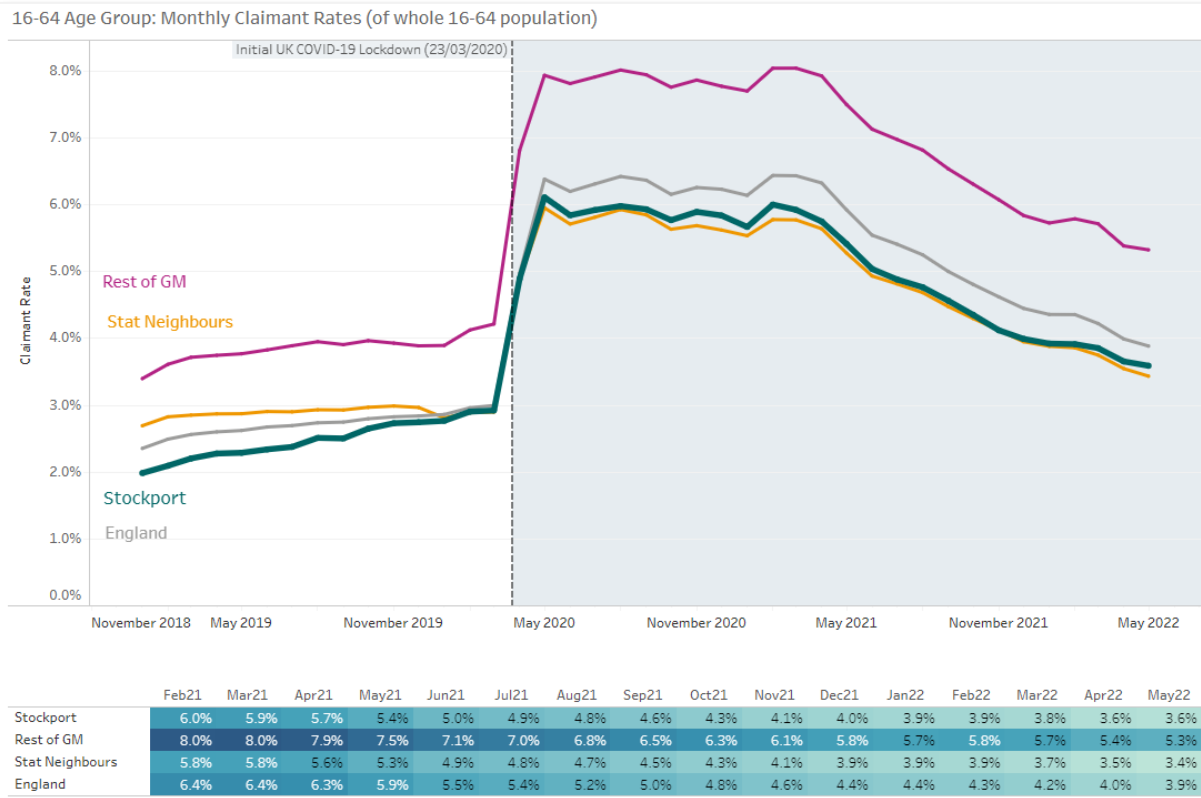
This shows that like Greater Manchester and England averages, the economic activity rate for Stockport's residents is lower than the population as a whole. 60% of disabled residents are economically active, and of this, a much higher proportion are in employment compared to the national and regional averages. This is shown by the fact that the unemployment rate of disabled Stockport residents (5.3%) is broadly in-line with the borough average (4.6%). This is not mirrored elsewhere, with the average unemployment rate of disabled residents in Greater Manchester 3% higher than the average unemployment rate.

The engagement exercise should explore any additional barriers to the labour market not covered by the data during the COVID-19 pandemic. This is likely to include the impact of remote working and other changes in working practices since the start of the pandemic.



Unemployment

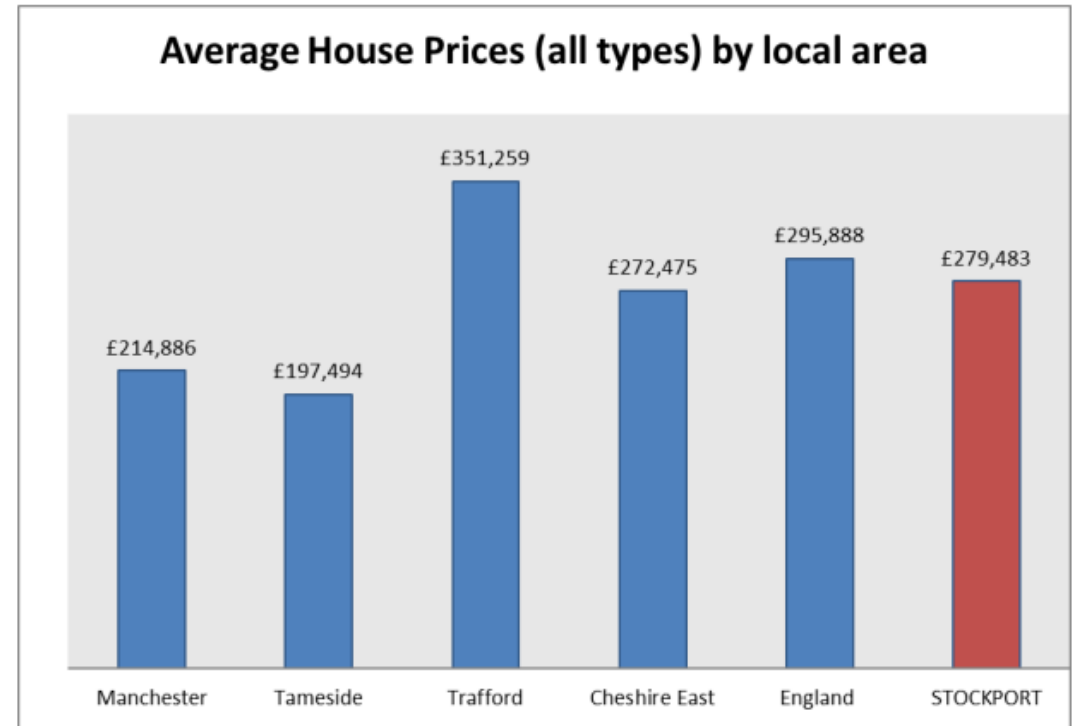
- Claimant rates continue to fall following the peak at the beginning of the pandemic.
- Stockport's rate for the 16-64 cohort is lower than the national and regional averages, and similar to our statistical peers. This is similar to pre-pandemic levels.
- Youth (age 18-24) claimant rates are higher than the overall rate. Stockport's rate is higher than national and statistical peers and has been similar to GM. Rates in Stockport were increasing sharply before the pandemic.



Ensure a health standard of living for all

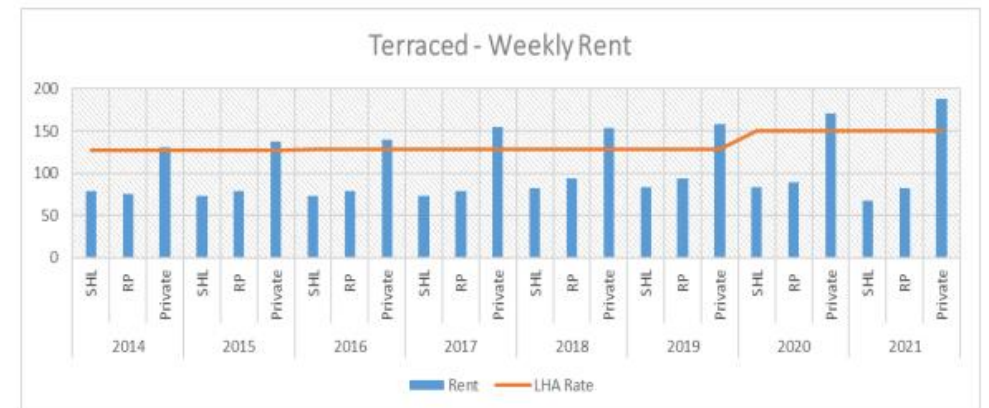
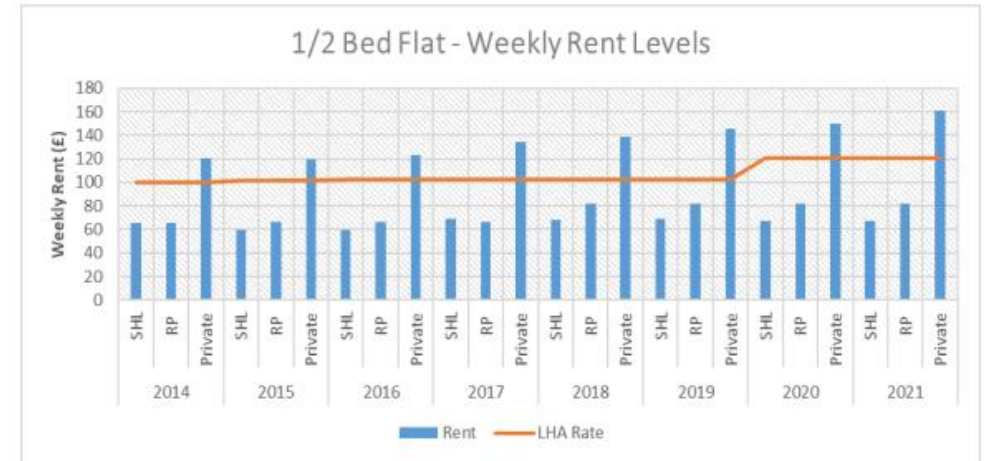
Housing

- Home ownership levels in Stockport are high, with 73% of homes being owner-occupied. Fewer people rent their homes (13.4% rented from social landlords and 12.3% private rented) than the national average.
- However Stockport is increasingly becoming a less affordable place to live, particularly for those who work in the Borough – in 2021 average property prices were 10 times higher than average earnings
- The median house price in Stockport is £279,000 (2022), an increase of 55% since 2015, making Stockport the 2nd least affordable borough in Greater Manchester. The North West average is £185,000



- Stockport has a lower proportion of social housing, as a mix of the total housing stock, with a higher proportion of households on the housing waiting list compared to the national average (49.8 per 1000 households compared to 45.5 per 1000 households nationally in 2020/21)
- The number of private rented properties available for let in the Borough has remained extremely low since the start of the pandemic, falling from 575 in March 2020 to just over 200 in April 2022, representing a drop of over 65%. This has pushed up rent prices for private rentals - the average cost of renting flats increased by 26% and terraced houses increased by 31% since 2016.
- Possession claims by landlords and mortgage providers are lower than the national average in Stockport, although rates are increasing (Q3 21/22).
- Stockport has lower levels of homelessness at 0.8 per 1000 residents compared to the national average of 1.5 (Q2 2021/22). This is a reducing trend.

WEEKLY PRIVATE RENT MONITOR (Average Rents)



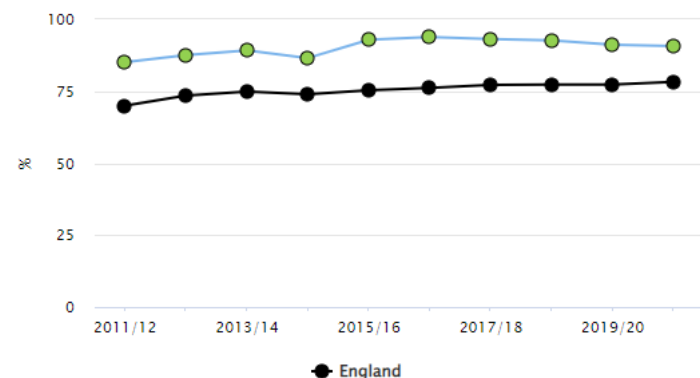
ASCOF measures – accommodation for the vulnerable

Adults with a learning disability who live in stable and appropriate accommodation

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ➔ No significant change

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	600	85.1%	82.3%	87.5%	77.8%	70.0%
2012/13	635	87.6%	85.0%	89.8%	85.3%	73.5%
2013/14	660	89.2%	86.7%	91.2%	87.9%	74.9%
2014/15	599	86.6%	83.8%	88.9%	87.9%	74.0%*
2015/16	666	92.9%	90.8%	94.5%	88.9%	75.4%
2016/17	696	93.8%	91.8%	95.3%	88.0%	76.2%
2017/18	702	93.1%	91.1%	94.7%	88.2%	77.2%
2018/19	706	92.7%	90.6%	94.3%	88.6%	77.4%
2019/20	712	91.2%	89.0%	93.0%	85.3%	77.3%
2020/21	644	90.7%	88.3%	92.6%	87.0%	78.3%

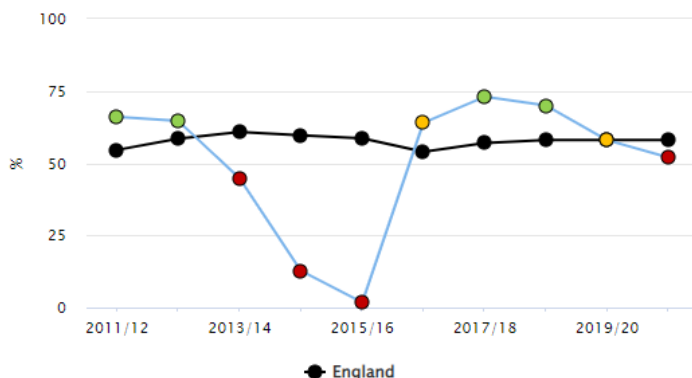
Data from the Adult Social Care Outcomes Framework suggest that while over 90% of adults with a learning disability are in stable and appropriate accommodation only 52% of adults in contact with secondary mental health services are.

Adults in contact with secondary mental health services who live in stable and appropriate accommodation

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	-	66.0%	63.5%	68.5%	64.1%	54.6%
2012/13	-	64.6%	62.0%	67.0%	47.5%	58.5%
2013/14	-	44.8%	42.0%	47.7%	55.4%	60.8%
2014/15	-	12.7%	6.5%	23.4%	58.9%	59.7%
2015/16	-	1.8%	1.1%	2.9%	56.0%	58.6%
2016/17	-	64.0%*	47.5%	77.8%	49.0%*	54.0%*
2017/18	-	73.0%	69.7%	76.0%	52.0%	57.0%
2018/19	-	70.0%	66.7%	73.1%	53.0%	58.0%
2019/20	-	58.0%	54.5%	61.4%	53.0%	58.0%
2020/21	-	52.0%	48.6%	55.4%	55.0%	58.0%

Source: NHS Digital. Measures from the Adult and Social Care Outcomes Framework, table 1H. (Resources)

Financial inclusion / cost of living

- There are approximately 30,000 low income households in Stockport
- Latest Government data (2020) shows that 15,613 households in Stockport are in fuel poverty (11.9% of all households). This is lower than both Greater Manchester (15.1%) England (13.2%). However in some areas of Stockport, the proportion of households in fuel poverty is as high as 27%.
- The predicted 40% increase in energy price cap in the autumn is predicted to increase the number of households in fuel poverty by 30%, meaning over 20,000 households will be in fuel poverty
- Research by Sheffield Hallam (2021) shows that in Stockport: 15,509 households are experiencing food insecurity, whilst 4402 households experience hunger

Financial inclusion - the local context

Circa 30,000 low income households
(JSNA 2016)

15,509 (12.26%) households are experiencing food insecurity

15,613 households in fuel poverty
(predicted to increase by 30% to 20,297)

FSM numbers increasing
(+3.3% from 2020-2021 and +4.6% compared to 2019 pre-COVID)

Increased demand for financial support
(plus awareness of parental debt to schools)

Increased demand for food banks
(Plus ongoing challenges with supply)

Increased demand for energy support

Benefit changes – two child limit
(affects 840 families)

Increase in crisis presentation at libraries and One Stockport Hub

Unclaimed benefits
(circa £5.8m in unclaimed Pension Credit, £478k in unclaimed HSV)

Presentation of new cohorts at front doors
(Those who did not need support before COVID incl. migrant communities)

£8m Adult Social Care debt

Create and develop health and sustainable places and communities

GM Community Safety Survey - Overview

- Introduced in July 2019. Undertaken in quarterly “waves” – Wave 8 covered April to June 2021.
- Around 3250 respondents across GM per wave (325 in Stockport in each of Waves 1-4, and 350 in Waves 5-8).
- 2,700 Stockport respondents across the 8 waves – analysis here refers to these 2,700 respondents.
- Seeks respondents views on
 - How safe they feel.
 - Experience of community safety issues
 - How agencies dealt with them.
 - Perceptions of their local area.
- Results show little variation over time – some changes in perceptions coincided with pandemic related lockdowns. These tended to revert to pre-pandemic levels as lockdown restrictions eased.
- Stockport respondents tended to feel safer in their local areas and feel most positive about their local area than across GM as a whole.
- Within Stockport, more affluent areas tended to respond more positively on questions across survey topics than those in the more deprived areas.

GM Community Safety Survey: Demographic variations within Stockport

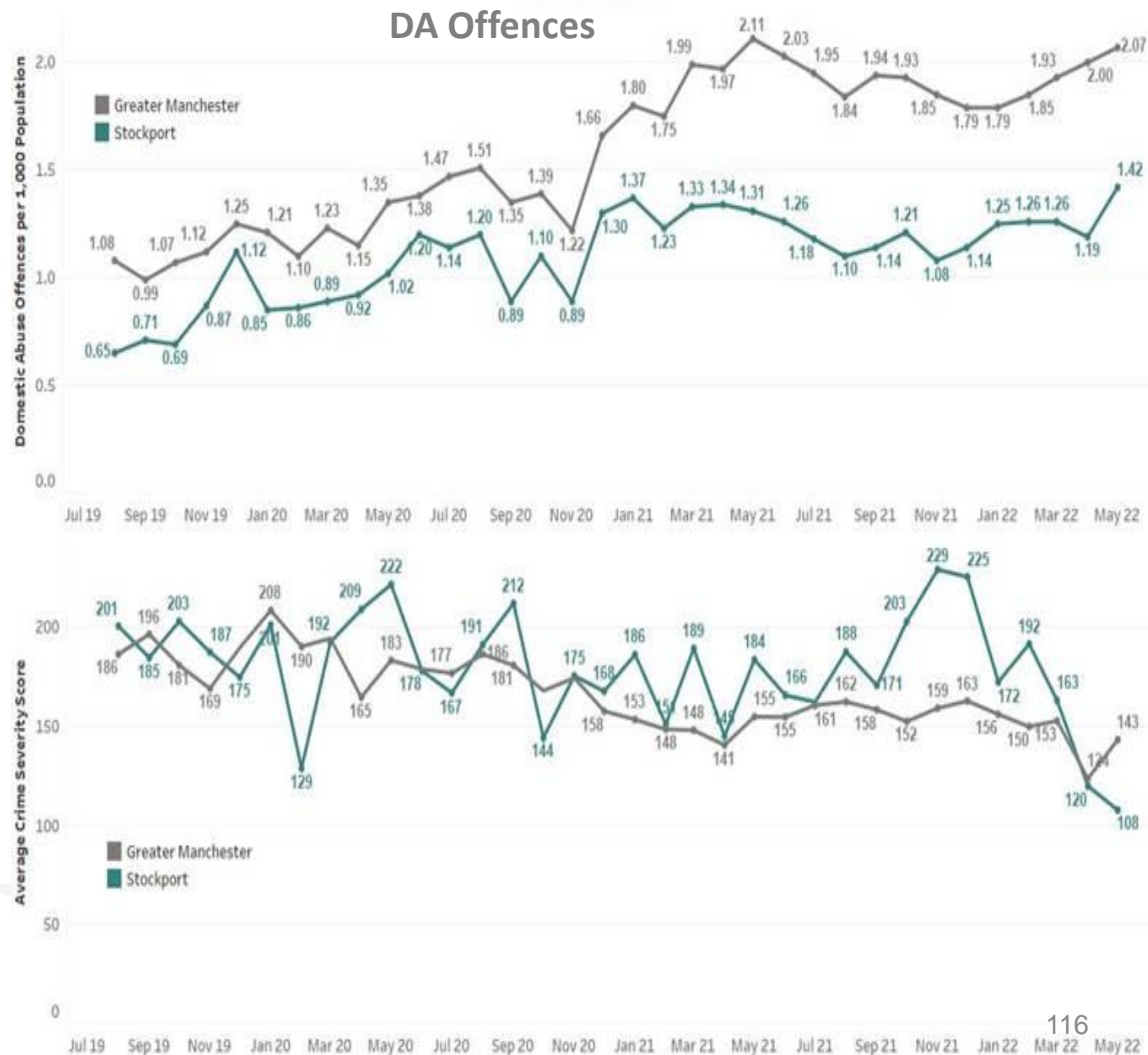
- Residents with a disability tended to feel less safe, less satisfied with (and less confident about) response from agencies and less positive about their local area than those without disabilities. The difference was even more pronounced among those who reported they had mental health issues.
- LGBTQ+ residents tended to feel less safe, less satisfied with (and confident about) response from agencies and less positive about their local area than heterosexual respondents.
- Less affluent respondents tended to feel less safe, less confident in receiving a response from GMP in an emergency and less positive about their local area than more affluent respondents.
- Younger respondents tended to feel less safe, less confident that in response from agencies and less positive about their local area than those in older age groups.
- Though less pronounced than the above differences above, black and ethnic minority respondents felt less safe away from their local area, were less satisfied with services received, were more likely to have experienced a community safety issue and were less likely to feel people of different backgrounds got on well together in their local area or felt a sense of belonging to their local area than white respondents did. However black and ethnic minority respondents felt **more** confident or receiving a response from services and were more likely to agree that they had a say about what happens in their local area than white respondents.

Domestic Abuse 2019-2022

- There has been a gradual increase in the incidence of domestic abuse crimes in the borough since July 2019, with a particular jump apparent between November and December 2020. Though Stockport has consistently lower rates such crimes than GM as a whole, the trend lines followed similar patterns until December 2020. Since then however, rates in Stockport have started to decrease, whereas rates across GM continued to rise until July 2021.

- The lower graph shows severity of incidents and suggests that there was a gradual decrease in severity levels in the years to July 2021, both in Stockport and GM. More often than not however, the average severity level in Stockport has been higher than the GM average level.

- Though a gradual decrease in the level of severity of the abuse has been observed, there was been an increase in the **complexity** of cases, with a wide range of issues (affecting victims, perpetrators and others) besides the abuse itself being presented, requiring intervention from a number of services.



Adult Offending and Re-offending

- The latest available data suggested reoffending rates among Stockport adult offenders are amongst the lowest in GM.
- It also suggested that the number of previous offences per offender has reduced (and was below the national average).
- Between September 2019 and November 2021, the proportion of adult suspects who are repeat suspects increased in Stockport, from 21.3% to 28.6%. Across GM this increased from 23.1% to 32.1%.

Youth Offending and Re-offending

- Between the year ending December 2016 and the year ending September 2019, re-offending rates in Stockport reduced from 30.1% to 24.8% (with a peak of 44.1% in March 2018). Stockport's re-offending rate was below national and GM rates at the beginning and end of that period but exceeded both in the middle of the three-year period.
- Stockport's rate per 100,000 population of First Time Entrants to the Youth Justice (YJ) system is generally below GM and national rates. Stockport's rate reduced by over 50% between September 2019 and December 2020. This is indicative of the impact of effective early intervention packages.
- Use of custodial sentences in Stockport's has been well below GM average and usually below national rates. Stockport's rate fell from a peak of 0.49 per 100,000 population in the year to September 2018 to 0.07 in the year to June 2021, reflecting effective community supervision arrangements.
- As observed above with domestic abuse, increasing complexity of cases also applies to the Youth Justice & Targeted Youth cohort, particularly those involving criminal exploitation. The early intervention offer is currently being reviewed as some identified cases are becoming younger and need intervention at an earlier stage.
- A review of services how services are for adolescents are delivered is currently underway – in the first instance, this will affect Aspire and Youth Justice services.
- The Stockport Youth Justice and Targeted Youth Support Service has an embedded “Health and Wellbeing Team” comprising: 1 x CAMHS Practitioner (F/T); 1 x School Nurse (0.2); 1 x Speech & Language Therapist (0.4); 1 x Psychologist (Trauma Specialist) (0.2); 1 x Parenting Nurse (0.2).

Climate Change – The Bad News

- Climate Change is happening and will lead to more extreme weather events
- We need to adapt to impending risks associated with:
 - More extreme heat / cold episodes
 - Flooding
 - More severe storms
 - Changes in seasons
- Leading to:
 - Damage to infrastructure
 - Disruption to travel
 - Impacts on health – heat / cold
 - Worse air quality
 - Supply chain disruption – food, medical supplies, water shortages
 - Increase in migration – both economic and political

OUTCOMES

- Increase in costs to deal with impacts / squeeze on finances / energy crisis
- Unintended consequences of climate change – resources / energy / travel / refugees

Only 8% of large businesses monitor climate-related risks, according to the ONS Business Insights and Conditions Survey between 21 March and 3 April.

[ONS](#)

Over **6 in 10 adults** expect rising UK temperatures will **directly affect** them by 2030 - ONS Business Insights and Conditions Survey

[ONS](#)

By 2070, average summer temperatures expected to **increase between 3.8 and 6.8°C**

[Met Office](#)

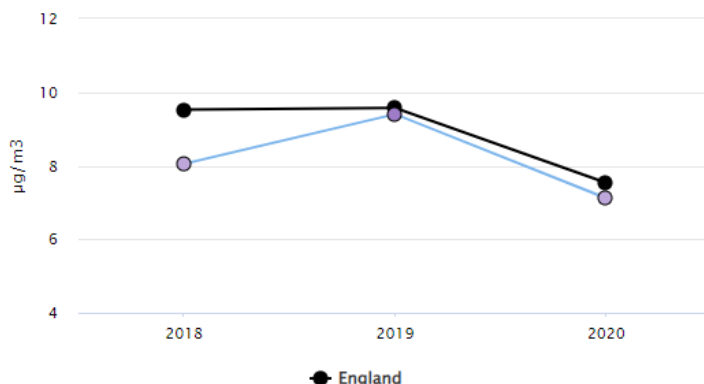
Air quality

Air pollution: fine particulate matter (new method - concentrations of total PM2.5)

Mean - µg/m³

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2018	-	8.1	-	-	7.9	9.5
2019	-	9.4	-	-	8.3	9.6
2020	-	7.1	-	-	6.7	7.5

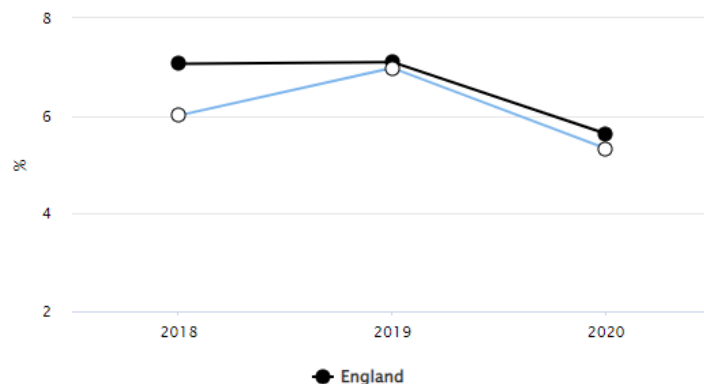
Source: Background annual average PM_{2.5} concentrations for the year of interest are modelled on a 1km x 1km grid using an air dispersion model, and calibrated using measured concentrations taken from background sites in DEFRA's Automatic Urban and Rural Network (<https://uk-air.defra.gov.uk/interactive-map>). By approximating LA boundaries to the 1km by 1km grid, and using census population data, population weighted background PM_{2.5} concentrations for each lower tier local authority are calculated. This work is completed under contract to DEFRA, as a small extension of its obligations under the Ambient Air Quality Directive (2008/50/EC).

Fraction of mortality attributable to particulate air pollution (new method)

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Stockport				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2018	-	6.0%	-	-	5.9%	7.1%
2019	-	7.0%	-	-	6.2%	7.1%
2020	-	5.3%	-	-	5.0%	5.6%

Source: Background annual average PM_{2.5} concentrations for the year of interest are modelled on a 1km x 1km grid using an air dispersion model, and calibrated using measured concentrations taken from background sites in Defra's Automatic Urban and Rural Network (<https://uk-air.defra.gov.uk/interactive-map>). By approximating LA boundaries to the 1km by 1km grid, and using census population data, population weighted background PM_{2.5} concentrations for each lower tier LA are calculated. This work is completed under contract to Defra, as a small extension of its obligations under the Ambient Air Quality Directive (2008/50/EC). Concentrations of total PM_{2.5} are used for estimating the mortality burden attributable to particulate air pollution (COMEAP, 2022).

Data on air quality are produced through modelling techniques, based on sample collection from a small number of sites. The impact of the first year of the pandemic can be seen in a lower level of fine particulate matter, however it is likely that levels will have reverted back to previous levels.

The modelled also project the impact of poor air quality on health and suggest that in 2019 around 7% of deaths could be linked pollution. Stockport ranks as average in both a national and GM context. Areas of London have the highest proportions (>10%).

Climate Change – Mitigation & Adaptation

- GM wide target of carbon neutrality by 2038
- Stockport Council operational net zero target by 2030

- ONE Stockport Health & Care Board → align to these targets
- Plan for climate change impacts & risks → align to sustainable procurement

- Take advantage of the positive's:
 - Transition to zero emission / green economy
 - Renewable energy opportunities – reduce costs and security
 - Restructure supply chains & use procurement to secure more beneficial social and environmental benefits for the borough



What next?

Turning insight in to action



We need to continue build this vast intelligence about our system into a consistently articulated narrative



A wealth of data, we must be mindful of ability to control, opportunity to influence and timescale for change



We need to develop our priorities, with deliverables for y1, y3, y5, y7



We know we need to ensure we are dedicating resource to the enabling functions that let us all deliver and know we're delivering well (eg intelligence, quality improvement, evaluation, OD, etc – from our vision work)



The single biggest intervention is knowing there is no single biggest intervention! Systems working requires action at all levels – but we can agree our areas of focussed attention



Commitment to capturing case studies as we go



So on to developing our priorities...

Priorities 2022-2030

- **What does this data tell us about our priorities as a health and wellbeing board ?**
- **Are there areas that we want to undertake a deep dive or understand more?**