



ONE
STOCKPORT
HEALTH AND CARE PLAN
2024-2029

A Healthy, Happy and Independent Stockport

AN OVERVIEW OF THE ONE STOCKPORT HEALTH AND CARE PLAN	FOREWORD	4	
	EXECUTIVE SUMMARY	5	
	INTRODUCTION	11	
INFORMING THE ONE STOCKPORT HEALTH AND CARE PLAN	THIS IS STOCKPORT	14	
	OUR JOURNEY	16	
	SHAPING OUR PLAN	17	
	OUR SYSTEM	20	
	OUR VISION	22	
	OUR VALUES	23	
	OUR AIMS	24	
	OUR PRIORITIES	25	
	Mental Health, Mental Wellbeing, Learning Disabilities & Autism	26	
	Cost of Living and Anti-Poverty Action	28	
DELIVERING THE ONE STOCKPORT HEALTH AND CARE PLAN	Neighbourhoods and Prevention	30	
	Safe and Timely Discharge	33	
	Elective Care and Cancer Services	35	
	Primary Care Access	37	
	Maternity, Children and Young People	39	
	Urgent and Emergency Care	40	
	Adult Social Care Transformation	41	
	Enabling Programmes	42	
		APPENDICES OVERVIEW	44
	APPENDICES	A1 – Schedule of GM and NHS LTP Deliverables	45
A2 – Engagement Report 2021		49	
A3 – Engagement Report 2023		57	
A4 – Equality Impact Assessment Summary		65	
A5 – PIA Framework		68	
A6 – THIS IS STOCKPORT. Cont.		69	

An overview...



ONESTOCKPORT
Health and Care

FOREWORD

Stockport is a confident and ambitious Borough. United in the face of the coronavirus pandemic, our communities pulled together to support each other, to overcome new challenges and to build hope for the future.

ONE Stockport - our Borough Plan - is based on the priorities which have come from extensive engagement with the people who live and work in Stockport. The One Stockport Health and Care Plan is delivering on the health and care elements of the Borough Plan.

Health, Social Care and Wellbeing are at the forefront of Stockport's vision for 2029 and a key priority for local people. If the last few years have taught us anything, it's that we are stronger working together. We believe that the best way to deliver Stockport's vision is through collaboration across the wide range of partners who support health, care and wellbeing for local people. That means teams from statutory health and care organisations working together with voluntary and faith groups, private health and care providers, care homes and domiciliary care providers, emergency services and housing, community groups, schools, colleges, family, friends and carers who, together, help to keep us healthy, happy and independent.

We want to build on the innovation, community spirit and outpouring of compassion that brought us together during the pandemic to tackle long-standing issues of inequalities and make Stockport a place where everyone has the best start in life, is supported to live well and age well and here we are talking pre-birth to end of life as part of our all-age approach.

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

The One Stockport Health and Care Board aims to drive system-wide improvements in population health and tackle health inequalities by addressing the social and economic factors which impact on health and wellbeing to help prevent ill health, improve outcomes, quality of care, reduce health inequalities and maximise the value of public resources.

The One Health and Care Plan is our plan for health and care in Stockport. It feeds in to the NHS Greater Manchester Integrated Care Partnership Strategy and Joint Forward Plan as part of our collaborative approach with the whole Greater Manchester system.

This plan sets how we will work together as a locality to deliver ONE Stockport's mission of a Healthy, Happy and Independent Stockport.

EXECUTIVE SUMMARY

Health and wellbeing are at the forefront of Stockport's vision for 2030, to be delivered through a single, system-wide plan for health and care over the next 5 years combined with an ambitious focus on the longer-term model of health and care.

This 5-year plan brings together existing strategies and plans, including Stockport's Locality Plan, our Health & Wellbeing Strategy and local partners' strategies into a single document and ONE vision for health and care. This is our new locality plan for health, social care and population health in Stockport as part of the Greater Manchester Integrated Care System. Underpinning this are specific, detailed action plans which will ensure local delivery of the requirements of the NHS Long Term Plan and of our local priorities as a health and care economy.

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

National Context

This plan sits within the context of major national change in the way we deliver health and care services. The Health and Care Act 2022 established Integrated Care Systems (ICS) to deliver joined-up place-based working across health and care providers. The plan is therefore focused on how we continue our transformation of the local health and care system as part of the Greater Manchester Integrated Care System, in the context of our statutory duties and informed by the Health and Care Act as well as the 'The People at the Heart of Care' central government white paper.

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

There is an unsustainable level of pressure on health and care services. The NHS is battling waiting lists for elective care and is focused on recovering from the COVID-19 pandemic and addressing the record-high backlog, responding to industrial action, as well as reforming and improving the delivery of healthcare. The Social Care sector faces significant challenges directly related to increased demand, acuity, increasing care costs and the sustainability of the care market. There are substantial vacancies across the system, staff are desperately needed to ensure that people have the right support, in the right place at the right time.



EXECUTIVE SUMMARY

One Stockport as part of the Greater Manchester Integrated Care System (GM ICS)

GM ICS is a partnership of health and care services working together to improve health and tackle inequalities in Greater Manchester. The Integrated Care System in Greater Manchester (GM) includes all health and care partners working within GM and is responsible for the health and care for 2.8 million people across 10 places. It serves a diverse population with almost a quarter of its population aged 19 or under, 12% over the age of 70, 23% from non-White ethnic backgrounds and over 54% of households deprived in at least one of the four dimensions. (Employment, education, health and disability, and household overcrowding).

The way in which health and care services are organised in every part of England changed on 1st July 2022, as new national legislation came into force. Greater Manchester (GM) is now an Integrated Care System (ICS) – a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in GM.

As one Greater Manchester Integrated Care System; all ten localities, including Stockport, are aligned to six missions which have also informed this locality strategy.



Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



Help people to get in to, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home



Achieve financial sustainability

We will manage public money well to achieve our objectives

EXECUTIVE SUMMARY

NHS GM, the statutory organisation that underpins the ICS, holds overall responsibility for system performance and commissioning of NHS services across the ICS. Some of these responsibilities are discharged at a system-level for the whole of Greater Manchester, while some responsibilities are discharged to the place-level where NHS GM, local authority and provider colleagues work together to deliver a healthy, happy and independent Stockport.

The One Stockport Health and Care Board is Stockport's locality board where all of the key partners in the borough come together to:

- Discharge commissioning responsibilities devolved to place (these include primary and community services, community mental health and some public health services and may in the future include social care)
- Convene robust partnerships across the NHS, social care, VCFSE and wider public sector to improve population health and neighbourhood working
- Focus on health creation and prevention as well as health and care services with a particular emphasis on population health and reducing health inequalities
- Work collaboratively to deliver lasting transformation of the health and care services provided to the population of Stockport, including services commissioned at both system (urgent and emergency care and cancer services for example) and place level (primary care and community health for example)
- Oversee the delivery of NHS objectives and performance standards in Stockport

The One Health and Care Plan details how Stockport will deliver against these responsibilities, the priorities of the GM ICS as well as localised priorities informed by the Stockport population.

Living with and beyond COVID

Responding to COVID-19 and the emerging unprecedented challenge has placed significant demand on the Stockport health and care system, as well as the wider public and private sector.

The impact of the pandemic is becoming increasingly evident, and both public services and communities are likely to be dealing with the economic, social, and physical and mental health consequences for many years to come. Some of the issues we face include:

- COVID-19 as an acute illness is likely to be prevalent in the population in future years
- The impact of 'long COVID'
- Increased social, emotional and mental health issues – in terms of prevalence, inequalities and acuity
- Significant increases in the number of people on waiting lists
- Increases in the number of children looked after, placement breakdowns and an increased proportion of children and young people experiencing Adverse Childhood Experiences (ACEs)

EXECUTIVE SUMMARY

The Cost-of-Living Crisis

The rising cost-of-living is pushing our families and communities in to vulnerable positions and the crisis is likely to increase health inequalities and worsen health and wellbeing, particularly in our most deprived areas. There are several risk factors related to this that our system is collaborating together on to mitigate as part of our focus on taking action against poverty. Our services are already under significant pressure at a time where health and wellbeing could deteriorate

- People can struggle to get to work or to appointments due to fuel prices
- Some families choose between forgoing essentials that are vital to living healthy lives – such as food and heating – or are being driven into debt
- Reliance on food banks increasing and warm spaces are being provided for those people who struggle to heat their homes at winter
- There could be a greater, and lasting, impact on the mental health and wellbeing of our population; this could be seen in rises of anxiety, depression and even domestic violence
- The consequences of the crisis may be felt by our workforce at a time where the morale of health and care workers is already strained and we are finding it difficult to recruit and retain staff with competition from other industries.
- Adult Social Care is means tested, this means people may have to contribute towards the cost of their care. People may struggle to meet this cost as a result of the cost of living crisis

Delivering Change

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

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

Our aims for the One Health and Care Plan are:



People are Happier and Healthier, and Inequalities are reduced.



Our population has access to safe, high-quality services which make best use of the Stockport pound



People and communities are enabled to improve and protect their health



Communities are thriving and economic development is supported

The One Health and Care Plan sets out how we will deliver the commitments made in the GM ICS Strategy and the health and care commitments in the Borough Plan to ensure that we have “A Healthy, Happy and Independent Stockport” through our One Stockport Delivery Programmes and through realising the six GM missions.

One Stockport Health and Care Plan 2024 - 2029



Strengthening our communities



Helping people stay well and detecting illness earlier



Recovering core NHS and care services



Achieving financial sustainability



Supporting our workforce and our carers



Helping people get into, and stay in, good work

Our Outcomes & Measures of Success, Aligned to Our Four Aims



People are Happier and Healthier and Inequalities are reduced

- Increased age in the onset of multiple morbidities
- Reduced inequality in the age gap in onset of multiple morbidities
- Increased physical activity in children and adults
- Reduction in smoking prevalence and obesity (including in pregnancy)
- Earlier diagnosis of Long-Term Conditions
- Improvement in outcomes for Stockport Provider Partnership aligned pathways: Diabetes, Frailty, Alcohol-related Admissions and Cardiovascular disease
- Reduced inequality in premature mortality of people with serious mental illness
- Reduction in suicides
- Carers feel supported and enabled by health and care partners



There are safe, high-quality services which make best use of the Stockport pound

- Year on year improvement in meeting national targets for core and statutory services (NHS System Oversight Framework and Adult Social Care Oversight Framework)
- All CQC-registered providers good or outstanding
- Equitable service provision across all areas in GM / Locality / Neighbourhoods
- Delivery of a balanced recurrent financial position (RAG rated)
- Reduction in permanent care home admissions
- Reduction in complaints



People and communities are enabled to improve and protect their health

- Improved life satisfaction (Self-reported wellbeing)
- Increased healthy life expectancy
- Reduced avoidable mortality rates
- Reduction in drug and alcohol related admissions
- Reduction in unplanned hospital admissions
- Improvement in mental health and wellbeing at all ages
- Reduction in falls and increased early detection of frailty
- Reduced gap between the actual v projected dementia prevalence



Communities are thriving and economic development is supported

- Increased delivery of social value
- Increased number of health and care organisations paying the real living wage & members of the good employment charter
- Reduction in unemployment particularly in young people
- Increased school readiness and child development at 2.5 years
- Reduced number of people affected by income deprivation
- Fewer children living in low-income households
- Increase in suitable employment and accommodation for people with mental illness
- Reduction in homelessness
- More housing options available for people with care and support needs
- Fewer children living in poverty

One Stockport Delivery Programmes



Mental Health, Wellbeing, Learning Disabilities & Autism



Neighbourhoods & Prevention



Primary & Community Care Access



Safe & Timely Discharge



Cost of Living & Anti-Poverty Action



Elective & Cancer Services

Informing our plan...



ONESTOCKPORT
Health and Care

INTRODUCTION

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

The One Stockport Health and Care Plan sets the strategic direction for delivering on the One Heart of the One Stockport Borough Plan and is also linked in to our longer term ambitions around One Future.

One Stockport, One Heart

The One Stockport Health and Care Plan sets out our shared approach to support local people to be Healthy & Happy. We recognise that health and wellbeing are strongly influenced by a wide range of factors, especially employment, connected communities and access to green spaces and activities.

Delivery of the aims set out in this plan will be achieved as part of the full-system approach undertaken by the One Stockport Health and Care Board and the Greater Manchester Integrated Care Partnership, as set out in the Borough plan, GM ICS Strategy, GM Joint Forward Plan and the other constituent Delivery Plans.



ONE HEART

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

- 1 A caring and growing Stockport**
Stockport is a great place to grow where children have the best start in life
- 2 A healthy and happy Stockport**
People live the best lives they can - happy, healthy and independently
- 3 A strong and supportive Stockport**
Confident and empowered communities working together to make a difference



ONE HOME

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

- 1 A fair and inclusive Stockport**
A borough for everyone - diversity and inclusion is celebrated and everyone has equity of opportunity
- 2 A flourishing and creative Stockport**
Stockport is an exciting place to live, where people are active and celebrate the culture
- 3 A climate friendly Stockport**
Stockport is a responsible and sustainable borough



ONE FUTURE

Growing, creating and delivering a thriving future for Stockport.

- 1 An enterprising and thriving Stockport**
A thriving economy which works for everyone
- 2 A skilled and confident Stockport**
Everyone has the opportunities and skills to successfully achieve their ambitions
- 3 A radically digital Stockport**
A digitally inclusive and dynamic borough

INTRODUCTION

- The Borough Plan was developed in partnership with organisations across Stockport and was shaped by the voices of our communities and residents.
- The core pillars of the plan form the foundation of all our delivery plans and we are making significant progress, but we know there is more work to do
- We want to take the “One Future” element of the Borough Plan to the next level.
- One Future is the next phase of our borough plan, a call to action over the next 10-15 years
- Outline’s “5 Big Things” that that we will supercharge to make Stockport the best place in the UK to live happy and healthy lives



**ONESTOCKPORT
ONEFUTURE**

Delivering 5 big things together

One Stockport, One Future

The One Health and Care Plan is a five-year plan to improve health and care provision in Stockport and to continue to move to a more preventative, holistic and person-centred health and care system. This plan has been developed in the context of our collective One Stockport approach to developing an exciting future for Stockport. One Future is the Future part of the Borough Plan – it is about five big things, all of which we think will contribute to improving the health and wellbeing of our population and will therefore help us progress our plans for health and care.

The six health and care delivery programmes outlined in this Plan are part of the route map to the delivery of the five Big Things and our shared One Future vision. As such, as well as delivering six health and care delivery programmes, like improving Mental Health and improving access to Primary Care over a five year period, we are also focusing, in the longer term, over a fifteen year period, on five big things that we want to deliver together with all Stockport partners. This includes an exciting new community-based and prevention-focused model of health and care and a great focus on improving wellbeing in our neighbourhoods! Central to this is our ambition to improve disperse good quality health and care services across Stockport! This means...



More health and care services in your own neighbourhood



Acute services are better and more sustainable for the future with a new Town Centre Hospital



A Health Hub in the Town Centre providing Primary Care as well as Screening and Immunisations

This long term vision and route map to delivery have been developed because our ambition in Stockport and in Greater Manchester is high and the case for change is strong. The Five Big things have the potential to deliver system wide transformational benefits. For example, the new future focused hospital will be in a sustainable location at the heart of a major area of regeneration and housing delivery in Stockport town centre. This will bring major economic, social and environmental benefits as well as, crucially, improving health outcomes. This will be a best-in-class healthcare facility and, aligned with a broader approach of driving services in to our neighbourhoods. This is an amazing opportunity to drive a new model of health and care for the population of Stockport.

Combined with a broader effort to deliver jobs and homes for everyone in Stockport, ensuring that everyone has the opportunity to have the best start in life and that everyone in Stockport has access to clean, green transport; the impact of our proposed changes for One Future for the people of Stockport will be enormous.

We are all, collectively, going to take the take the One Future element of the Borough Plan to the next level. Using our collective efforts to supercharge 5 Big Things that we will deliver together over the next 10-15 years. These are:

1

Good Jobs and Homes



- Building more homes in the town and district centres
- Ambitious plans for the east of our Town Centre and will create accessible and affordable housing so everyone can live and succeed
- Creating 1500 new businesses and getting an additional 6500 people in employment by 2030
- Creating and producing jobs in growing industries
- Providing an education and skills system which enables people to get the right training and qualifications
- A green print for the future that grows the green economy

2

The Best Place to Grow Up



- Excellent schools right across the borough, where every child is included in the school's success
- Easy access to top-quality early years support (0-5) for all so children reach school age ready to learn and full of confidence
- Encouraging our young people to use their strong voices to shape the future of the Borough by providing them with the platform to influence and lead

3

Best Health and Care



- A brand- new hospital at the heart of the town centre which uses technology and new models of healthcare to get people well
- Good access to joined up health and care services close to where you live in including doctors, dentists and many more health services delivered locally rather than in traditional hospital settings
- All our residents to live as independently as long as possible in their own home and feel connected to their community

4

Thriving Neighbourhoods



- Developing brilliant community spaces in each neighbourhood, from parks and greenspaces to sport, leisure and culture that can be accessed by everyone.
- Providing people with information about what is happening in their local area, and where to get help when they need it.
- Making sure that all areas of Stockport are accessible, safe, clean, and green by public services working together as a single team
- Maintaining our thriving local businesses, and our vibrant VCFSE sector.

5

Clean, Green Transport



- Ensuring Metrolink comes to Stockport to connect us fully into the Greater Manchester transport network
- A zero-emission bus network which effectively connects everyone in the borough and provides a credible alternative to getting in our cars
- Securing national investment in Stockport Train station to maintain its status as one of the best-connected train stations in the North, reflecting the ambition of our Borough

Each Big Thing will create many benefits ... and together, their impact will be transformational on our health in the longer term.

THIS IS STOCKPORT

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



Commissioners



Adult Social Care,
Stockport Family,
Public Health and
other Council
services



Schools, Colleges
and other education
providers



Hospital Care and
Community Health
Services



Acute and
Community Mental
Health Services



Patient Voice



Unpaid Carers



Federation of 32 GP
Practices



Out of Hospital
Services and Out of
Hours Primary Care



Housing Services



Community
Pharmacy,
Optometry and
Dentistry



Ambulance, Police
and Fire Services



Voluntary,
Community, Faith
and Social
Enterprise Sector



Local businesses
(including the
independent health
sector and social
care providers)

Our lives are understood as being interdependent and shaped by the contexts we live in. Therefore, all our health, education, community, and social care services must also work together with individuals, their families and communities to improve local care and outcomes.

The One Health and Care Plan is setting out to support our services to prevent disease and illness, as well as to treat it.

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

THIS IS STOCKPORT

Stockport is made up of a wide range of communities, unique neighbourhoods, local villages and district centres. We are proud of where we live and celebrate the diversities that make up our borough. We're part of Greater Manchester, but we're also lucky to have Cheshire, North Derbyshire and the Peak District on our doorstep, sharing wide open countryside and farmland. This unique geography and sense of community is why Stockport is one of the healthiest places to live in the North West. However, not everyone has the same opportunity to thrive and we want to narrow that gap.

Our data is telling us that:



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



Stockport has a strong economy and we are responding well to new emerging industries. However, as with other areas we face the challenges of unemployment and the current cost of living pressures.



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



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



Stockport tends to have good health outcomes. Life expectancy is comparable to the national average, but these borough wide outcomes mask significant internal inequalities and we know the COVID-19 pandemic has exacerbated existing inequalities. Our growing levels of health & care need and impact of the pandemic will present challenges in future years.

OUR JOURNEY

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



People with back or joint pain can go straight to a physiotherapist in their GP Practice

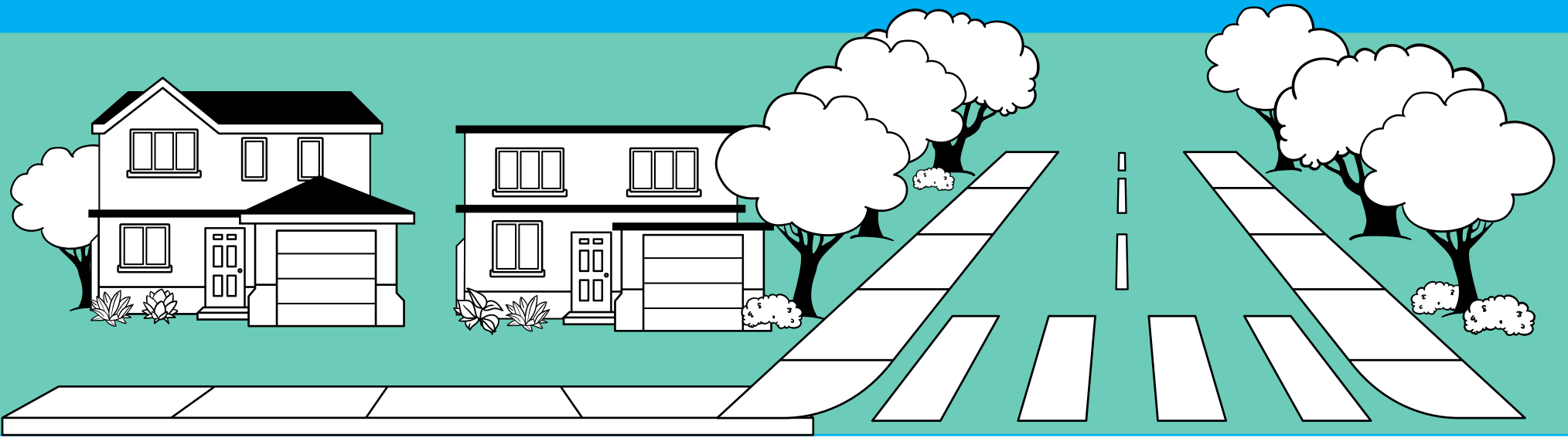
People waiting for elective surgery can have holistic support while they wait

Residents can access social care through clinics in their local libraries

Adults struggling with their mental health can access the Open Door safe haven 7 days a week

Stockport Support Hub is made up of organisations enabling people to access the support they need as early as possible which helps them to improve their health and wellbeing and to live independently longer.

In an emergency people can be supported by a community based Crisis Response Team and an Urgent Treatment Centre to avoid having to attend ED or being admitted to hospital



SHAPING OUR PLAN

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

Our plans are based on a wide range of evidence:

- Throughout 2020 we spent time seeking and listening to over 3,800 people to capture the experiences, insight and aspirations of our communities, businesses and different partnership perspectives to inform the development of the Borough Plan
- Over the first half of 2021 we spoke to around 1,000 people about the health and care plan
- In 2022 we undertook a light-touch programme of pre-engagement for the refresh of the One health and care Plan. This included working with partners and attending boards across the locality to engage on the content of the refreshed plan.
- In 2023 we undertook a survey across GM ICS. The survey was designed and developed based on the aims of the 5-year Joint Forward Plan. We also undertook focus groups with our equity networks and pop-up engagement activities with the public in all of our neighbourhoods, as well as engagement with the workforce and the VCSFE sector.
- We have been analysing all of our data and intelligence to understand our opportunities and our challenges.
- We have tested these priorities with the public and our workforce and there has been overwhelming support for the areas that health and care organisations in Stockport are focusing on. (As detailed in Appendix 3).



Pop up Events



Equity Networks



Workforce Feedback



Ongoing conversations



Online Surveys



Video Booth



Workshops



Partnership Forums

SHAPING OUR PLAN

What we have heard is that:



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



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



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



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



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

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

- While health in Stockport is generally good, people are still concerned about the effect COVID-19 had on their health and wellbeing and are reporting the effect of the Cost of Living on their health too. People are also very concerned about existing health inequalities and waiting lists.
- Emotional wellbeing and mental health are a priority for our people - particularly for young people.
- Support for carers, including respite care, is a big priority – Signpost identified 1,000 new carers during the pandemic
- Wider factors like employment, education, transport, housing, leisure and green spaces all have an impact on the health of our population
- Social isolation is a major issue for mental wellbeing
- Some people and communities require additional support such as families with a child with Special Educational Needs and Disabilities, care leavers and older people
- Services need to work together and take a holistic approach to supporting an individual with communication being really important for people, both between services and between services and the person or family

SHAPING OUR PLAN


- People want continuity of care but feel that they have to repeat their stories often and their care; whether in mental health, physical health, upon discharge, in primary care; is not always joined up
- People feel that they only get support when they are in crisis and that there is not enough of a preventative approach, this came through for physical and mental health in all engagement activities although was really emphasised from a mental health point of view

A national set of ten principles for how integrated care systems, and their localities, work with people and communities was drafted by NHS England in collaboration with various systems across England. In Stockport we are totally committed to them and use them to outline our arrangements for working with people and communities to create a golden thread running throughout the ICS, whether activity takes place within our neighbourhoods or place-wide.


There are ten principles for how integrated systems work with people and communities, which Stockport are totally committed to.

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCFSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

OUR SYSTEM

Level	Population	Overview
System 	2.822m in Greater Manchester	Integrated Care System in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.
Structures	Greater Manchester Integrated Care Partnership (ICP) as the NHS body	bringing together the NHS, Local Authorities and wider partners including voluntary sector to address health, social care and public health needs across GM
	Greater Manchester Integrated Care Board	responsible for NHS planning & funding allocation, performance, accountability and functions transferred from CCGs; plus day to day management of the ICS
	Greater Manchester Provider Collaborative	responsible for delivery of NHS Constitution and standards of care across different provider organisations

Level	Population	Overview
Place 	295,243 in Stockport	Our Borough, bringing together health and care teams to understand local needs and prioritise service delivery to improve health and wellbeing for everyone in Stockport
Structures	Stockport Health & Wellbeing Board	bringing together political, clinical, professional and community leaders across the health and care system to oversee local outcomes
	One Stockport Health and Care Board	Board of health and care leaders and service providers responsible for co-ordinating the local contribution to health, social and economic development, jointly managing the place-based budget and providing assurance to the GM ICS
	Stockport Provider Partnership	bringing together local care providers to ensure seamless delivery of care, focusing on four key pathways of work as part of Stockport's ambitious Neighbourhoods and Prevention programme.

Level	Population	Overview
Neighbourhood 	circa 30,000 to 50,000 people	Local neighbourhoods served by integrated health and care teams to deliver more coordinated and proactive services that keep people happy, healthy & independent
Structures	<ul style="list-style-type: none"> <input type="checkbox"/> Bramhall and Cheadle Hulme South <input type="checkbox"/> Cheadle <input type="checkbox"/> Heaton and Reddish <input type="checkbox"/> Marple <input type="checkbox"/> Stepping Hill <input type="checkbox"/> Stockport Central <input type="checkbox"/> Werneth 	multi-agency approach from GPs, community services, mental health teams, social care, voluntary sector and Healthwatch etc

Delivering our plan...



ONESTOCKPORT
Health and Care

OUR VISION

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

Our vision for 2029 sees us all working together to develop a borough which is fairer, inclusive, caring, enterprising and full of ambition. We want to deliver healthier, happier lives for the people of Stockport; where people are enabled to live the lives that they want to and where children, young people and their families are enabled to realise their potential.

For health and care, this means giving everyone the best possible start in life, supporting communities to thrive, reducing inequalities between different communities while improving health and wellbeing for everyone in the borough and driving early help, prevention and independence where possible alongside service improvement.

The future success of the borough is reliant on our current children and young people. Investing in high-quality child and young people's education and care can lead to long-term benefits for individuals through better health, social, emotional, and cognitive outcomes and benefitting society as a whole by reducing poverty, improving health outcomes, increasing productivity, and increasing social cohesion.

The best way to achieve this goal is to work together as ONE Stockport, providing integrated support to individuals when they need it. One Stockport health and care is all about creating a sustainable, person-centred system where professionals work together with local communities, recognising their strengths and assets, to prevent ill health, proactively support people to remain independent and offer high quality care when needed. Our plans for health and care in Stockport are not just about treating ill health, it is about encouraging people to be more proactive about their health and wellbeing. It can increase independence and reduce or delay the need for health and care services.

This is not a quick fix - our vision for 2029 will be delivered through 5-year delivery programmes and constantly refreshed to meet changing needs and demands.

All of this ties in to our exciting and ambitious focus on the longer term for Stockport and the five big things we are aiming to deliver as One Stockport, including a new model of health and care, with brand new health and care facilities built in our Town Centre combined with a model that drives services in to our neighbourhoods and increasing the proportion of our budget spend on prevention!

OUR VALUES

We will continue to build strong relationships, develop ourselves and our teams and we will work with those around us to overcome challenges – giving us hope for the future of Stockport.

As One Stockport...

- **We are inclusive.** We believe our difference and unique experiences need to be celebrated. We proactively address inequality and hold ourselves accountable for everyone feeling included and valued.
- **We are ambitious.** We believe in Stockport, our people, and the places that make up our Borough. We are continuously challenging ourselves to be the best we can be for Stockport.
- **We are collaborative.** We believe in working together, including with our citizens, openly and honestly. We support each other and always work together for the benefit of Stockport.

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

OUR AIMS

Our health and wellbeing have never been more important to us. ONE Stockport sets a clear mandate for health and care partners to deliver real change. Stockport residents will see tangible improvements in health and wellbeing as well as in the quality of local services.

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

Strategic Aims



People are Happier and Healthier and Inequalities are reduced



There are safe, high-quality services which make best use of the Stockport pound



People and communities are enabled to improve and protect their health



Communities are thriving and economic development is supported

Outcomes & Measures of Success

- Increased age in the onset of multiple morbidities
 - Reduced inequality in the age gap in onset of multiple morbidities
 - Increased physical activity in children and adults
 - Reduction in smoking prevalence and obesity (including in pregnancy)
 - Earlier diagnosis of Long-Term Conditions
 - Improvement in outcomes for Stockport Provider Partnership aligned pathways: Diabetes, Frailty, Alcohol-related Admissions and Dementia
 - Reduced inequality in premature mortality of people with serious mental illness
 - Reduction in suicides
 - Carers feel supported and enabled by health and care partners
-
- Year on year improvement in meeting national targets for core and statutory services (NHS SOF and ASCOF)
 - All CQC-registered providers good or outstanding
 - Equitable service provision across all areas in GM / Locality / Neighbourhoods
 - Delivery of a balanced recurrent financial position (RAG rated)
 - Reduction in complaints
-
- Improved life satisfaction (Self-reported wellbeing)
 - Increased healthy life expectancy
 - Reduced avoidable mortality rates
 - Reduction in drug and alcohol related admissions
 - Reduction in permanent care home admissions
 - Reduction in unplanned hospital admissions
 - Improvement in mental health and wellbeing at all ages
 - Reduction in falls and increased early detection of frailty
 - Reduced gap between the actual v projected dementia prevalence
-
- Increased delivery of social value
 - Increased number of health and care organisations paying the real living wage & members of the good employment charter
 - Reduction in unemployment particularly in young people
 - Increased school readiness and child development at 2.5 years
 - Reduced number of people affected by income deprivation and fewer children living in low-income households
 - Increase in suitable employment and accommodation for people with mental illness
 - Reduction in homelessness
 - More housing options available for people with care and support needs
 - Fewer children living in poverty

OUR PRIORITIES

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

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

We have undertaken a full review of our spend, population segmentation and of our activity and have identified and quantified three population health opportunities to optimise the allocation and support health and care services in better, more efficient, ways:

1 To reduce prevalence and progression of ill health based on targeted prevention and early detection activities

2 Opportunities to change models of care to deliver more consistent proactive care to support effective population health management

3 Opportunities to improve health and address and reduce disparities in care for people in deprived socioeconomic groups

These opportunities will be threaded through all of our work. Alongside our engagement with the public, National and Greater Manchester-wide strategy and policy and extensive population health data; these opportunities have informed and inspired our collective One Stockport focus on our six key priorities:

Each of our priorities will be underpinned by delivery plans that will detail the timeline of implementation over 1, 3 and 5 years.



Mental Health, Mental Wellbeing, Learning Disabilities and Autism



Cost of Living and Anti-Poverty Action



Neighbourhoods and Prevention



Safe & Timely Discharge



Improving Access to Elective Care and Cancer Services



Improving Access to Primary and Community Care

Threaded through our six priorities will also be a focus on:



Improving Urgent and Emergency Care



Delivering Adult Social Care



Supporting Children, Young People and Families



Enabling Programmes

We will work together as ONE Stockport to deliver our all-age Mental Health and Wellbeing, Learning Disability and Autism strategies, we will aim to improve the mental and physical wellbeing of all of our residents and we will improve the quality and responsiveness of our mental health, learning disability and autism services.

Mental health affects us all at one time or another. We all aspire to wellbeing, a sense of happiness, meaning or purpose in life. And the mental health and wellbeing of our population is a high priority for system partners. But right now we are seeing the number of Stockport residents suffering with mental health challenges, be that depression, anxiety or serious mental illness, increasing significantly. Recent survey data show 1 in 5 of our young people have low life satisfaction. This at the same time as inequalities in mental health are widening, largely because of the dual impacts of the COVID-19 pandemic and the rising Cost-of-Living.

We are putting lived experience at the heart of everything that we do. The actions contained within our strategy for Mental Health have been co-produced, our mental health board is co-chaired by a person with lived experience and we will continue to be guided by what matters to people and their families, to ensure services understand and respond to people's needs. As part of our plans for One Stockport we are embedding mental health in everything that we do. We are co-producing a delivery plan with partners across the system and collaborating as partners to develop a much more joined up model to support the mental health and wellbeing of everyone in Stockport. We are taking a 'whole organisation' approach to the mental health and wellbeing of our workers in One Stockport health and care and are encouraging our partners to do the same and to provide training and promote awareness in the public and in our staff of mental health and wellbeing.

This workstream focuses on the actions that can be undertaken by health and care services, while recognising the importance of all elements of the ONE Stockport Borough plan to creating the conditions that can improve mental health and wellbeing. Working with colleagues across the Greater Manchester Integrated Care System, we will support delivery of the Greater Manchester Mental Health & Wellbeing Strategy. Locally, we will ensure provision for mental health and wellbeing support across all communities, building the capacity of our VCFSE sector, with particular focus on the most vulnerable groups.

One Stockport's approach to supporting those with Learning Disabilities or autistic people is also a collaborative one. Our priorities include a strong commitment to co-production, early support, support at key transition times, improving pathways, effective signposting and crucially, the development of a strengths-based model. One Stockport will improve access to all of our services for people with mental health conditions or learning disabilities and autistic people. The pre-pandemic picture for mental health, learning disabilities and autism services was one of a system already under pressure, much like the rest of the system. Many services already had high waiting times and high demand. The COVID-19 pandemic exacerbated these issues.

OUR PRIORITIES

Mental Health, Mental Wellbeing, Learning Disabilities and Autism

How will we achieve a Healthy, Happy and Independent Stockport?

An individuals' mental health and wellbeing are influenced by many parts of our lives, including family, community, work, school, and our wider environment. We recognise that autistic people and people with mental health conditions or learning disabilities can face added barriers and challenges. Therefore, we all have a part to play, including local communities, schools, workplaces, voluntary and faith groups, the Council, as well as the NHS. We will work as equal partners, guided by our shared understanding of the challenges and priorities, and by lived experience.

Actions:

- Putting lived experience at the heart of what we do
- Embedding mental health in everything we do
- Promoting awareness and understanding of mental health, wellbeing, learning disabilities and autism
- Working with communities and building the capacity of voluntary, community, faith and social enterprise organisations
- Improving our mental health support to enable people to live fulfilling lives, including the expansion of our community mental health offer
- Delivery of the One Stockport Dementia Strategy
- Delivery of the One Stockport Autism Strategy
- Development and delivery of the One Stockport Learning Disability Strategy
- Implementation of a Supported Housing Improvement Programme
- Develop and improve integrated pathways for mental health, learning disabilities and autism
- Implementation of the Right Care, Right Person programme

Aligned to GM ICS Six Key Missions:

- Helping people stay well and detecting illness earlier
- Recovering core NHS and social care services
- Helping people get into, and stay in, good work

High-level Outcome Measures:

- Improvement in mental health and wellbeing at all ages
- Increase in suitable employment and accommodation for people with mental illness, learning disabilities (LD) and autism
- Reduced inequality in premature mortality of people with mental illness, LD and autism
- Reduction in suicides

What does this mean for....

Our population

People and communities will enjoy good wellbeing, and feel more resilient and able to deal with life's challenges. Carers feel recognised and supported.

Our staff

Staff will be proud of the care that they provide and will be better supported to see the people that they are working with, not just surviving, but thriving too

Our partners

System partners share a clear set of ambitions, actions, and priorities. We have confidence in these, as they have been produced on the basis of input from a wide range of partners and residents, and they respond to the challenges we face, and make use of known, effective approaches and interventions.

What will the future look like?

By 2029 Stockport will continue to be a place where people support each other in times of need, in communities where we find belonging and feel proud. We will have achieved real improvements in the physical and mental health and wellbeing of communities with the poorest health, reducing inequalities which will reduce the gap in healthy life expectancy between communities.

There is a close link between the key elements of our long-term approach to anti-poverty action and the social determinants of health. The draft objectives have a close read across to the recommendations of the GM Independent Inequalities Commission and the Marmot report: Build Back Fairer in Greater Manchester – Health Equity and Dignified Lives.

The cost of living has been rising in recent months in the UK and across the world. Food and energy prices have been rising markedly, particularly gas prices, partly in response to the conflict in Ukraine. Global recovery from the coronavirus (COVID-19) pandemic is putting further pressure on prices. In the UK, prices of consumer goods and services rose by 9.6% in the year to October 2022 – the fastest rate in four decades. Since then the annual inflation rate, as measured by the Consumer Prices Index including owner occupier’s housing costs (CPIH), has slowed. In the year to July 2023 the annual inflation rate was 6.4%, down from 7.3% in June .

Data shows that nationally around half (51%) of adults across Great Britain say they are spending more than usual to get what they normally buy when food shopping. This is according to those asked between 9 and 20 August 2023 as part of the latest Public opinions and social trends bulletin. The survey also reveals that 46% of adults said they were buying less food when food shopping in the past two weeks. Rising food costs was the most commonly reported reason among the 53% of adults who said their cost of living had risen compared with a month ago.

We know the importance of income and poverty for health, and the increased pressure on our most vulnerable families and households due the rising cost of living is likely to be significant on both mental and physical health. These cost pressures are likely to impact:

- Food choices and consumption, leading to unhealthier diets and potential malnourishment]
- Housing conditions and home warmth, cold and damp homes leading to respiratory disease,
- Stress and anxiety, as people worry about money, affordability and debt
- Affordability of care provision

Stockport is the ninth most polarised borough in England, with deprived areas having lower than average education, health and employment outcomes, leading to significant inequalities which damage the life opportunities of our residents. Both our data and intelligence tells us that demand has not abated as it usually would over the summer months, in fact demand on these services has remained constant. We are experiencing every month 1% of Stockport’s population reaching out to ask for help with the cost of living.

This can all lead to deteriorating health, increased pressure on services and widening inequalities as the impact of these pressures are felt most acutely by those already financially vulnerable. Given the scale of the challenge, we are taking a joint approach across all of our health and care partners to tackle cost of living and poverty as One Stockport.

OUR PRIORITIES

Cost of Living and Anti-Poverty Action

How will we achieve a Healthy, Happy and Independent Stockport?

As part of our short-term anti-poverty activity, our residents have benefited from a range of provision and targeted interventions that have enabled them to improve their financial security and receive support when in crisis for example access to food banks and crisis payments. With growing demand across the system for COL issues, council and partners are reporting the number of residents seeking help and the complexity of issues is increasing; this is about a longer term, preventative approach for One Stockport.

Actions:

- Maximising income – A key element of addressing poverty is to maximise income either through work or benefits.
- Minimising outgoings – Another essential element of addressing poverty is to minimise outgoings. This would include budget management skills; services which support individuals to write off debt; advice on claiming reductions in expenses such as fuel and phone tariffs. TBC
- Prevention – Schemes targeted at young people are pivotal to preventing poverty. Continuing to deliver a poverty proofing programme and continuing to provide support to maintain relationships between young people and their family in order to prevent homelessness.
- Dealing with crisis – A critical element of anti-poverty work is to support residents in crisis. When this emerges putting in place preventative and supportive services. For example significant life events such as divorce, bereavement, or becoming disabled are times of significant vulnerability where residents would benefit from interventions such as income maximisation, debt management, living well interventions, social prescribing and access to support from VCFSE.
- Power and Voice – A lack of access to influence and feeling disempowered are important elements of the experience of poverty. The stress this causes is particularly acute in a polarised borough such as Stockport due to the additional impact of social comparison and feeling unable to participate fully in society.

Aligned to GM ICS Six Key Missions:

- Strengthening our communities
- Helping people stay well and detecting illness earlier
- Helping people get in to, and stay in, good work

High-level Outcome Measures:

- Reduction in unemployment
- Reduced number of people affected by income deprivation.
- Fewer children living in low-income households

What does this mean for....

Our population

Stockport residents will feel supported and better equipped to deal with the cost of living and will be less likely to become unhealthy in the longer term

Our staff

Our workforce are affected by the Cost of Living too, any action we can take against this will support Stockport as a whole.

Our partners

All of our organisations are experiencing unprecedented demand for cost of living this is a joint coordinated effort to mitigate that.

What will the future look like?

In 2029 Stockport will continue to thrive. As many people as possible who can meet their basic needs. Inequalities are reduced and Stockport experiences below average levels of poverty, unemployment, and poor health.

We will work together as ONE Stockport through a model of public service delivery, in Stockport's Neighbourhoods, that recognises wider factors such as education, housing, employment, environment, and social connectedness to put people at the heart of our services and tailor care to their individual needs.

How long and how well we live is determined not only by our personal behaviour or our treatment from statutory services but also crucially by our social relationships and our physical environment. Good health and wellbeing begins in our neighbourhoods where we live, learn, work and play. Teams will work to common service goals and outcomes, and where appropriate, with aligned geographical footprints, which are small enough to know communities well and large enough to allow us to organise & flex around people's needs and deliver support where it is most needed.

The Neighbourhoods & Prevention programme in Stockport is wide-ranging and ambitious. We are intentionally covering the whole spectrum of place, communities and health and care; recognising the impact of our community and where we live on our health and wellbeing as well as designing more integrated and collaborative health and care services. To achieve this: the neighbourhood model will be delivered across three distinct but interlinked pillars. Each pillar is recognised as absolutely foundational in ensuring that we have a healthy, happy and independent Stockport.

Thriving Places

Delivering exciting and safe places to live, work and socialise with vibrant public spaces across Stockport, thriving local businesses, enabling cohesive and connected communities as well as providing an environment where people thrive and positively impacting their health in the future

Connected Communities

A collaborative dynamic system taking action against poverty and focusing on social inclusion and improving information, advice and guidance for example. Within each sector there will be improved connection as well as between sectors, to build on the strengths of each neighbourhood and to solve problems together in neighbourhoods.

Collaborative Health and Care

Collaborative health and care teams will work together focusing on prevention of ill health, early intervention and supporting people to retain their independence in our neighbourhoods. Delivery of care or support will be through a joined-up neighbourhood approach, with all health, social care and VCFSE professionals, working together as ONE team to deliver a seamless experience for patients. We will take a population health management approach and improve the health of neighbourhoods by reducing health inequalities. We will move away from demand-led, reactive health and care provision to a more proactive, tailored, and holistic approach to care.

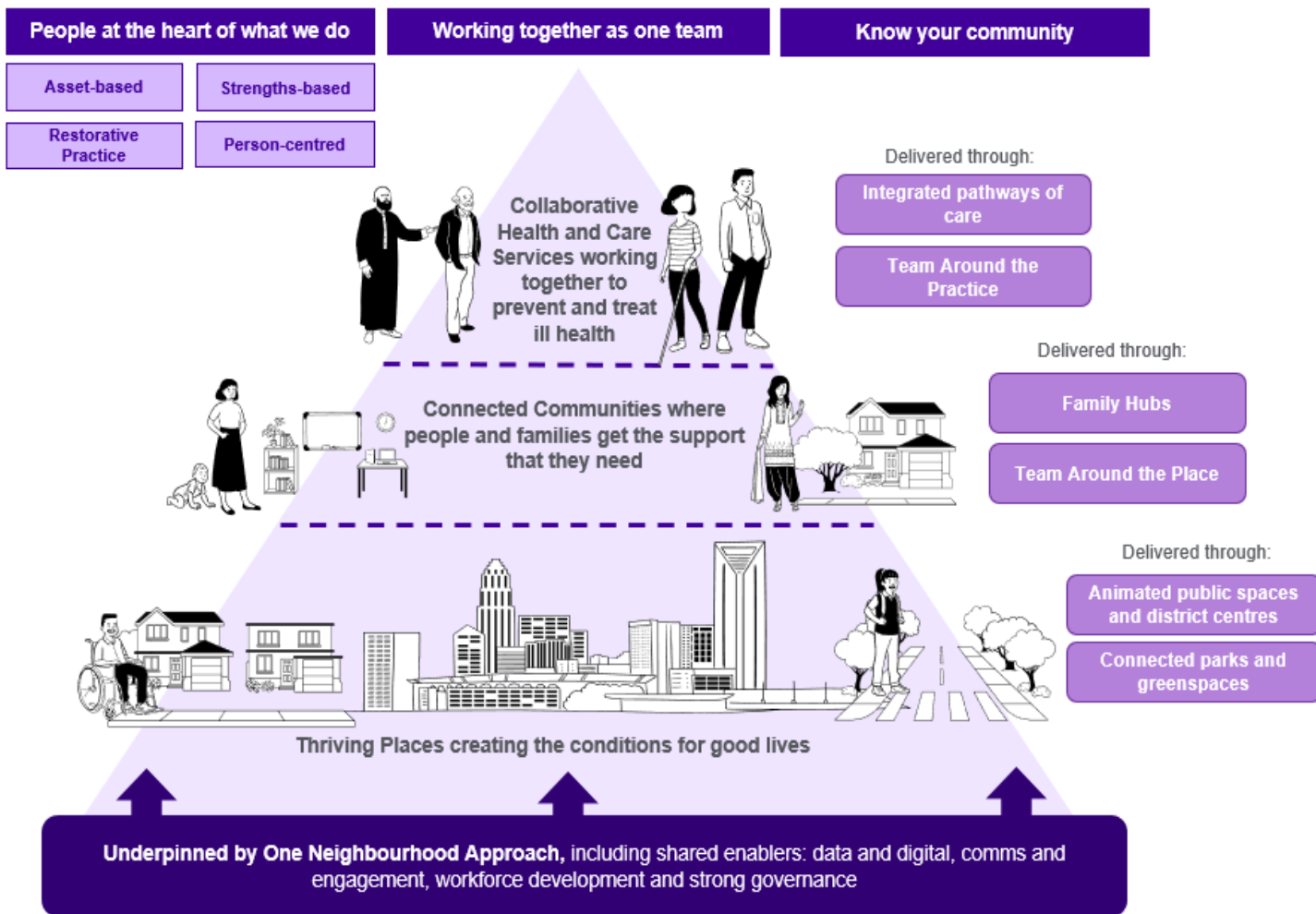
Stockport's Neighbourhoods Model

One Neighbourhood Team: Designed around the Person, Family and Community, with the look and feel of one team

Why: Stockport's neighbourhoods are unique and people value a sense of community, feeling safe and having pride in a local area. We want to develop brilliant community spaces in our neighbourhoods, good local information and advice and easy access to early support when needed. By working together we will achieve better outcomes for people and make better use of public resources. We will encourage independence and resilience, whilst acknowledging that when people face challenges, the causes can be complex, but the best solutions exist at a local level, whether that is through family, social connections, communities or neighbourhoods. Working in this way will achieve better care & support, better outcomes and better value for money, as well as vibrant places and public spaces.

What: We will mobilise to build collaboration, between public-, VCFSE- and business sectors and with communities and residents themselves, understanding the role all play in improving local outcomes. We will build trusted relationships and reduce duplication, leading to resilient, thriving, happy communities.

How: Neighbourhoods are the mechanism by which key/joint strategies are delivered. Working to common service goals and outcomes, and where appropriate, with aligned geographical footprints, which are small enough to know communities well and large enough to allow us to organise & flex around people's needs and deliver support where it is most needed, we can bring public services together to improve outcomes and reduce inequalities.



OUR PRIORITIES

Neighbourhoods and Prevention

How will we achieve a Healthy, Happy and Independent Stockport?

Focusing on creating the conditions for good lives, empowering people to stay healthy and supporting people to remain in, and return to, health in their neighbourhoods we will deliver joined-up services in neighbourhoods, bringing together professionals to deliver person-centred care and support which maximises a person's independence. We will take a rounded approach of people's needs in housing, employment, transport and planning for example and how that impacts on people's health

Actions:

- Planning and designing more animated, safe and clean community spaces and housing for neighbourhoods to thrive in
- Enhancing parks and greenspaces to be nature rich, increasing active travel, improving physical and mental wellbeing for the population
- Delivery of a dynamic cross sector and community network in each of the neighbourhoods with a relentless focus on prevention and early help for all of our communities
- Improving social, financial and digital inclusion through, for example through: enhanced Information, Advice and Guidance and technology enabled care
- Driving an evidence-based approach to supporting people with Multiple Disadvantage to prosper
- Delivery of the GM VCFSE Accord and Sector 3 VCFSE Strategy
- Transforming access to help in the community through family hubs which are a 'front door' to a range of early help, public health, and support services. Within Adult Social Care the Stockport Local appointment model will support individuals to access good quality advice, early help and prevention.
- Focusing on particular conditions, improving continuity of care and collaboration. Starting with Frailty, Diabetes, Alcohol-related harm, CVD.
- Developing Multi-Disciplinary Teams, called Teams Around the Practice, where teams come together to proactively prevent the need for higher levels of care
- Practices will also work at a PCN level with a preventative approach to develop population health improvement plans for their population
- Enhancing and integrating our urgent / same day offer to provide urgent care to people in their home or in their neighbourhood

Aligned to GM ICS Six Key Missions:

- Strengthening our communities
- Helping people stay well and detecting illness earlier
- Helping people get into, and stay in, good work

High-level Outcome Measures:

- Reduction in onset of multiple morbidities
- Reduction in health inequality in the onset of multiple morbidities
- Earlier diagnosis of Long-Term Conditions
- Reduction in hospital and care home admissions
- Reduction in unemployment

What does this mean for....

Our population

A changed relationship with their services. The services work with them in a person-centred way and they are supported proactively from developing illness or finding themselves in crisis. When they are in crisis their support is integrated, seamless and of high quality.

Our staff

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

Our partners

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

What will the future look like?

By 2029 professionals will be working together across all three pillars in each neighbourhood of Stockport supporting local people. Agencies will collaborate to focus on local needs, inequalities will be reduced as will the prevalence of long-term conditions. Our neighbourhood model will support us to reduce the number of people who need more intensive care and support.

We will work together as ONE Stockport to develop the way we deliver Health and Social Care Services to ensure that the people of Stockport are able to live their best lives possible and have a Safe and Timely Discharge from acute hospital care or a community bed. We will continue to develop and embed our models which promote admission avoidance, reablement or rehabilitation and a discharge to assess, Home First approach.

Under the [Discharge to assess, home first](#) approach the vast majority of people are expected to go home (to their usual place of residence) following discharge. The discharge to assess model is built on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. An assessment of longer-term needs should take place once someone has reached a point of recovery, where it is possible to make an accurate assessment of longer-term needs.

Most people being discharged should go home without the need for ongoing support (Pathway 0). Of those that remain, the majority of supported discharges should be going home (Pathway 1), with only a small proportion of people needing short-term bed-based intermediate care (pathway 2). Only in exceptional circumstances should someone be considered to need long-term care at the point of discharge (Pathway 3).

Multi-disciplinary hospital discharge teams and transfer of care hubs, comprising professionals from all relevant services across sectors (such as health, social care, housing and the voluntary sector), work together to plan discharges so that everyone has the opportunity to recover and rehabilitate at home (wherever possible) before their long-term health and care needs and options are assessed and agreed. This approach reduces exposure to risks such as hospital-acquired infections, falls and loss of physical and cognitive function by reducing time in hospital, and enables people to regain or achieve maximum independence as soon as possible. It also supports hospital flow, maximising the availability of hospital beds for people requiring this level of inpatient care and elective surgery.

We know that unnecessary delays in discharge from hospital are a problem that too many people in Stockport are experiencing. This is largely due to our growing population and rising demand on our hospital, and in some of the services available in the community. On average we have more than 100 people in hospital per day awaiting discharge who no longer need hospital treatment. We want to reduce this number. We will do this by improving the offer we have available to support people at home as well as the community bed offer and improving our processes. We will work together with all system partners to make sure we meet the needs of the Stockport population. We will ensure this is backed up with good data, and we will use technology to enable good care.

Health and care professionals who are facilitating hospital discharges will work together with individuals, and where relevant with families and unpaid carers, to discharge people to the setting that best meets their needs. We will ensure the process is person-centred, strengths-based, and driven by choice, dignity and respect. We will work with Healthwatch as partners to understand the views of our residents and support our continual improvement.

OUR PRIORITIES

Safe and Timely Discharge

How will we achieve a Healthy, Happy and Independent Stockport?

To support people to be happy, healthy and independent through a person-centred approach that helps people stay well and be as independent as they can be, preventing the need for long term or permanent higher levels of care where possible, delivering services as close to home as possible, minimising length of stay in hospital or a care home, supporting people with a safe and timely discharge from hospital and enabling people to regain skills and wellbeing once discharged.

Actions:

- Working with our providers and the NHS GM Urgent and Emergency Care System Board to support internal hospital flow improvement initiatives
- Focusing specifically on Out of Area discharge improvement
- Scaling up Intermediate Care & Discharge to Assess systems and processes to ensure collaboration, effectiveness and quality across all of our D2A pathways as well as an additional focus on our mental health pathways
- Delivering a long term, sustainable model of Intermediate Care
- A strong focus on alternatives to A&E on Same Day Emergency Care, Virtual Wards and Acute Respiratory Hubs
- Joined-up Single Point of Access for the coordination of discharge pathways
- Improved access to admission avoidance and step up services

Aligned to GM ICS Six Key Missions:

- Helping people stay well and detecting illness earlier
- Achieving financial sustainability

High-level Outcome Measures:

- Reduced readmission within 30 days of discharge
- Reduced permanent admissions to care homes
- An increase in the number of people discharged to their usual place of residence (via Pathway 0 and Pathway 1)
- An increase in the number of people that achieve their optimum baseline post discharge via rehabilitation or reablement support
- An increase in P1 usage
- Increased take up of admission avoidance and step up services

What does this mean for....

Our population

Safe and timely discharge from hospital where the services around the person are communicating and the experience is both safe and timely. Carers feel recognised and supported

Our staff

A fully established and healthy workforce from all parts of the system whether it be health, social care, or voluntary sector working together in a way that gives them job satisfaction

Our partners

Building on great examples of patient-centred collaboration between a range of services with strong working relationships continuing to work together to improve flow and patient experience

What will the future look like?

By 2029, people will feel confident to take control of their health and wellbeing to prevent ill health and stay independent. When support is needed, it will be offered close to home and in collaboration with the individual and their family / carers instead of admission to care homes or hospital. When people are admitted to hospital they go home in a safe and timely way and are supported effectively by professionals once home.

OUR PRIORITIES

Improving Access to Elective Care and Cancer Services

We will work together as ONE Stockport to focus on improving waiting list times for elective care, improving access, streamlining processes, eliminating duplication and ensuring that people on elective and suspected cancer pathways get the right care, in the right place at the right time. This will be achieved by taking a ONE Stockport approach to recovery and reform of elective care and cancer services.

The NHS continued to deliver elective and cancer treatment during the pandemic, the pressure of caring for large numbers of patients seriously unwell with COVID-19 inevitably led to elective cancellations and few patients being referred for treatment. Waiting lists for elective care reaching the highest level since current records began.

COVID-19 exacerbated inequalities in access to elective treatment, particularly in our more deprived areas. There was also a sustained reduction in the number of people referred, diagnosed and treated for cancer with vital appointments postponed. As the health and care system developed it's understanding of COVID-19, appointments were maintained where possible. People living with cancer spent months shielding because of concerns that their diagnosis put them at more risk of becoming acutely unwell if they contracted with COVID-19.

The NHS backlog is not limited to those waiting elective hospital care or cancer treatment. Mental health and community services are also challenged with backlogs, general practice and urgent care facilities are under significant pressure with people struggling to get seen..

In collaboration with our NHS Greater Manchester Integrated Care partners, we have defined the six key areas of focus for leading the NHS to elective care recovery in Greater Manchester and in One Stockport:

- Integrated Elective Care Services
- Improving Productivity and Efficiency
- Maximising use of Surgical Hubs
- Better utilisation of the independent sector
- Better management of waiting lists
- Enhanced spotlight on Children and Young People

One Stockport's key focuses around Cancer includes:

- Prevention
- Early Diagnosis
- Treatment
- Personalised Care

The key for us at place-level will be around delivering, improving, monitoring and sustaining screening uptake, rapid diagnosis centres to support against the faster diagnosis standard and locality-level transformation of cancer pathways

OUR PRIORITIES

Improving Access to Elective Care and Cancer Services

How will we achieve a Healthy, Happy and Independent Stockport?

To recover and expand elective care and cancer services for the population of Stockport. To better manage rising demand whilst improving patient experience and access. Ensuring that the care delivered is integrated and person-centred.

Actions:

- Integrating Elective Care services through improving the interface between primary and secondary care and harnessing digital innovation, including virtual outpatients and telehealth
- Improving productivity and efficiency whilst simultaneously working with One Stockport partners and across GM to address variation in standards, access, and quality
- Working with providers and with GM-wide colleagues on maximising the use of existing surgical hubs, increasing productivity and surgical hubs and increasing the number of accredited surgical hubs
- Working with providers and with GM-wide colleagues on better utilisation of independent sector for greater productivity both in the delivery of care and in diagnostics, for example through the operationalisation of the Community Diagnostics Hub
- Better management of waiting lists, reducing long waits for treatment and crucially, focusing on a One Stockport approach to better supporting patients whilst they are waiting
- Enhanced spotlight on CYP by providing additional capacity and improving pathways
- Working collaboratively as One Stockport to take proactive action to prevent cancer, support primary care and acute providers to diagnose and treat early through a variety of GM-level and Stockport-level actions.

Aligned to GM ICS Six Key Missions:

- Recovering core NHS and care services
- Helping people stay well and detecting illness earlier

High-level Outcome Measures:

- Year on year improvement in meeting national targets for core services including elective care targets and Cancer Waiting Times
- Equitable service provision across all areas in GM / Locality / Neighbourhoods
- Reduction in unplanned hospital admissions

What does this mean for....

Our population

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

Our staff

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

Our partners

Greater collaboration – between agencies working together to reduce waiting lists and support patients whilst they wait.

What will the future look like?

A population that has access to sustainable services that provide them with the right care, in the right place at the right time. Patients are supported through end-to-end pathways and the time that people have to wait for treatment will continue to decrease.

OUR PRIORITIES

Improving Access to Primary and Community Care

Stockport's health and care system currently relies heavily on hospital care, with high rates of hospital admissions for conditions which could be treated out of hospital, in Primary and Community Care. We believe that the only way to improve health and care for everyone is to work together as ONE Stockport, wrapping care around the needs of the individual with emphasis on improving access to primary care and enhancing our provision of community services.

Wrapping care around the needs of the individual starts in primary care, the 'front door' of the NHS; this includes general practice, community pharmacy, dental, and optometry (eye health) services.

The aim of Primary Care is to provide access to care as easily as possible, dependent on the needs of the individual. Primary care professionals help treat common minor illness and long-term conditions and help to prevent future ill health.

Primary Care in Stockport will take a lead on supporting our people to maintain their health, wellbeing and independence through the proactive management of care working collaboratively as PCNs by delivering Population Health Plans and by active participation in the Teams Around the Practice to enhance health and care delivery in neighbourhoods. Unpaid carers are recognised as essential partners in ensuring access to and effectiveness of, primary care services.

In March 2023, a workshop was held with One Stockport partners to discuss strategy for Primary Care going forward around the themes of health inequalities and prevention, long term conditions, the interface between primary and secondary care, estates and digital, access, neighbourhoods, complex care and workforce. Primary Care faces multiple challenges – with insufficient staff and capacity to meet rising patient need and complexity, it was established that we need a system-level, coordinated response to deliver on the transformation programme required.

Our community services in Stockport provide support across a range of needs and age groups but are most often used by children, older people, those living with frailty or chronic conditions and people who are near the end of their life. It is crucial that our Primary Care and Community Services work together and that we focus on the innovation and coordination of both for the best outcomes for patients and their carers.

Primary and Community Care is viewed as an absolutely integral part of our health and care system in Stockport. Our work on improving access for Primary and Community Care will be predominantly aligned to the GM Blueprint for Primary Care, set out across nine chapters of work:

1. Timely, appropriate access to care
2. Be a part of wider Neighbourhood team
3. Tackling Inequalities
4. Prevention, early detection and effective management of long term conditions
5. Sustainable services
6. Digital Enablement
7. Appropriate facilities and estates
8. Quality Improvement
9. Happy, healthy and engaged workforce

OUR PRIORITIES

Improving Access to Primary and Community Care

How will we achieve a Healthy, Happy and Independent Stockport?

Through a person-centred approach, One Stockport will focus on improving access to primary care and community services, prevention and early detection, particularly of long-term conditions.

Actions:

- Provide timely appropriate access to care delivered by a primary care system which has sufficient capacity to meet the needs of service users, where processes are simple and straight forward
- Be part of a wider neighbourhood team where individuals and communities are supported to take more control over their own health
- Ensure that we do not exacerbate health inequalities and takes practical steps to tackle these inequalities wherever we can
- Help people to stay well and focuses on disease prevention, early detection and effective management of long term conditions including delivery of the Live Well model and improving social prescribing
- Be viable for the long term, ensuring that all primary care services are available when and where needed
- Empower citizens and providers with gold standard, digitally enabled Primary and Community Care combined with the Living Well at Home and Ageing Well models
- Deliver primary care from facilities which are appropriate for the provision of 21st century health and care
- Be standards based, with a focus on quality improvement
- Be recognised as a career destination for a happy, healthy and engaged workforce

Aligned to GM ICS Six Key Missions:

- Strengthening our communities
- Helping people stay well and detecting illness earlier
- Recovering core NHS and care services

High-level Outcome Measures:

- Reductions in onset of multiple morbidities
- Reduction in smoking prevalence and obesity
- All CQC-registered providers good or outstanding
- Year on year improvement in meeting national targets for core services, including for access to services

What does this mean for....

Our population

Good access to primary care with a service centred around your needs

Our staff

A Primary Care workforce that has job satisfaction and has the skills and role mix for transforming care

Our partners

Empowering our PCNs to deliver more integrated care across our neighbourhoods

What will the future look like?

By 2029 there will be a more sustainable model of Primary Care that provides the right care in the right place at the right time and is actively focused on prevention, as well as treatment. Patient have improved access and coordination of care and are involved in a more proactive approach to managing their care.

We will continue work together as One Stockport to implement improvement initiatives across Stockport to reduce pressure and simplify UEC, as part of our ONE system approach to delivering better outcomes of care and experience for our population and our workforce. With increasing pressure on emergency services, and as technology and the needs of the population change, the UEC system must also change to ensure a service fit for the future.

The Urgent and Emergency Care (UEC) system includes emergency departments (accident and emergency) but also other services such as NHS 111, ambulance services, and urgent primary and community care appointments.

UEC services support people to receive the right care, by the right person, as quickly as possible. To ensure that our population has access to timely and appropriate emergency care in the community and on arrival to hospital, to support flow across inpatient pathways to ensure people get home as soon as they can and to support our system partners, such as ambulance services, community, social care, the voluntary sector and primary care to keep people at home and healthy.

The COVID-19 pandemic had a profound impact on our UEC services. But the pressure had been mounting on the system before that. There has been a general increased use of emergency services over many years, we have an ageing population and more and more patients are seeking emergency care who suffer from chronic illness, social isolation, mental health conditions and the effects of ageing. The change in both the volume and the nature of patients we are seeing has pushed emergency care services to their limits.

Aligned to the national UEC Recovery Plan, meeting this challenge will require a sustained focus on the following five areas:

1. Increasing capacity
2. Growing the workforce
3. Improving discharge
4. Expanding care outside hospital
5. Making it easier to access the right care

By 2029 we will have a more sustainable model of Urgent and Emergency Care where services are designed to ensure that the current and future needs of our population are met. Everyone in Stockport, with urgent or emergency care needs, will receive the right care, in the right place, as quickly as possible.

OTHER AREAS OF FOCUS

Maternity, Children and Young People

The future success of the borough is reliant on our current children and young people. Investing in high-quality children and young people's education and care can lead to long-term benefits for individuals through better health, social, emotional, and cognitive outcomes and benefitting society as a whole by reducing poverty, improving health outcomes, increasing productivity, and increasing social cohesion.

Our children and young people are our future and Stockport is a great place for them to grow up. Most children and young people in Stockport are healthy, live in settled families, benefit from high-quality early years provision and education places, and go on to do well at school. However, this is not the case for all of our local children. We know that, 13.5% of children and young people in Stockport are living in poverty and there are small areas that rank within the 2% most deprived in England. In recent years birth rates have grown most rapidly in the more deprived areas of Stockport. Children living in poverty in Stockport do less well in education and have poorer health and life chances than children living in poverty nationally and in some neighbouring borough. In areas of disadvantage, the number of children achieving a good level of development at the end of the early years' foundation stage is declining. There are currently 8,993 children and young people aged 0 to 25 years with SEND in Stockport. Of this number, 67.3% are in receipt of SEN support.

Our priorities for Children, Young People, Maternity and SEND for 2024-2029:

- Aligned to the national three-year delivery plan for maternity and neonatal we will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

- We will learn from the success of the Stockport Family Model, which wraps care and support around children and their families and we will build this into our all-age approach, we are constantly enhancing and improving our integrated offer for children.
- We will successfully implement Family Hubs in all of our neighbourhoods as part of our approach to provide rounded support to children and their families. We will work to move acute provision in to the community, working closely with our anchor institutions, such as education settings and GP practices as well as working with our VCFSE partners.
- Creating successful transitions for children between ages and stages and delivery of our service offer that is developmentally appropriate.
- We will ensure that children and young people with additional support needs, for example children looked after or with complex safeguarding needs, are given the care and support they need to flourish with a robust, effective evidence based multi-agency prevention and early help offer.
- We will focus on the inequalities in outcomes between children in the more affluent and deprived areas of the borough, tackling growing issues of childhood obesity and mental wellbeing to prevent long-term conditions and disadvantages that lead to health inequalities in later life. As well as the effective management of long term conditions in children and young people to prevent them getting unhealthy in later life.
- Our approach to SEND will have co-production and working together at the heart of it, we will deliver early identification of SEND and deliver continuous improvement of our SEND services by using the voices of children, young people and their families.

By 2029 children and young people will have better physical health, mental health and wellbeing. They will have a seamless experience of integrated care and support delivered as part of by an all-age integrated health and care system.

Adult Social Care is an active partner of ONE Stockport which has a mission of a Healthy, Happy and Independent Stockport. People shouldn't be defined or limited by their illness or disability. People want to have a 'gloriously ordinary life', defined by personalisation, choice and control. People tell us that it is important to have access to good quality advice and information about how to keep independent and well, and that carers are supported to continue their caring role for as long as they choose.

We want people to be able to live in the place they call home with respect and dignity and have choices about their lives. We want to enable people to be as independent as possible, with access to their community, in control of their care and support and living a life free from abuse. We want to make sure that we are doing a good job by listening to feedback and making continual improvements, this will help us to ensure that there is a range of inclusive and accessible services available that meet the needs of the local community in the neighbourhoods in which they live.

We achieve positive outcomes by working in partnership to commission and provide integrated services that encourage health and wellbeing, promote strengths and assets, greater independence and choice and control. We will continue to use our resources wisely to support those with the most complex needs, providing care and support that is equitable and affordable.

Our Adult Social Care Priorities for 2024-29 are;

- We will provide improved early information and advice to enable people to help themselves. This will be achieved through the delivery and further development of Stockport Local appointments and improved online information, advice and guidance.
- We will enable more people to live independently in their own homes for longer. This includes further work on delivering a new Technology Enabled Care strategy and by strengthening the support we offer to carers.
- We will work with people, communities and partners through our established partnership groups and the continued development of our Making it Real Board. We will also improve our integrated pathways through our neighbourhood working, for example for reablement, mental health and learning disabilities.
- We will work with care providers to support a sustainable care market which meets the needs of our local communities and is aligned to the Neighbourhoods and Prevention Model. We will improve the housing options that are available to individuals with care and support needs.
- We will support people with care and support needs to live a life free from abuse. We will do this through working closely with our safeguarding adults partnership and strengthening the system coordination of safeguarding.

By 2029, more people will live independently in their own home for longer and there will be less people in residential care. People will have easy access to a range of good integrated information, advice and guidance in their neighbourhood. Technology enabled care will be the first choice to maximise independence to reduce or delay the need for long term support. When people need long term support there will be a diverse offer available and they will experience seamless and integrated pathways and support. Our carers will feel recognised, valued and supported.

To deliver our shared goals by 2029, it will require input from a range of enabling services, providing shared solutions to the technical issues of how we bring together a wide range of colleagues from a number of organisations and locations around the borough.

OTHER AREAS OF FOCUS

Enabling Programmes

Workforce & Carers	Quality and Safeguarding	Commissioning and Social Value	Data, Intelligence, Insights and Digital
<p>Our workforce, and our wider unpaid carers community is our greatest strength and is key to delivering this vision. To be successful, we will support our colleagues and carers, make sure they are given the tools they need, feel valued and are offered opportunities to develop and thrive.</p> <p>We will ensure the workforce of the future by delivering against the NHS Long Term Workforce Plan, developing clear, exciting career paths; ensuring that training and education opportunities exist to develop our home-grown talent.</p>	<p>We will embed a culture of safety and create an environment of continuous quality improvement, research, and innovation.</p> <p>We will positively act upon learning – whether from incidents, complaints, or compliments about what goes well – and share this across the system.</p> <p>We will continue to work with partners across the Stockport and Greater Manchester to address variation in standards, access, and quality.</p> <p>We will work together with partners and with our people to deliver our statutory safeguarding duties to ensure that everyone is able to live a life free from abuse, harm and neglect.</p>	<p>We are dissolving the historic divide between commissioning and delivery of services.</p> <p>The ICS presents an opportunity for commissioners to work with providers to ensure that gaps in services are addressed and improve experiences and outcomes for service users by combining commissioning knowledge of population needs and front-line intelligence on managing care to develop a comprehensive model that considers the interests of the wider health system.</p> <p>We will do this in Stockport through the development of an Integrated Commissioning Function, which will ensure the joining up of commissioning intentions across the system and ensure priority workstreams oversee delivery. This includes investing on community organisations and infrastructure</p>	<p>We will encourage further use of data and gather insights using the 'The Big Stockport Picture' which brings together data published by organisations from across the Borough and is designed to help with local transparency, aid collaboration and to build products and services that benefit Stockport citizens. We will oversee local data flows and ensure good quality joined up data supports decision making for individuals, groups of people and the local population</p> <p>We will build digital solutions to new ways of working, including connected infrastructure, integrated systems, digital access to services and better use of health and care intelligence to support earlier intervention and improved outcomes, as well as supporting people to be in control of their own information</p>
Estates	Finance	Programme Management and Governance	People and Community Voice and Engagement
<p>Together, we will review local infrastructure to support the provision of more care outside of the hospital site, the effective co-location of teams to enable new ways of working and using the system estate to best effect.</p> <p>We will work closely with planning teams in the implementation of the 'Local Plan' to ensure that planning for land use supports improved health, wellbeing and independence.</p>	<p>We will work together with partners to build a sustainable health and care system – better than before - with the capacity to flex in response to future challenges.</p> <p>We will ensure NHS GM are provided with the resource requirements to deliver Stockport's integrated health and care system. Costs and efficiencies will be closely monitored in our commitment to release costs through integrated working arrangements.</p> <p>We will develop detail on how money will flow to and through the system and how financial governance and accountability need to operate at all levels.</p>	<p>We will ensure the shared aims of GM Integrated Care Partnership 5 year plan aligns to the One Health and Care Plan priorities. Delivery of GM objectives alongside Stockport priorities will be through One Health and Care Board priority workstreams with named SROs and robust programme, performance and risk monitoring and reporting including escalation of significant risks to the appropriate GM Committee.</p> <p>We will develop incident response plans and ensure the infrastructure is in place to ensure system level coordination to respond and recover from incidents.</p>	<p>We will involve local people in co-producing services that meet their needs and ensure that residents are informed of the public sector offer as well as their own role in health and care.</p> <p>We will ensure colleagues and wider stakeholders are informed and engaged in a timely, consistent, and appropriate way to coproduce the new system. We will facilitate feedback to our boards through our engagement networks.</p>

Appendices



ONESTOCKPORT
Health and Care

APPENDIX 1

Schedule of deliverables from the GM Joint Forward Plan & NHS Long-Term Plan

APPENDIX 2

2021 Engagement Report

APPENDIX 3

2023 Engagement Report

APPENDIX 4

Equality Impact Assessment

APPENDIX 5

Performance, Improvement, Assurance Framework for One Health and Care Plan Monitoring and Implementation

APPENDIX 6

THIS IS STOCKPORT: In Detail. (The data that has informed our plan).

Stockport's health and care Plan sets out a single vision for health and care across the borough and what we intend to do over the next 5 years to deliver our ambitions. As an active partner in Greater Manchester's Integrated Care System, our vision supports the local delivery of GM's ICS Strategy, the GM Joint Forward Plan (JFP) and the long-term plans of the NHS as a whole.

This schedule sets out the commitments made as part of GM's Joint Forward Plan which is affiliated to the NHS Long Term Plan, then aligned to the Delivery Programmes that make up the One Stockport health and care Plan 2024-2029.

Strengthening our communities		
Priority	Action	One Stockport Delivery Programme
Scale up and accelerate delivery of person-centred neighbourhood model	Continue to develop Live Well and Social Prescribing	Primary Care Access
	Coordinate our response to poverty	Cost of Living & Anti-Poverty Action
	Expand community-based mental health provision	Mental Health, Mental Wellbeing, Learning Disabilities & Autism
	Living Well at Home	Primary Care Access
	Take an inclusive approach to digital transformation	Enabling Programmes
Develop collaborative and integrated working	Embed the VCSE Accord	Neighbourhoods & Prevention (One Neighbourhood Approach)
	Deliver a GM-wide consolidated programme for those experiencing multiple disadvantage	Neighbourhoods & Prevention (Connected Communities)
	Embed the GM Tripartite Housing Agreement	Neighbourhoods & Prevention (Thriving Places)
	Giving every child the best start in life	Maternity, Children and Young People
	Delivery of Ageing Well and Age Friendly programmes	Primary Care Access
Increase identification and support for victims of violence	Neighbourhoods & Prevention (Connected Communities)	
Develop a sustainable environment for all	Delivering our Green Plan	Neighbourhoods & Prevention (Thriving Places)

Achieving financial sustainability		
Priority	Action	One Stockport Delivery Programme
Finance and Performance Recovery Programme	System recovery programme based on drivers of operational and financial performance	Enabling Programmes
Developing Medium Term Financial Sustainability Plan	Development of three-year financial plan	Enabling Programmes

Helping people stay well and detecting illness earlier		
Priority	Action	One Stockport Delivery Programme
Tackling inequalities	Reducing health inequalities through CORE20PLUS5 (adults)	All
	Equity in access to care and improved experience and outcomes for all children and young people (CORE20PLUS5 clinical priorities)	All
	Implementing a GM Fairer Health for All Framework	Neighbourhoods & Prevention (Collaborative health and care)
Supporting people to live healthier lives	A renewed Making Smoking History Framework	Primary Care Access
	Alcohol-related admissions and attendances to ED	Neighbourhoods & Prevention (Collaborative health and care)
	Enabling an Active Population	Neighbourhoods & Prevention (Connected Communities)
	Promoting Mental Wellbeing	Mental Health, Mental Wellbeing, Learning Disabilities & Autism
	Food and Healthy Weight	Neighbourhoods & Prevention (Collaborative health and care)
	Eliminating New Cases of HIV and Hepatitis C	Primary Care Access
	Increasing the uptake of vaccination and immunisation	Primary Care Access
Upscaling secondary prevention	Early Cancer Diagnosis	Elective & Cancer
	Early detection and prevention of cardiovascular disease	Neighbourhoods & Prevention (Collaborative health and care)
	Earlier diagnosis of Respiratory Conditions through Quality Assured Spirometry	Primary Care Access
	Early detection of unmet health needs for those living with Learning Disability and those with Severe Mental Illness	Primary Care Access
Living well with long-term conditions	Managing Multimorbidity and Complexity	Neighbourhoods & Prevention (Collaborative health and care)
	Optimising Treatment of long-term conditions	Neighbourhoods & Prevention (Collaborative health and care)
	Expansion of the Manchester Amputation Reduction Strategy across NHS GM	Primary Care Access
	The GM Dementia and Brain Health Delivery Plan	Mental Health, Mental Wellbeing, Learning Disabilities & Autism
	Taking an evidenced based approach to responding to frailty and preventing falls	Neighbourhoods & Prevention (Collaborative health and care)
	Anticipatory Care and Management for people with life limiting illness	Neighbourhoods & Prevention (Collaborative health and care)

Helping people get in to, and stay in, good work		
Priority	Action	One Stockport Delivery Programme
Enhance Scale of Work and Health Programmes	Expansion of our Working Well System	Primary & Community Care
Develop Good Work	Working with employers on employee wellbeing through the GM Good Employment Charter	Enabling Programmes
Increase the contribution of the NHS to the economy	Developing the NHS as an anchor system	Enabling Programmes
	Implementing the Greater Manchester Social Value Framework	Enabling Programmes
Supporting our workforce and carers		
Priority	Action	One Stockport Delivery Programme
Workforce Integration	Enable leaders and staff to work across traditional boundaries to support service integration	Neighbourhoods & Prevention (Collaborative Health and Care)
	Share best practice and develop tools to support a dynamic system culture	Enabling Programmes
Improving service provision and access	Increase in Good Employment Charter Membership and payment of Real Living Wage	Enabling Programmes
	Improve access to staff benefits and flexible working	Enabling Programmes
	Share best practice and resources to support managers	Enabling Programmes
Workforce Wellbeing	Take action on the cause of staff sickness and improve wellbeing support	Enabling Programmes
Addressing Inequalities	Building a leadership culture committed to addressing health inequalities	Enabling Programmes
	Adapt the recruitment process to provide alternative entry routes for diverse talent	Enabling Programmes
Growing and Developing	Develop our Greater Manchester careers approach to attract and support career development	Enabling Programmes
	Develop and deliver the Greater Manchester retention plan	Enabling Programmes
	Embrace digital innovation to improve the way we work – starting with HR digitisation	Enabling Programmes
Supporting Carers	Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers	Enabling Programmes

Recovering Core NHS and Care Services		
Priority	Action	One Stockport Delivery Programme
Improving urgent and emergency care and flow	Access to urgent care in the community	Neighbourhoods & Prevention (Collaborative health and care)
	Admission/Attendance avoidance	Neighbourhoods & Prevention (Collaborative health and care)
	Improving discharge	Safe & Timely Discharge
	Increasing ambulance capacity	Urgent & Emergency Care
	Improving emergency department processes	Urgent & Emergency Care
Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard	Integrated Elective Care	Elective Care & Cancer
	Improving productivity and efficiency	Elective Care & Cancer
	Improving utilisation of the Independent Sector	Elective Care & Cancer
	Improving how we manage our waiting list	Elective Care & Cancer
	Recovery children and Young People's Elective Services	Elective Care & Cancer
	Reducing waiting times in cancer	Elective Care & Cancer
Improving service provision and access	Diagnostics	Elective Care & Cancer
	Making it easier for people to access primary care services, particularly general practice	Primary Care Access
	Digital transformation of primary care	Enabling Programmes
	Ensuring universal and equitable coverage of core mental health services	Mental Health, Mental Wellbeing, Learning Disabilities & Autism
Improving quality through reducing unwarranted variation in service provision	Digital transformation of mental health care	Enabling Programmes
	Improving quality	Enabling Programmes
Using digital and innovation to drive transformation	NHS at Home – including Virtual Wards	Enabling Programmes
	Implementation of health and care Digital Strategy	Enabling Programmes
	Driving transformation through research and innovation	Enabling Programmes

Background

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

Over the first half of 2021 engagement was undertaken to:

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

The Plan was refreshed in 2022 to ensure that our approach was appropriate in the context of our health and care economy's recovery from the COVID-19 pandemic and in the context of developing closer working relationships in our ICS and in our locality, through the One Stockport health and care Partnership and The One Stockport Provider Partnership.

Engagement Approach

In light of the pandemic and social distancing requirements, engagement was undertaken virtually through a range of methods to reach as many community groups as possible and gain insight into the needs and aspirations of the Stockport population:

- Attending existing community, partnership and organisational meetings
- Over 500 local groups contacted with information
- Targeted focus groups to speak to a representative selection of community stakeholders
- Presentations and discussions at team meetings
- System-wide workshops for health and care staff
- Social media
- Briefings and presentation at formal meetings
- Press releases and input into partner newsletters.

Key Stakeholders included:

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

Staff providing health and care services in Stockport:

- Primary Care
- Community healthcare
- Mental Health
- Hospital services
- Social Care
- Local authority
- Care homes and home care providers
- Unions and Trade organisations.

What we heard

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

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

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

Inequality

- Local people expressed concerns about widening health inequalities, exaggerated by the impacts of COVID, and asked us to focus on this as a priority.
- There was a strong message that a one-size-fits-all approach is not suitable for everyone and we need to consider wider sectors of our communities. Engagement highlighted that cultural competency is important for services
- Respondents highlighted steps they could take to help address inequalities and these focussed around self-care, but there were recurrent barriers such as people not knowing where to get support or issues around time.

Collaboration

- Many conversations focussed on collaboration and collective approaches which are joined up with a real community emphasis. People were clear that services need to work together to deliver a seamless service for them.
- Staff engagement highlighted the need to focus on service users and put their needs above organisations.
- Positive examples of collaboration were given, showing the impact it can have on outcomes, including Stockport Family, the COVID Vaccine Programme, the Stockport Care Scheme and the Volunteering Hub.

Mental Health

- Mental Health and wellbeing is a particular concern for our young people.
- Rates of poor wellbeing have almost doubled from pre-pandemic levels. People were clear that local support should not just focus on reactive mental health services, but also support people to stay well with a strong mental wellbeing offer linked to the voluntary sector.
- A third of survey respondents did not know where to access services and those that did had predominantly had experience of mental health services either as a provider/practitioner or recipient. Solutions proposed included self-referral, greater availability of urgent access to services and the 'No Wrong Door' policy used by Open Door.

COVID

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

Age Friendly

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

- It was felt that our ambition to be an Age-Friendly Borough should encompass all age groups from early years. In particular, people highlighted the importance of inter-generational work.
- The Reddish Cycle Repair Shed was identified as an intergenerational project that works with The Reddish Cycle Repair Shed is an intergenerational project that works with Adswood Primary school, enabling disadvantaged kids to learn to fix and own a bike.

Support for Carers

- Stockport benefits from a large number of unpaid carers who support residents with health and care needs. Engagement noted the importance of this group and flagged the need for more respite care and training to support them.
- An issue raised was that many people would not identify as a carer and this is especially the case with the BAME community and older male carers who are less likely to connect to services.

Access to services

- Access to good quality health services is a top priority for the population. During COVID surveys, almost half of respondents put this as their top priority moving forward.
- Access to care was highlighted and, in particular, there were calls for more face-to-face appointments, post-lockdown.

Prevention

- There was a strong focus on the prevention agenda. People asked for more promotion of services and linking in with mental health and wellbeing, highlighting the opportunities of linking in with local groups and organisations.
- The Start Point café in Woodley was mentioned as an example of a community hub, where anyone can come in and get advice, information about services, online learning or even just find someone to talk to.

Asset based approach

- There was an acknowledgement of the need for more self-care and enabling people to take control of their health and care.
- It was felt that services should acknowledge the strengths and assets of local people and use them in co-producing care.

Wider determinants of health

- It was recognised that an holistic approach is needed – not only a health and care issue but also impacted by housing and employment.
- Education was highlighted as a key factor to help address inequalities particularly around how to access services, but a fundamental issue was the proposition of an equitable offer, so it didn't matter how much someone earned or where they lived.

Workforce

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

How Feedback was used

- Feedback from local staff, patients, service users and community groups has been used to shape our priorities and build the detail of the health and care Plan.
- Throughout the plan, case studies based on local experiences have been used to shape our model of care and prioritise shared resources for the future.

We want the people of Stockport to influence the strategy for delivering a healthy, happy and independent borough.

Over the course of July to December we conducted extensive engagement with the public and the One Stockport Health and Care workforce.

BACKGROUND

Greater Manchester Integrated Care System

Through NHS Greater Manchester and the Greater Manchester Integrated Care Partnership, we have joined everyone up to offer the population of Greater Manchester better, more connected services. Everyone across the ten localities is working together. From NHS GPs and hospitals, councils, fire and police services, to companies, charities and community groups. All collaborating to support those with health issues, and act sooner to keep people well and living a good life. Everyone needs different services as they grow up, get on and grow older. An integrated system of services works better to help people live and stay well.

The NHS GM ICS Strategy 'Improving Health and Care in Greater Manchester' takes on the more immediate challenges we face including the significant care backlog, workforce shortages, our health and care estate, the ongoing impact of inflation and the lack of a long-term national strategy for social care. It is also a strategy for 2024-2029 and therefore looks positively at the future; as partners in Greater Manchester, as One Stockport we share the vision of wanting Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city-region.

One Stockport

The One Stockport Health and Care Board, Stockport's Locality Board, aims to drive system-wide improvements in population health and tackle health inequalities by addressing the social and economic factors which impact on health and wellbeing to help improve outcomes, quality of care, reduce health inequalities and maximise the value of public resources. The Board brings together leaders from across health, care and wider public and voluntary sector organisations in Stockport. The membership includes:

- NHS Greater Manchester Stockport Locality
- Stockport Metropolitan Borough Council
- Stockport NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Stockport Homes Group
- Sector 3
- Greater Manchester Police
- Primary Care
- Healthwatch

The One Health and Care Plan is our plan for delivering against the aims of the board to improve health and care in Stockport. The One Health and Care Plan feeds in to the NHS Greater Manchester Integrated Care Partnership Strategy and Joint Forward Plan as part of our collaborative approach as one of the ten localities of the wider Greater Manchester system. The plan also delivers against the 'One Heart' theme of the One Stockport Borough Plan for the next seven years through to 2030. The Plan will set out we will work together as a system to deliver ONE Stockport's mission of a Happy and Healthy Stockport.

METHODOLOGY

We conducted our engagement through:

- The Stockport specific findings of the wider Greater Manchester ICS Survey
- A Stockport Survey of our health and care workforce in Stockport and our Voluntary, Community, Faith and Social Enterprise organisations.
- Undertaking a focus group approach with Stockport's Equity Networks to ensure that we reached as many of the underrepresented groups as possible.
- Delivering pop up events on the streets of Stockport as informal opportunities for members of the public to stop by and have their views on health and care in Stockport heard.
- Face to face engagement with our workforce to feed in to the One Stockport approach and how the priorities should be delivered.

GM ICS Survey

- A survey was designed and developed based on the aims of the 5-year plan. To ensure that the sample was representative, demographic data was collected including age, sex, ethnicity, employment status, disability status, and religion.
- The survey was distributed via existing networks and public social media posts. Non digital residents received survey information via the free weekly newspaper distributed across Greater Manchester. Accessible formats and support were available to enable respondents to complete the survey including BSL translation and over the phone telephone interviews.

- The data was collected in Smart Survey and, upon close of survey, imported to Excel. Results were analysed using both descriptive and inferential statistics. Demographic data was compared to publicly available data via the Office of National Statistics (2011).

Stockport Survey of Workforce and VCFSE

- A survey was designed and developed based on the priorities of the One Stockport Health and Care Board. To ensure that the sample was representative, demographic data was collected including age, sex, ethnicity, employment status, disability status, and religion.
- The survey was distributed to all organisations on our communications databases which includes health and care organisations as well as organisations from the wider public and voluntary sector.
- The data was collected in Citizen's Space and, upon close of survey, imported to Excel. Results were analysed using both descriptive and inferential statistics. Demographic data was compared to publicly available data via the Office of National Statistics (2011) and the most recent Joint Strategic Needs Assessment.

Focus Groups with Equity Networks

- Focus groups were ran between 5 and 15 people with a structured approach based on the priorities of the One Stockport Health and Care Board
- It was made clear to participants that their involvement was voluntary and terms of confidentiality were agreed.
- Content from focus groups was transcribed, the themes were identified and the data was then organised in to those themes.

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Pop Up Events

- The pop ups were conducted firstly in a Town centre location with a drop-in at the One Stockport Hub followed by each of the seven neighbourhoods.
- This was an opportunity for members of the public including residents of Stockport and those who work within the borough to ask questions, provide suggestions and give feedback.
- Responses were recorded on cards, deposited in to a ballot box, transferred on to an excel spreadsheet where a thematic analysis was undertaken.

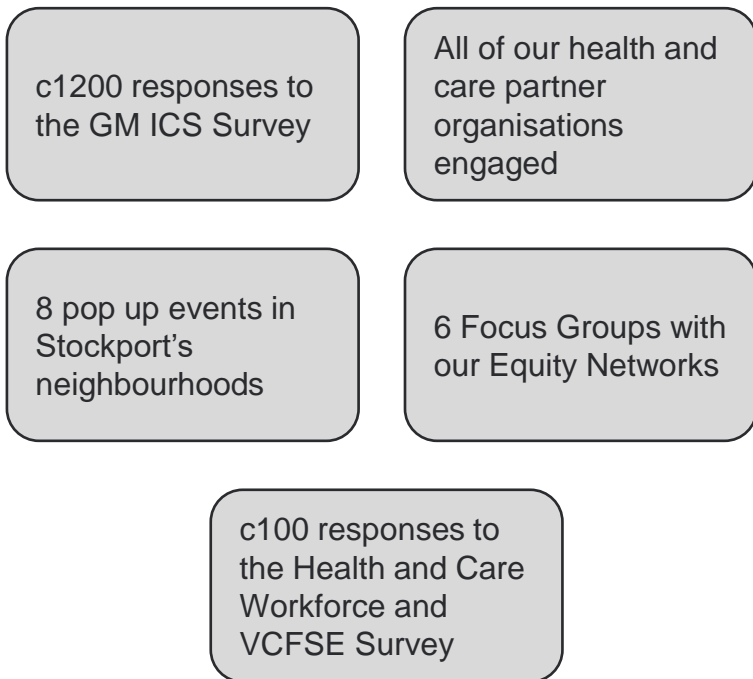
Focus Group	Location	Date
Ability Rights Network	Adswood Young People Centre	13 th July
Race Equality Partnership	The Space, Stockport	27 th July
Stockport Pride	Stockport Town Centre	30 th July
Women & Girls Network	Heaton Norris Community Centre	31 st July
Armed Forces Organisation Network	The Produce Hall, Stockport	18 th and 25 th Aug
Age Friendly Network	Brinnington Life Leisure	24 th August

Neighbourhood	Location	Date
Werneth	Hyde Road Woodley Stockport Cheshire SK6 1ND	05 07 2023
Town Centre	54 Great Underbank, Stockport. SK1 1PD	14 07 2023
Cheadle	Wilmslow Rd, Cheadle. SK8 3BB	18 07 2023
Marple	Stockport Rd, Marple, Stockport. SK6 6AB	20 07 2023
Reddish	408 Reddish Rd, Reddish, Stockport. SK5 7AA	27 07 2023
Edgeley	Castle Street, Edgeley, Stockport. SK3 9AR.	01 08 2023
Brinnington	Brinnington Life Leisure, Brinnington Park, Northumberland Road, Brinnington, Stockport. SK5 8LS	03 08 2023
Hazel Grove	Sainsbury's, London Road, Hazel Grove, Stockport. SK7 4AW	08 08 2023
Bramhall & Cheadle Hulme	Cheadle Hulme Shopping Centre, Station Rd, Cheadle Hulme, Cheadle. SK8 5BB	15 08 2023

Workforce Engagement Event

- Further, more active, engagement was also undertaken with each of the One Stockport Health and Care System Partners.
 - The People Plan People Promise states that “everyone should have a voice that counts” and successful engagement needs to embrace all staff, regardless of background.
 Working with staff networks to get views from a range of staff, One Stockport’s different providers have fed the views of their staff in to the One Health and Care Plan.

NUMBERS



Organisation	Date (s) of engagement	Engagement format
Primary Care	26 September	Undertaken through Primary Care Delivery Group with extensive representation from all parts of our primary care system.
Stockport Homes Group	1 September to 28 September	During team meetings
NHS Greater Manchester – Stockport Locality	26 September	Staff Forum
Stockport Metropolitan Borough Council	27 September	Two facilitated hybrid sessions to enable colleagues the opportunity for a face-to-face drop in as well as online. This was undertaken for Adult Social Care, Childrens Services and Corporate Support Services Colleagues. There were 180 attendees and almost 2000 responses.
Stockport NHS Foundation Trust	12 December	Staff Forum
Pennine Care NHS Foundation Trust	25 September to 4 October	During team meetings

RESULTS

The engagement approach was two-fold for each of the events, we wanted to test whether the four priorities felt like the right ones for the public and also to understand what other challenges in health and care that they experienced and how that should influence our planning and delivery over the next five to seven years.

The One Stockport Health and Care Board priorities that were being tested were:

- Thriving Neighbourhoods and a focus on Prevention
- Improving Mental Health and Wellbeing
- Action on the Cost of Living Crisis
- Ensuring discharge from hospital is safe and timely

Responses

Primarily people were asked: what their experience of health and care was in Stockport, what challenges they faced from a health and care perspective, whether our priorities felt right to them, what else should be focused on as well as or instead of those priorities.

Experience of health and care in Stockport

GREATER MANCHESTER ICS SURVEY

Feedback about the Greater Manchester Integrated Care Partnership Strategy highlighted overwhelming support for the

vision and commitments of the strategy, which the One Health and Care Plan is aligned to. A focus on inequalities and access to the right level of care were the two things respondents agreed with most; reflecting that these are two things that are not currently prompting a good experience for people in their communities. The main thing that came through regarding experience was that once people are seen by their clinician or professional their experience is good and the care is of a high-quality, but they sometimes find getting access to that care difficult.

EQUITY NETWORKS

The Women & Girls Network, Stockport Pride and the Race Equality Partnership gave strong feedback that they feel that professionals do not always take them seriously; and in some cases they choose to exaggerate their symptoms to get what they feel they need.

Members of the Networks recognised that there are a lot of services out there but people don't know how to access them, they don't know what is happening in their communities. There should be a strong focus, in the Neighbourhoods programme, on social wellbeing and increasing socialisation as a means to keep people happy and healthy. They were particularly concerned about the vulnerability of people who don't know how to access services, if English isn't their first language or if they have learning difficulties for example. It was felt that there needed to be more support for people in accessing care where English isn't their first language, more proactivity in booking interpreters

Moreover, it was felt that access to services for Learning Disabilities and Autism is really poor so there were concerns that this community aren't getting the support that they need.

Access was a common theme but there was a lack of consistency over whether people wanted digital and technology to be a part of that access increase. Some people enjoy the flexibility and the relative pace it can provide, whilst others felt it was not a good experience and were worried about digital inclusion. The Age Friendly Network fed back that the use of technology to support them at home was really welcome and they would like to see more tech-enabled care as long as it is accessible for them. All healthcare websites need to echo the same information so that everyone can access support in the community the same way.

POP UP EVENTS

On the streets of Stockport the thing that people wanted to talk about most was getting access to their GP. People in most areas are finding access quite difficult, although Hazel Grove was the only area where this feedback was not received. People shared that once they had gained access to general practice, their experience was usually very good and people got what they needed. The only overwhelming negative heard about people's experience on their primary care pathway was the lack of continuity of care and having to repeat stories to different parts of the system. There was mixed feedback around use of digital applications for general practice access and mixed feedback for telephone appointments, some found the digital platforms difficult and wanted more face-to-face appointments with their GP whilst others found it quick and easy.

People told us of experiencing long waiting lists for surgeries and even for first and follow up appointments. People understand they have to wait but do not want to wait for as long as they are and

they want more support from services to stay as fit and healthy as they can whilst waiting. There was mixed feedback travelling outside of Stockport for treatment, some people were pleased to have the option to reduce their waiting times; whilst other people expected to receive their care in Stockport and to not travel for it.

The most positive feedback heard in every part of Stockport was about experience of cancer services.

People were also overwhelmingly supportive of the support that they received from Voluntary, Community, Faith and Social Enterprise organisations.

People are worried about care homes and the lack of care home staff. As well as what they hear about more broadly on the health and care workforce.

Challenges faced by the Stockport population in relation to health and care

GREATER MANCHESTER ICS SURVEY

Members of our community have been clear that they want to be involved in the co-development and co-design of new solutions to health and care challenges.

People supported the reduction of health inequalities. Comments suggested that members of the community felt there should be a particular focus on the reduction of inequalities through easier access to Primary Care, in the broadest sense, inclusive of dentistry, pharmacy and optometry as well as General Practice. Moreover, people wanted health and care

organisations to play their part in the wider economy and environment to positively impact on our communities now and in the future.

It was felt by respondents, staff and community alike, that care was not joined-up enough and many organisations were still working in silos.

EQUITY NETWORKS

People want continuity of care with their clinicians but feel that they have to repeat their stories often and their care; whether in mental health, physical health, upon discharge, in primary care; is not joined up. For example it was clear from the Race Equality Partnership that, in many cases, the discharge process is not joined-up and it can be an intimidating experience for those people where English is not their first language. The Age Friendly Network felt that communication needed to be prioritised both inter and intra service but also between services and the patient. People were concerned about the state of adult social care and the care home sector.

People feel that they only get support when they are in crisis and that there is not enough of a preventative approach, this came through for physical and mental health in all engagement activities although was really emphasised from a mental health point of view with all of our equity networks; the armed forces community are particularly concerned about PTSD and suicide prevention. Networks also discussed the need for a stronger focus on mental health in primary care and, crucially, better access for mental health services.

Networks want services to recognise the demographic changes in Stockport and how we deliver services as a result, i.e. targeted campaigns for different communities. They want services to visit them, engage and do outreach with them on their services large and important parts of the community.

POP UP EVENTS

The challenge of primary care access is broader than general practice, dentistry access is something that was reported by many, although dentistry access in Brinnington for example appeared good.

Services in Stockport are not joined-up enough. The key thing lacking, based on the feedback of our population, is communication between services, especially for people experiencing care provision from different parts of the system at once. This refers both to communication between services and those in receipt of care and/or the families but also between services caring for an individual. People feel in most cases they are having to repeat their stories and they want to build a relationship with their care provider but this doesn't always feel possible.

This lack of communication was felt particularly by people experiencing discharge from hospital, especially discharges for mental health patients. Interestingly, there was overwhelming feedback that people upon discharge would have preferred themselves or their family member not to have gone straight home but to have gone via residential care as an intermediary.

It was felt by people in Stockport that the cost of living is having a big impact on people's health, particularly their mental health. It was felt that those services that are available for support with cost of living were overwhelmed. Moreover, it was felt there was not enough community activity happening in neighbourhoods; whether it be through community or youth centres, support groups, vibrant places for people to be and interact.

Mental health was a significant challenge reported by people, this was felt around access to mental health services, support after mental health discharge and particularly around support for men's mental health.

The Priorities

GREATER MANCHESTER ICS SURVEY

The key things that respondents to the Greater Manchester ICS Survey wanted health and care partners to focus on were primary care access, mental health and elective waiting lists. Interestingly, many respondents emphasized the need for a behaviour change in the population; citizens to be supported take better care of their wellbeing and to use health and care services appropriately. Many people have stated that they should be able to get the right level of care where and when they need it but there was many comments suggesting that the right level of care needs defining by a collaborative approach with the community.

A focus on the wider determinants and cost of living in relation to health and care was another theme that appeared in comments throughout the survey. 'The cost-of-living crisis needs to be addressed, so that health can improve.' People were clear that for proper progress on the wider determinants they wanted partners to come together and set realistic goals for action.

EQUITY NETWORKS

Members of the Equity Networks agreed broadly with the priorities but access to dentistry, general practice and to elective care was

also unanimously discussed in all six groups. There was also discussion of what more can be done for pharmacy and if there was a larger role for community pharmacy to play in the health and care system.

Focus Groups conducted with Stockport's equity networks raised the issue of Cost of Living and the impact of the crisis on people's health - particularly in the armed forces community, there were concerns about housing, more emphasis to be placed on the Armed Forces Covenant; Veterans Passports were a really welcome intervention from a health and care services perspective. The costs of bills and for food are unmanageable for parts of our community, this was particularly reported by the Ability Rights Network who were concerned about the fact that their cost of living can be higher due to needing to self-fund things that they need to support them in their daily life.

STOCKPORT WORKFORCE AND VCFSE SURVEY

Respondents to our survey found that the four priorities were the right things to be focusing on. Primary Care Access and access to Elective Services / Reducing Waiting Lists came through as clear additional priorities. They emphasized that access to dentistry should also be included as part of our approach. Integrated and improved transport systems, building capacity and investment in the VCFSE sector as well as the green agenda were other things that came through strongly.

Colleagues in Stockport want to develop strong integrated teams in neighbourhoods, with a stronger focus on health prevention and promotion with a particular emphasis on long term conditions.

People also wanted to re-emphasize the need for neighbourhoods to feel safe and to have activity within them. Using community assets and estates

more and more effectively, thinking about future workforce planning. Improving information sharing between organisations, how we support our elderly and increasing digital literacy were other key themes. Staff talked about the consistency of services available at a neighbourhood level in terms of health and care, recognising the disparity in need across different areas of the population and different characteristics of each neighbourhood. Ensuring that all work of Stockport partners recognises that neighbourhoods are different, have different needs and will potentially have different solutions required to support those needs. This may require differentials in investment and service levels targeted at those most in need.

Discharge has been a persistent focus for partners in Stockport, there was some feedback about taking stock of what has not been working and why. It was felt that the solution should involve joined up working with local agencies, VCFSE, coordinators within SMBC/SFT/Pennine/Community services and primary care. We need to understand the activity, what this looks like across the neighbourhood, plan jointly for service provision and pathways to support patients newly discharged from hospital. It was felt that support should be focused on getting people home and ensuring that the right capacity was in place. There needs to be a clear, efficient and stable offering of intermediate care services with the right level of medical, nursing, AHP and social care input to ensure a short length of stay, maximum rehabilitation and maximum chance of moving to their own home.

Another area that staff wanted a focus on was prevention of hospital admission and re-admission where clinical safe and appropriate to do so. This could include expansion of the virtual

ward model. Early supported discharge and development of 'hospital at home' services could also help support with admission avoidance and timely discharge.

On Cost of Living, staff wanted all parts of the borough to be supported but were particularly keen that the most disadvantaged areas got the support that they need. Focusing on How do we make our economy one that is inclusive and sustainable. Financial hardship can be a barrier to access to health and care services and in itself lead to poor health and care outcomes. Actions should be focused on:

- Ensuring the population know how to access all support and benefits they are entitled to receive.
- Ensuring the population know how to access crisis / support services (e.g. foodbanks, warm banks, energy poverty, charities).
- Financial education and support to ensure money goes further, particularly for those who may be vulnerable.

It was felt to improve our mental health provision we need a collaborative approach to mental health and wellbeing across Stockport - joining agencies together around each neighbourhood providing geographically congruent service provision with active neighbourhood plans that focus on MH and LD/Autism.

Staff also fed back that access routes and pathways for common mental health conditions needed clarifying as well as specifically a clear offer for those with LD and Autism, including transparency on issues like waiting times for assessment. Mainstream services should be equipped to highlight and address issues before they approach crisis point. In particular, there should also be a focus on the disparity in healthy life expectancy between those with and those without a

Learning Disability. Access to MH Services should be an absolute priority, particularly in CAMHS and neurodevelopment.

POP UP EVENTS

The main thing heard from Stockport people was that they just want what they need, when they need it. Linking to our ambition of providing the right care, in the right place at the right time. However, people were also abundantly clear in that they also want services to act more proactively with a strong focus on prevention and early help. It was also felt that people didn't know what was available to them and how to access different parts of the system. People want care in their community, health provision in their neighbourhoods or homes to be accessible and of high-quality.

Feedback through surveys, focus groups and the pop-up events was clear in that the priorities of Thriving Neighbourhoods and a focus on Prevention, Improving Mental Health and Wellbeing, Action on the Cost of Living Crisis and Ensuring discharge from hospital is safe and timely were the right ones. Although, there were additional strong themes around access (both primary and elective, but particularly primary) as well around the workforce and care homes.

FACE-TO-FACE WORKFORCE ENGAGEMENT

Extensive engagement was undertaken with the workforce of key health and care partners for the development of the One Health and Care Plan. Broadly, the workforce supported the priorities. Alongside these priorities, there were further suggestions of the promotion of healthy lifestyles, obesity, better staffing was also identified as further potential priorities

The particular emphasis and theme related to our Neighbourhoods and Prevention programme was around joint working, for example when tackling youth nuisance, it is usually linked to underlying mental health issues, drugs and alcohol. Clean, safe, pleasant, surroundings for all ages with improved equipment for parks and play areas were common themes. The workforce furthermore wanted there to be a focus on a local police presence with local accessible police stations and more community hubs with multi-agency services. Staff also agreed that there should be a focused investment on sustained prevention work from childhood to old age with education and learning about healthy lifestyles from an early age. They collectively agreed that the underlying focus around neighbourhoods should ensure that communities can manage themselves, have resilience and are caring and considerate towards one another.

The workforce wanted there to be a focus on services that are available for mental health issues out of hours, currently there can be a heavy reliability on the police or the ambulance service which is not always the best response. They further reported, easier access to services, early intervention for prompt diagnosis and the avoidance of crisis, more collaboration between services, reduced waiting lists, more access to drug and alcohol services, dual diagnosis services and services such as Open Door. Education on mental health in schools and colleges as well as education for partner agencies and emphasis on relentless persistent approach to those who are hard to engage with and more support in the community where further identified areas to focus on.

Clear communication and processes involving the hospital liaison team in discharge planning was a suggested focus, particularly for safe and timely discharge, as was adequate time for partners to plan for discharge i.e. more timely communication with housing before being discharged home.

We have a housing sector that is keen to be involved in the improvement of the health and care and population, they want to work with partners to develop a clear understanding of the housing the person is moving back to, an increased awareness of what housing support workers can provide especially with regard to mental health services as well as improved joint working with housing and mental health services and more collaboration between services in general. More supported accommodation for those with more complex needs to live independently but with intensive support addressing mental health issues was discussed as a focus. As well as the need for ongoing awareness raising around the links between cost-of-living crisis and suicide which is increasing and access to social prescribers who are able to signpost to appropriate services.

Common themes, specifically on mental health, were improving the physical health outcomes in people with SMI, better integration of services for people with SMI and drug and alcohol misuse. Improving access to psychological therapy for complex trauma, investment and improvement in the range of therapy offered and improving awareness of the appropriate care and treatment of people with complex emotional relational needs across agencies to improve consistency of care and outcomes for this client group and reduce demand on the system.

Colleagues maintained the theme of an overriding consensus around communication, joined up working, equality, diversity and inclusion as well as awareness / knowledge of services and early intervention as a focus to ensure that Neighbourhoods in Stockport thrive. SEND, Learning Disabilities and Autism was also a common theme with the promotion of early intervention, better post-diagnostic support, a better understanding of learning disabilities, easier access to services

and a reduction in waiting lists shared as key focuses. It was thought that a focus was needed on more availability of foodbanks, benefit support, support with budgeting and administration such as filling in the financial assessment form, free parking, food education, resources in the community such as a community online hub where all information is accessible in one place.

RECOMMENDATIONS

1. Continue with the four priorities in their current form. Support for the four priorities was unanimous throughout engagement process.
 2. Add a fifth priority of 'Access' which pertains to access and waiting lists for Primary Care and Elective Services
- OR
3. Add two separate additional priorities of both Primary Care Access and Elective Care Access.

This equality analysis was undertaken to prevent the One Health and Care Plan from adversely affecting people with different protected characteristics or at known disadvantage.

This template was used to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.

It must be noted that within the six One Stockport programmes of work there will be individual projects with dedicated outcomes and each of those projects will have individual EIAs.

Who will benefit?

- Our patients, residents and workforce in Stockport across the eight programmes of work will benefit from improved outcomes and quality of services.
- Clinical and Care professionals involved in the delivery of services
- VCFSE sector and wider stakeholders
- NHS GM workforce and partners
- NHS and other local providers

Involvement and Consultation:

Between May - September 2023 the following were engaged with:

- All Locality Senior Management Teams
- Locality Board and Health and Wellbeing Board and all sub-boards and groups
- Patient/resident engagement
- Clinical Leads
- Functions across the locality
- Staff engagement
- Equity Networks

Existing sources of information:

The locality place huge focus on engagement with residents and patients in the borough. This engagement was a huge driver in the wider ONE Stockport plan. The locality also utilise data from JSNA, Fairer Health for All, Public Health and Population Health to understand the population needs and ensure work is directed to the diverse needs of residents and patients across the locality.

Particular relevance to equality, socio-economic disadvantage, or human rights:

As a locality we know that the health outcomes for some of our population are inequitable, in particular linked to socio-economic factors and 40% of people registered with a Stockport GP have one or more long-term health conditions.

All our programmes work closely with Population Health to ensure Fairer Health for All principles are embedded within the work and that the programmes are viewed through a lens of inequality with a view to reducing health inequalities for the most disadvantaged communities.

Evidence gaps:

There is an acceptance that within each of the projects within the six programmes of work there may be evidence missing or more detailed analysis that may need to take place. This will be addressed within individual EIAs on each of the programmes.

Age

- There is a difference across the locality at the rate at which the younger population is growing
- There are also considerations for additional needs across physical and mental health where there are potential greater needs in more deprived areas of the borough and the potential increased support.
- Access specifically across middle/working age is a huge consideration in terms of ensuring access is not restricted due to residents working commitments. South Stockport in particular does have an aging population where the health and care needs for this age group may differ.
- This plan aims to improve quality of life for people of all ages.

Disability

- Consideration needs to be given to how residents and patients with a disability access our services. During engagement, the importance of supporting local people in digitalisation was highlighted, as disabled people can lack confidence to use IT.
- Furthermore, a third of survey respondents did not know where to access services. Work is needed to focus on how to break down the barriers of access for our disabled population to provide better equity of services..

Sexual Orientation

- Further evidence would be needed to understand the true impact. Each programme of work would need to link the sexual orientation impact and potential barriers to each individual project.

Race

- The Black, Asian and ethnic minority community has increased within Stockport from 2001 and 2011. Therefore, services that have not encountered significant change across the six programmes of work may need consideration to ensure different ethnic groups are not experiencing barriers to our services.
- Individual EIAs will take particular account of this when planning projects within programmes of work.

Sex

- Consideration may need to be given in terms of gender fluid patients accessing maternal health and ensuring that pathways of care and support does not create barriers for certain groups of patients.
- Specifically, when the individual projects and EIAs are produced linking to maternity and women's health this work will link with the GM Women's Health Strategy.

Pregnancy or maternity

- Maternity services across the borough have been deemed during the consultation as sometimes operating in silo. Consideration is needed to support how services can be viewed as 'one service' by patients.
- Work within the maternity programme will link to the work within the GM Women's Health Strategy.

Religion/Belief

- Further work may be needed specifically within the six programmes to understand whether there are particular barriers across programmes in relation to religion or belief creating barriers within services.
- Religion and spirituality can impact decisions regarding diet, medicines based on animal products, modesty, and the preferred gender of their health providers. Some religions have strict prayer times that may interfere with medical treatment.

Transgender

Further evidence would be needed to understand the true impact. Each programme of work would need to link the impact on people who identify as transgender and potential barriers to each individual project.

Marriage/Civil Partnership

Patients and residents within same sex partnerships could potentially experience disadvantages as this was noted particularly in relation to care home accommodation

Socio-economic status

- Stockport is one of the most polarised boroughs in the country. Therefore the 'one size fits all' approach would simply not work widely across the borough.
- It is of vital importance that each of the six programmes prevents barriers across the locality based on residents/patients socio-economic status. This will be addressed within each of the individual projects within the six programmes of work.

Carer status

- Carers' health is known to be worse than that of non-carers due to the pressures of the role and is compounded by many factors, including providing more than 50 hours of care each week. Caring has been announced as being a social determinant of health recently by Public Health England.
- One of the key barriers for carers across the breadth of health, care and wellbeing is respite from caring to be able to access services for themselves. Acknowledgement should also be given to unpaid carer community who can often be a lost voice/group.

Other

We recognise that there are groups of people who experience health inequalities and barriers to their health because of their circumstances. This could include, but is not restricted to asylum seekers and refugees, people experiencing domestic violence, Gypsy, traveller and Roma communities.

Key feedback from consultation, relevant to EIA:

There has been significant engagement with residents and patients across the locality and some of the key health and care priorities from this engagement is detailed below:

1. People are passionate about their local area
2. Equality is of key importance for our communities
3. Access to health service was a priority
4. There is still concern of the covid 19 impact across health and wellbeing

Existing sources of information:

The feedback from the extensive consultation has allowed the One Stockport Health and Care Plan to build in what works well and what current issues exist to focus on across a number of characteristics. This information is detailed within the plan and then improvements needed across the characteristics will be individually developed across the six programmes to ensure health inequalities are built into programmes of work to reduce those inequalities.

The focus of each programme should be on implementing the measures which are most likely to be effective in reducing health inequalities for the population and in the workforce. This means trying to discontinue or adapt measures which have been shown to widen, or potentially widen, inequalities.

How engagement with stakeholders will continue:

On an annual basis delivery of the OHACP will be reviewed and stakeholders will have opportunities through the various governance routes to feed back on the plan.

Monitoring and review:

Stockport's Performance, Improvement and Assurance Group will monitor the implementation of the OHACP ambitions on a monthly basis.

On a quarterly basis, the public Locality Board will receive performance against the OHACP Outcomes Framework; and on an annual basis there is a State of the Borough Report that will measure our implementation.

Further promotion of equality of opportunity:

Individual actions will be detailed in each of the six programmes of work and the projects within these in line with supporting a person-centred approach whilst also ensuring equity of access to services.

Further promotion of social value:

Better support and respite opportunities for paid and unpaid carers to acknowledge the vital input that they provide into the local community.

Part of the work for some of the programmes will be looking at how local providers can be encouraged to provide local services which will improve economic prosperity.

Further promotion of human rights principles:

Individual actions will be detailed in each of the six programmes of work and the projects within these in line with supporting a person-centred approach whilst also ensuring equity of access to services.

Further reduction of socio-economic disadvantage:

Further engagement specific engagement could be sought with residents from areas of lower socioeconomic status in order to inform the development of the programmes of work. Programmes of work may also seek advice and share good practice across GM where programmes have been adapted to further reduce socio-economic disadvantage.

Stockport PIA Framework

Performance, Improvement and Assurance is description of our core performance and reporting processes in each locality and at a GM level, working with GM System Boards.

On a monthly basis, Programme workstreams, Executive Group and Locality Board will receive an overview of performance divided into the Stockport priority areas and linked GM workstreams.

The framework essentially consists of:

- The PIA Group (ToR)
- PIA Reports (monthly, quarterly and annually)
- Board Risk Register
- Performance and Quality Dashboards (GM Curator)



Greater Manchester



The PIA Group (ToR)

The Stockport Performance, Improvement and Assurance (PIA) Group has been established to monitor and oversee the locality's performance, programme delivery, impact of anticipated changes and risks.

The PIA Group meets on a monthly basis prior to, and reports to, the One Stockport Executive Group and Locality Board.



PIA Reports

The PIA Report is generated collectively by the PIA Group for Exec and Locality Board and consists of the measures contained within the Performance and Quality Dashboards, updates on the delivery of the One Health and Care Plan workstreams and escalation or notification of risks.

Monthly: PIA Reports
Quarterly: PIA Reports + OHACP QOF
Annual: PIA Reports + SOTB



Risk Register

Programme leads have a responsibility to identify risk; measure and assess risk level; mitigate risk; govern risk monitor and report risk when:

- It is a new risk, that if unmanaged, would threaten the delivery of the Stockport Locality objectives.
- It is an existing risk that is increasing in its risk rating - mitigations are not working or significant gaps in control.
- The risk affects multiple partners or delivery areas.

LB escalate high impact Locality Risks that require GM consideration and action.

Risk Scoring - Total Risk Score = Impact x Likelihood (I x L)

Impact Score	Area	0	1	2	3	4	5
5 Catastrophic	5	5	10	15	20	25	30
4 Major	4	4	8	12	16	20	24
3 Moderate	3	3	6	9	12	15	18
2 Minor	2	2	4	6	8	10	12
1 Negligible	1	1	2	3	4	5	6

Dashboards

The GM ICB Performance and Quality Dashboard works towards ensuring that NHS GM fulfils its statutory duties and deliverables against the ICB objectives with a reporting suite which spans a number of national and local performance and outcome frameworks.

The PIA Report draws upon these indicators as well as locality priority Measures and monitoring of wider system measures to identify areas of growing concern.



Our Population

Stockport is home to 294,776 local residents with 323,642 people registered at one of Stockport's 32 GP Practices (March 2023). Stockport's population is split almost equally by gender which mirrors the national trend.

Stockport is one of the most polarised boroughs in the country, with some pockets of very concentrated high deprivation areas in the centre and north of the Borough contrasted with larger areas where deprivation is relatively low, generating significant inequalities amongst the community. Stockport has both the most and least deprived ward in Greater Manchester (Brinnington & Stockport Central and Bramhall South & Woodford) and the most and least deprived GP Practices in Greater Manchester (Brinnington Surgery and The Village Surgery, Bramhall).

Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently c20% of people living in Stockport are aged 65+ and this is likely to rise to c22.2% by 2030. c10% of the population is aged 75+ and c3% are 85+. The number of children and young people in Stockport is also rising – particularly in areas of higher deprivation and especially during the period 2009-2014 when almost half of births in the Borough were in the most deprived two quintiles, this cohort are now in secondary education, and will be reaching their late teens by the end of the decade .

Stockport's least deprived areas to the south and east of the borough tend to have older populations, while the more deprived wards in the centre and north have younger populations.

Stockport is becoming increasingly diverse, the ethnic minority population has risen from just 4.3% in 2001, to 7.9% by 2011 and to 12.6% by 2021 (ONS Census), Asian / Asian British Pakistani is the most common ethnicity (3.7%) in Stockport after White British (83.4%). Areas to the west of the borough have the highest proportion of ethnic diversity – with almost a third of the populations of Heald Green and Cheadle & Gatley wards from ethnicities other than White.



294,776

Local residents



323,642

Registered with a local GP



53,495

Disabled under the Equality Act



8,993

0-25s with a SEND



16,514

Under 4



62,515

Under 18



26,210

Unpaid Carers



49,216

Live in most deprived quintile



59,604

Over 65



37,240

Ethnic Minorities



74,370

Live in least deprived quintile



34,560

Affected by income deprivation (2019)

Health in Stockport

Stockport continues to be one of the healthiest places to live in the North West, with overall health outcomes similar to the national average. However, we know this is not the experience of all of our residents and outcomes vary significantly between the most and least deprived areas outcomes vary significantly between the most and least deprived areas and between equality groups based on protected characteristics or vulnerability; the COVID-19 pandemic has had a significant impact on the health of our population, and has led to widening inequalities.

Average life expectancy in Stockport is similar to the national average and higher than most areas within Greater Manchester, with women living on average 83.3 years and men 78.9 years. However, the impact of the pandemic can be seen especially in male life expectancy which has fallen by a year since 2016/17. Even before the pandemic the rate of improvement in life expectancy in Stockport, and across England, had stalled since 2010, so that life expectancy for both males and females has not improved over the last decade.

Healthy life expectancy estimates again show that Stockport is similar to the national average, and that males in Stockport can expect to live for 65.1 years in good health, while females can expect to live for 62.2 years, this however does mean that females in our Borough live with fair or poor health for around 20 years and males for around 15.

At the 2021 census 53,492 people in Stockport described themselves as being disabled, as defined by the equality act (18.1% of the population), the day-to-day activities of 22,706 of these people are limited a lot by their condition. 8,993 local children and young people to age 25 have special educational needs and / or a disability. Around 26,210

people have caring responsibilities, including 420 children aged 0-15 years.

There remain significant and enduring differences in life expectancy between our neighbourhoods, with males in the least deprived areas living 8.5 years longer than those in the most deprived areas, and females living 8.1 years longer. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.

At least 137,990 (44%) people in Stockport have one or more long-term health conditions, with hypertension, anxiety, depression, asthma, diabetes and heart disease the most common conditions, with at least 10,000 people diagnosed with each.

The prevalence of conditions increases with age, 3% of those aged 0-4 have a diagnosed condition rising to 92% of those aged 85+; by age 55 years half of the population have at least one condition. There is a strong association with deprivation for most conditions. Asthma is the major condition affecting school aged children in the borough (more than 2,000 cases aged 5-14), anxiety affects those aged 15-24 in particular (more than 4,300 cases).

Cancer is the main cause of death in the borough, followed by heart disease, dementia and lung disease; people in more deprived areas are more likely to die earlier of these diseases.

There are approximately 55,000 over 16's in Stockport with high levels of anxiety (23.2%), and these levels have increased since the COVID-19 pandemic. Fewer people report low levels of happiness, life satisfaction and feeling worthwhile, all less than 10% of the adult population.

19% of adults have three or more behavioural risk factors associated with ill-health: 21.6% of adults are inactive, 21% drink unhealthily, 65.6% are overweight or obese, and 12.6% of adults in Stockport smoke, similar to the national position. Smoking is the biggest single behavioural cause of poor health, smoking rates in most areas of Stockport are falling, however the proportion smoking in deprived areas and certain vulnerable groups (such as those with mental health problems) are more than double the average and remain high.

Around 22% of a typical Stockport resident's life will be spent in not good health, national data analysis shows that while healthy life expectancy is increasing, it is not increasing as much as life expectancy, meaning that people are spending more years in fair and poor health.

Local Services

People may at some time in their life access health services, and may also require the support of Adult Social Care either for themselves or when supporting a loved one. There are currently around 10,000 people working together to provide health and care services. In addition, a wide range of people work in Stockport's private care providers and care homes; there are 3,000 employees and 49,100 volunteers working in Stockport's voluntary and community sector; as well as Stockport's c26,000 unpaid carers, who make a vital contribution to our system.

Stockport also benefits from a high number of health and care professionals working across the region who live in the borough - providing a strong community asset. health and care services are a major industry, accounting for 12% of all employment in England, this figure is reflected in Stockport. All NHS services for which we have data saw a significant drop-in activity in April and May 2020, as some routine care was paused and the NHS dealt with the impact of the first wave of COVID-19.



21.6%

Inactive



83.3

Female life expectancy



78.9

Male life expectancy



11.8%

Smokers



62.2

Female healthy life expectancy



65.1

Male healthy life expectancy



21%

Drink unhealthily



44%

Long-term conditions



65.6%

Overweight or obese

Trends show that a large volume of health and care activity takes place in Stockport each year across a range of settings, the majority of which is care for older people.

Volumes of service use are increasing, and Stockport's ageing population is a major factor in this.



1,868,087
GP Practice Appointments
at a rate of 5,772 per 1,000*
Above the [GM rate](#) of 4,933



663,110
Community Health Contacts
at a rate of 2,049 per 1,000*
Above the [GM rate](#) of 1,467



138,191
Mental Health Appointments
at a rate of 427 per 1,000*
Below the [GM rate](#) of 703



138,191
Emergency Dept Attendance
at a rate of 351 per 1,000*
Below the [GM rate](#) of 363



99,030
Hospital Admissions
at a rate of 306 per 1,000*
Above the [GM rate](#) of 261



321,190
Outpatient Appointments
at a rate of 992 per 1,000*
Above the [GM rate](#) of 983



1,650,000
Prescriptions issued



70,000
NHS Sight Tests
at a rate of 237.1 per 1,000*
Above the [National rate](#) of 236.2



242,700
courses of dental treatment
at a rate of 822 per 1,000*
Above the [GM rate](#) of 735



3233
Referrals to Children's Social Care at a
rate of 517.2 per 10,000 children. This is below
the [NW rate](#) of 529.6



5346
Referrals to Adult's Social Care



2,300,000
Voluntary Sector interventions



4,300
Adults in receipt of ASC-funded care and support
Above is 1.99% of 18+ population in Stockport.
This figure is below [NW rate](#) of 2.25%