Chair: Dr C Munro
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NHS Stockport Clinical Commissioning Group

NHS Stockport Clinical Commissioning Group Governing Body
Public
13 OCTOBER 2021
A G E N D A

The next meeting of the NHS Stockport Clinical Commissioning Group Governing Body will be held virtually via Microsoft Teams at 10:00am.

	Agenda item	Report	Action	Lead	Time
1	Apologies		To Note	Chair	10:00
2	Notification of items for AOB		To Note		
3	Declarations of Interest		To Note		
4	Minutes of the meeting held on 11 August 2021 8 September 2021 (extraordinary)	 Attached Attached	 To Approve To Approve		
5	Actions arising	N/A	For Assurance		
STANDING ITEMS					
6	Report of the Chair	Verbal	For Assurance	C Munro	10:10
7	Report of the Chief Accountable Officer	Attached	For Assurance	A Green	10:20
STRATEGIC ITEMS					
8	ONE Stockport Health & Care Plan	Attached	For Assurance	M Maguinness	10:35
9	Winter Plan 2021/2022	Attached	For Assurance	M Maguinness	10:45
GOVERNANCE					
10	Establishment of Shadow Arrangements for Locality	Attached	For Assurance	A Green	10:55
11	EPRR Assurance Statement	Attached	For Assurance	A Rolfe	11:00
PERFORMANCE					
12	Finance Report for the Period Ending 31 August 2021	Attached	For Assurance	M Cullen	11:10
13	Integrated Performance and Delivery Report Month 4	Attached	For Assurance	L McLean	11:25
14	Care Home and Domiciliary Care - Joint Framework Procurements	Attached	For approval	L McLean	11:40
FOR INFORMATION					
15	Report from Committees: a. Audit Committee report b. Primary Care	Attached	For Assurance	P Winrow	11:55

Quoracy: a minimum of one third of the total membership of the Governing Body (4), of which there should be at least: the Accountable Officer or the Chief Financial Officer, a Lay Member; and two General Practice Representatives (Of which at least one must be a GP)

	Commissioning Committee report	Attached	For Assurance	P Riley	
	c. Finance, Performance and Delivery Committee report	Attached	For Assurance	P Riley	
	d. Planning & Commissioning Committee report	Attached	For Assurance	P Winrow	
	e. Quality and Governance Committee report	Attached	For Assurance	J Jolly	
16	Any Other Business		To Note	C Munro	12:05
17	Questions from Members of the Public		To Respond	C Munro	12:15
DATE, TIME AND VENUE OF NEXT MEETING					
The next NHS Stockport Clinical Commissioning Group Governing Body (public) meeting will be held on: **15 December 2021** Potential agenda items should be notified to eve.anderson1@nhs.net					

Quoracy: a minimum of one third of the total membership of the Governing Body (4), of which there should be at least: the Accountable Officer or the Chief Financial Officer, a Lay Member; and two General Practice Representatives (Of which at least one must be a GP)

NHS
Stockport
Clinical Commissioning Group

PUBLIC – Governing Body Meeting
MINUTES of the meeting held on Wednesday 11th August 2021
MS Teams

Present:

Dr C Munro	GP Clinical Chair (Chair) (CM)
Mr D Dolman	Deputy Chief Finance Officer (DD)
Ms A Green	Chief Accountable Officer, Stockport CCG (AG)
Dr A Johnson	General Practice Representative (AJ)
Mr D Phillips	Lay Member for Patient & Public Involvement (DP)
Dr M Richardson	General Practice Representative (MR)
Mr P Riley	Lay Member for Primary Care Commissioning (PR)
Ms A Rolfe	Executive Nurse (AR)
Mr P Winrow	Lay Member for Audit & Governance (PW)

In attendance:

Ms E Anderson	Business Administrator (Minutes)
Ms J Connolly	Director of Public Health, Stockport Metropolitan Borough Council (JC)
Mr P Lewis Grundy	Deputy Director of Corporate Affairs (PLG)
Ms L McLean	Performance and Delivery (LM)
Mr P Stevens	LMC, Representative (PS)
Mr S Woodworth	Medical Director (SW)

Apologies

Ms S Carroll	Healthwatch (SC)
Mr M Cullen	Chief Finance Officer, Stockport CCG (MC)
Ms K Fortune	General Practice Representative (KF)
Ms E Ince	Director of Integrated Commissioning (EI)
Dr J Jolly	Secondary Care Specialist (JJ)
Dr M Valluri	General Practice Representative (MV)

1. Welcome & Apologies	
The Chair welcomed members to the meeting; apologies were noted as listed above.	
2. Declarations of Interest	
The Chair asked members of the Governing Body to declare any interests held that would impact on the business conducted by the Governing Body. AJ declared an interest in minute reference 11, Finance Update regarding the efficiency plan. CM declared an interest in minute reference 11, Finance Update regarding the efficiency plan. SW declared an interest in minute reference 11, Finance Update regarding the efficiency plan. In accordance with the CCGs conflict of interest policy those declaring interests did not participate in any discussions or decisions on these items.	

3. Notification of Items of Any Other Business	
There were no items of any other business notified.	
4. Minutes of the meeting held on 16 June 2021	
The minutes of the meeting of the Governing Body held on 16 June 2021 were received and agreed as an accurate record. **RESOLVED:** **That the minutes of the Governing Board held on 16 June 2021 be approved and signed as a correct record.**	
5. Matters Arising / Actions from previous meeting	
The Chair presented the action log and the following update were given at the meeting: MA190 - ONE Stockport video to be shared with practices. This video had been shared following the last meeting. To close – completed. **RESOLVED:** **That the actions arising from previous meetings and the assurance given, including the update provided at the meeting and outlined above, be noted.**	
6. Report of the Chair	
CM clarified that she was now professionally registered with the GMC and was working under her married name Munro. CM added that the NHS Stockport CCG AGM took place on 28 July 2021 it was well-attended with a number of varied questions submitted and interesting discussions on the CCG's achievements during a year like no other. **RESOLVED:** **That Governing Body noted the verbal update provided.**	
7. Report of the Chief Accountable Officer	
AG presented her report which included updates on the Covid-19 Response, service restoration and current demand, the NHS 73rd Birthday, staff updates and the development of the ICS. AG advised that rate of infection as of 10 August 2021 showed that there were 320 per 100, 000 across Stockport and that numbers overall appeared to be stabilising. JC expanded with regards to current Covid infection rates and outlined that the current rate was 330/100,000 and agreed that the rates had plateaued. The highest rates were in those aged 20-29 and was rising in working age adults. She assured the Governing Body that there were no borough 'hot spots' AG added that there were approximately 19 – 20 people with Covid-19 in hospital with 2 or 3 people in critical care. Covid-19 wasn't adding greater pressure; however, demand was high in urgent and emergency care. AG added that the vaccination programme was progressing well with planning for vaccination of those aged 16-17 underway. AR added that that in Stockport the 85% target for adults receiving the first dose of vaccination was close to being achieved with robust plans for phase 3. AG outlined that services continued to restore however, this was hampered by additional demand, social care challenges and workforce supply issues.	

The New Health and Care Bill had the second reading in the House of Commons during the week of 12 July 2021 and would progress through the Committee stage before its expected enactment towards the end of the calendar year.

The Greater Manchester Health and Social Care Partnership Board received a paper on the emerging governance proposals for the future ICS at their meeting on Friday 30 July 2021. The document described the basic design principles and ethos that the new governance arrangements must enable to achieve the ambitions of improving health; reducing inequalities; achieving constitutional standards; innovation at scale and pace and creating a comprehensive sustainable system.

Within the Governance structure there was a proposal for a Joint Planning and Delivery Committee to replace the Joint Commissioning Board. Should there be any implications of this for the CCG she confirmed these would be considered and reported through the governance structures of the CCG as appropriate.

Key partners had been invited to join a task and finish group to shape the locality provider or delivery alliance, partners were nominating participants for a first facilitated meeting in August.

AG advised that she and key partners had met with Healthwatch Stockport Strategic Monitoring Group to address some key questions they had and to hear its views about how the Stockport locality should function to ensuring the voice of patients and the public, and accountability is sustained.

DP highlighted section 5 of the Governance proposals on the Locality Leadership Board particularly that it could operate as a joint committee with the ICB to allow for pooled budget, he asked for further clarification on this. AG responded that within the Bill locality boards were described as working as joint committees of the ICB, however this would be confirmed in the future GM ICB Constitution, as yet there was no absolute guidance on how place-based arrangements work only guidance that they could be a joint committee.

CM advised that an extra-ordinary meeting of the Governing Body would be arranged in September in order to approve proposed shadow locality arrangements.

RESOLVED:
That Governing Body noted the report for assurance.

8. Greater Manchester Public Services – Race Commitment for Change 2021

AG presented the report to seek support from Members of the Governing Body commitment to the pledges under the Greater Manchester Public Services – Race Commitment for Change 2021.

AG explained that the Race Commitment for Change had been led by GM Race Equality Panel. The aim was that all public sector organisations sign up to deliver fair, consistent and high-quality services irrespective of a person's race and cultural diversity, with significant evidence that last year had exposed greater inequality for some of our people and communities across Greater Manchester. Leaders were working together to eradicate this and had developed a suite of pledges to help purposefully improve the lives and opportunities of those from radically diverse communities who use the services we plan and commission and for our staff.

CM echoed AG's enthusiasm for the pledges and the Governing Body were in agreement that they be adopted.

RESOLVED:
That the Governing Body commit to the pledges outlined in the Public Sector - Race Commitment for Change 2021.

9. Greater Manchester Choice and Equity Policy (Continuing Health Care (CHC))

AR presented the report which updated the Governing Body on the refreshed CHC service specification that had been approved by Greater Manchester CHC leads.

This was a standardised position and approach, which the Governing Body was asked to agree.

In response to PW's question AR confirmed that an equality impact assessment on the policy was done as part of the Greater Manchester work.

RESOLVED:
That the refreshed Greater Manchester Choice and Equity Policy (Continuing Health Care (CHC)) be approved.

10. Governing Body Assurance Framework Quarter 1 Review 2021/22

PLG presented an update of the CCG's Governing Body Assurance Framework at the end of quarter 1 2021/22.

At the meeting of the Finance, Performance and Delivery Committee, members agreed to recommend to Governing Body a broader definition of the Strategic Risk to the CCG's financial position reflecting the full year rather than just the first half of the year (H1). In addition the Planning and Commissioning Committee supported the proposed reduction in the risk score for Strategic Risk 3 as an inequalities group was now established overseeing workstreams in urgent care (paediatrics); cancer care referral gap identification; community diagnostic hub planning; waiting well for treatment and whilst the lack of complete data on which to base timely reports is a gap in assurance, the additional control, reduces the likelihood of this risk materialising and therefore increases the level of assurance that can be derived from the management of this risk and is now being managed at its target score.

All other risk scores remained as presented at the end of Quarter 4 with 7 high level risks and 3 moderate level risk. Strategic Risk 10 was expected to reduce following receipt, in September of the annual Safeguarding report to Quality and Governance. PLG added that he would be working with internal audit on the scope of the interim review for the GBAF in the second quarter to provide independent assurance on the structure and reporting of the GBAF which would be reported through the Audit Committee.

CM praised the new layout of the report for its ease of understanding.

DP asked where the Inequalities group reported in to and AG responded that it formed part of the recovery work and reported back in via Planning and Commissioning via the performance report.

RESOLVED:

1. **That the Governing Body Assurance Framework report be reviewed and discussed for assurance**
2. **That the opening and description of a revised Strategic Risk 1 for the GBAF in 2021/22 be agreed.**
3. **That the reduction in the score of Strategic Risk 3 from 4 x 2 (8) to 4 x 2 (1) be agreed.**

11. Finance Report (including procurement)	
DD, the Deputy Chief Finance Officer introduced the report which provided information on the financial position as at 30 June 2021, the forecast outturn position for the period 1 April 2021 to 30 September 2021, key messages from the National CFO/DoF Briefing, the development and implementation of the CCG efficiency plan and an update on procurement. He outlined that in the first half of 2021/22 (H1) all statutory financial duties and performance targets were forecast to be achieved. The H1 efficiency target of £2.067m would be delivered in the main through non-recurrent adjustments. Following the National CFO / DoF briefing it was apparent that the financial regime from H1 would likely be carried forwards into H2 with block payment arrangements continuing. There was an intention that an activity-based elective recovery fund (ERF) would continue in the second half of the year. An increased efficiency requirement was expected with the current planning assumption being that the CCG would be required to deliver efficiencies totalling £5.0m - £6.0m in H2 and if the Hospital Discharge programme did not continue that figure would increase further. DD gave an update on changes to the Elective Recovery Fund, the thresholds for earning ERF had been adjusted from 85% to 95% of 2019/20 activity levels from 1 July 2021. He added that the Hospital Discharge programme (HDP) from 1 July 2021 was for up to 4 weeks of care, down from 6 weeks, and support could be funded from the HDP for people being discharge from hospital. DD outlined that in preparation for the GM ICS a set of principles for consistency across GM for procurement decisions had been put in place. LM added that when contracts were considered for renewal in line with the new principles, they were presented at committee to ensure a full view. The Governing body were being asked to permit the 2-year contract extension of both the Beechwood Cancer Care and St Ann's Hospice contracts as recommended by the Finance, Performance and Delivery committee. PW reflected on the size of the challenge in terms of efficiencies particularly whilst working with block contracts. CM agreed. DM asked if the new 95% target reduced the ability for manoeuvre and what the impact was. DD responded that in terms of the ERF, the increased threshold potentially allowed more funding were the threshold to be met. He added that Stockport CCG had not assumed the funding but it would be a risk for the Greater Manchester health system. CM asked if ERF funding was received, could it be used for the system rather than hospital activity, LM advised that the way the ERF was accessed included use of the increasing capacity framework arrangements allowing flows to happen in hospital. AG extended her thanks to DD and the wider finance team for all their hard work. **RESOLVED:** **1. That a breakeven position is being reported year-to-date and for the forecast period 1 April 2021 to 30 September 2021 be noted.** **2. That the H1 financial regime will be rolled forward into H2 and the expected requirement for systems to deliver an increased efficiency target in H2 be noted.** **3. That the progress made delivering the H1 efficiency target and identifying**	

efficiencies to be delivered in H2 be noted. **4. That the permitted 2-year contract extension of both the Beechwood Cancer Care and St Ann's Hospice contracts as recommended by the Finance, Performance and Delivery committee be approved.**	
12. Integrated Performance and Delivery Report.	
LM, introduced the Performance report for validated data to the end May 2021. Governing Body were asked to note that the Mental Health data was not reflected accurately as it had not been updated. The report reflected pressures in non-elective care, primary care and in hospital activity which had risen in types 1&2 in A&E. One patient had waited over 12 hours for admission resulting from complex mental health needs and a positive decision to keep the patient in A&E as the best place at the time. Diagnostic service delivery within six weeks began to show a slight improvement and Stockport NHS Foundation Trust (SFT) had benefitted from additional CT capacity in support of this reduction. Endoscopy capacity remained a concern, also reflecting a much wider national issue with access to the Fairfield Hospital for additional endoscopy capacity remaining in place, but with mixed uptake. GPs were being encouraged to refer to direct access endoscopy. There was a rise in waiting list numbers for planned care and 27 patients had waited longer than 2 years. SFT were working hard to reduce the numbers of patients waiting a long time, however this was complex with work also being undertaken in terms of clinical prioritisation. Work has started through the waiting well initiative on how best to support patients locally who were waiting, particularly for those with elongated waiting times, and in consideration of the focus on inequalities with Stockport being a pilot site for Greater Manchester (GM) on this approach. A recent GM initiative had been signed off to increase cataract access in the independent sector. LM asked the Governing Body to note that although the number of patients waiting more than 52 weeks had reduced during April and May 2021. This was likely to be partly as a result of the first Covid-19 wave when referrals were significantly reduced compared to usual levels and one year on from that point, this automatically affected the number rising to exceed this waiting time and was expected to impact on the improvement in the 52+ week wait volume over time. The two-week waiting time standard for cancer referrals was not met, principally due to dermatology and breast referral increases. Referrals had increased significantly across GM and were impacting on the current capacity available, although LM added that more up to date information suggested the waiting time for referral for patients with suspected breast cancer had improved. A new dermatology pathway was being implemented in Salford which was aimed at improving the referral process, reduce time from referral to diagnosis, increase capacity for routine appointments, and avoid unnecessary hospital admissions. If successful it would be rolled out to Stockport and Bury during the autumn after its evaluation. LM advised that although mental health data for May had not yet been published actions had been updated in the report to reflect an up to date position. Commissioners across GM were working together with providers to draw up recovery plans for Improving Access to Psychological Therapies (IAPT). In relation to the proportion of people on the Health Checks there had been additional work with Pennine Care NHS Foundation Trust to ensure the timely reporting of the completion of health checks was captured on the GP systems. There had been improvements in dementia diagnosis rates and Memory Assessment Clinic action plans were	

being rolled out to address the backlog. In relation to Children and Young People (CYP) with Eating Disorders, Pennine Care NHS Foundation Trust had been allocated some national Covid-19 monies via GM to address pressures in community services. AJ highlighted the pressures being felt in Primary care, along with the expectation and tolerance of patients having altered. There were staffing pressures with staff having to self-isolate along with an element of communication fatigue, keeping up to date with changes in referral pathways was challenging. Relevant when moving into an ICS, he added that in terms of performance of systems and particularly referencing the performance against cancer waiting time targets at Salford Royal NHS Foundation Trust bigger didn't always mean better. CM agreed that there was pressure being felt in Primary care The Governing Body discussed the issues surrounding the cancer dermatology service at Salford and if anything could be done. LM advised that it was led at GM level in terms of design. JC offered some reassurance regarding staff isolation, as from 16 August 2021 double vaccinated and under 18s would not be required to self-isolate, therefore it was hoped this would relieve some current pressures. **RESOLVED:** **The Governing Body noted the contents of the report.**	
13. Report from Committees	
a. Audit Committee report for the period to August 2021	
The report was accepted as read **RESOLVED:** **That the report be noted for assurance.**	
b. Primary Care Commissioning Committee report for the period to August 2021	
The report was accepted as read. **RESOLVED:** **That the report be noted for assurance.**	
c. Finance, Performance and Delivery Committee report for the period to August 2021	
The report was accepted as read. **RESOLVED:** **That the report be noted for assurance.**	
d. Planning & Commissioning Committee report for the period to August 2021	
The report was accepted as read **RESOLVED:** **That the report be noted for assurance.**	
e. Quality and Governance Committee report for the period to August 2021	

The report was accepted as read **RESOLVED:** **That the report be noted for assurance.**	
14. Questions from Members of the Public During the meeting, Sujith Sudhakar, UK Head of Public Sector at Yext.com, a member of the public in attendance; asked who to contact in the CCG regarding the accessibility of the website and requested a link to the NHS Digital team to present his analysis having tested the online user experience. PLG agreed to contact Sujith outside of the meeting to follow this up.	
Meeting Closed at: 12:04	
15. Date and time of the next meeting	
The next meeting of the CCG's Governing body would be held on 13 October 2021 *Update following the meeting –* *Further to minute reference 7 above an extra-ordinary meeting in public of the Governing Body was also arranged on 8 September 2021.*	

NHS
Stockport
Clinical Commissioning Group

PUBLIC Extraordinary Governing Body Meeting
MINUTES of the meeting held on Wednesday 8 September 2021 at 9.30am by MS Teams

Present:

Dr C Munro	GP Clinical Chair (Chair) (CM)
Mr M Cullen	Chief Finance Officer, Stockport CCG (MC)
Ms K Fortune	General Practice Representative (KF)
Ms A Green	Chief Accountable Officer, Stockport CCG (AG)
Dr J Jolly	Secondary Care Specialist (JJ)
Dr A Johnson	General Practice Representative (AJ)
Mr D Phillips	Lay Member for Patient & Public Involvement (DP)
Mr P Riley	Lay Member for Primary Care Commissioning (PR)
Ms A Rolfe	Executive Nurse (AR)
Mr P Winrow	Lay Member for Audit & Governance (PW)
Dr M Valluri	General Practice Representative (MV)

In attendance:

Ms E Anderson	Business Administrator (Minutes)
Ms J Connolly	Director of Public Health, Stockport Metropolitan Borough Council (JC)
Dr D Golspink	LMC, Representative (PS)
Ms A Harper	Head of Communications and Engagement (AH)
Ms M Kildunne	Stockport Healthwatch (MK)
Mr P Lewis Grundy	Deputy Director of Corporate Affairs (PLG)
Ms M McGuiness	Director of Integrated Commissioning (MM)
Ms L McLean	Performance and Delivery (LM)
Mr S Woodworth	Medical Director (SW)

Apologies

Dr M Richardson	General Practice Representative

1. Welcome & Apologies	
The Chair welcomed members to the meeting; apologies were noted as listed above.	
2. Declarations of Interest	
The Chair asked members of the Governing Body to declare any interests held that would impact on the business conducted by the Governing Body today. AJ declared an interest in minute reference 4 Integrated Care System (ICS) Proposal for Stockport Locality Transition Arrangements by virtue of being a GP at Marple Cottage Surgery as this referenced Primary Care. CM, declared an interest in minute reference 4 Integrated Care System (ICS) Proposal for Stockport Locality Transition Arrangements by virtue of being a GP at Bracondale Medical Practice as this referenced Primary Care.	

SW declared an interest in minute reference 4 Integrated Care System (ICS) Proposal for Stockport Locality Transition Arrangements by virtue of being a GP at Beech House Medical Practice as this referenced Primary Care.

MV declared an interest in minute reference 4 Integrated Care System (ICS) Proposal for Stockport Locality Transition Arrangements by virtue of being a GP at Marple Medical Practice as this referenced Primary Care.

In accordance with the CCG's Conflicts of Interest Policy all were allowed to remain in the meeting and participate in the discussion and decision as far as it didn't directly relate to primary care.

3. Notification of Items of Any Other Business

There were no items of any other business notified.

4. Integrated Care System (ICS) Proposal for Stockport Locality Transition Arrangements

MM introduced the paper to the Governing body which outlined the proposal for establishing a shadow locality board to oversee the development of the locality arrangements in Stockport that were fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board and as part of the Greater Manchester Integrated Care System.

The proposal had been developed across the Stockport health and care system taking full account of the emerging national guidance, the model of ICS which Greater Manchester Health and Care Partnership had led, as well as the comments received from the engagement on the One Stockport Health and Care Plan, which had involved discussions across Stockport, with service users, patient representatives, the voluntary sector, and staff in all provider organisations. In addition, the CCG Chair and Medical Director led engagement events with primary care networks and GP staff.

MM highlighted the background information in the paper to the Governing Body regarding the publication of the Government White Paper and the implications of that for CCGs.

MM explained at GM level the proposal is that there would be the NHS Body, the Integrated Care Board, an Integrated Care Partnership, a proposed Joint Planning and Delivery Committee, a Shared Executive Group and in each Locality, a Locality Leadership Board.

MM advised Members of the proposed shadow arrangements for the transition period from October 2021 to end March 2022, she confirmed the shadow Board would not have any delegated statutory responsibility from any of the current organisations. The CCG would remain accountable for the planning and commissioning of health care services for Stockport and the Health & Care Integrated Commissioning Board would remain accountable for the section 75 agreement and pooled budget.

During the transition period the shadow Board would have three key functions, to: oversee the transition to the future Locality ICS model, to ensure full engagement of all partners in developing the locality model and to oversee the delivery of the key work programmes to deliver this transition.

The shadow Board would have responsibility for reporting on the transition to the Greater Manchester arrangements through the locality transition lead - the Chief Accountable Officer of the CCG.

A diagram showing how the reporting function would work was highlighted with the shadow Board reporting to the Health and Wellbeing Board, this also illustrated full engagement with all locality partners in the development of the new locality governance and structures to ensure the new system would be fit for purpose and would deliver the agreed health and wellbeing outcomes and reduce inequalities. A locality Executive Group would be formed from all system partners, to steer, and be accountable to the shadow board for developing the future operating model as part of the ICS, that could be operational from 1 April 2022.MM advised that system partners would be invited to participate in the workstream groups.

CM advised the Governing Body that although she and SW ran a series of sessions with Primary Care throughout the year these focused on the direction of travel rather than the locality structure.

AG highlighted to the Governing Body that the proposition was for a Locality Board to oversee the development of the future architecture. AG highlighted the opportunity to build healthy and new relationships for the future and to do things differently, in order to do this, resources needed to support new relationships and therefore be aligned differently. She referenced point 4 from the proposed Terms of Reference which describes "ensuring full engagement with all locality partners in the development of the new locality governance and structures to make sure the new system was fit for purpose and would deliver the agreed health and wellbeing outcomes and reduce inequalities" and that this overarching purpose was key.

AG highlighted that she had received a letter from the Chair of Viaduct Care (representing PCN D's as well as the Board) requesting that there was a Primary Care Provider representative on the Executive Group as well as having them represented on the Locality Board. She also advised that Pennine Care were writing to her as they could not attend the meeting today but she was aware that one of the requests from Pennine, was that where the CEO could not attend, an appropriate deputy could participate in the shadow Board.

CM recognised the huge opportunity for the system and recognised that although it would continue to evolve it was important to have the right people involved to be able to shape from the outset. It required looking at from an outcome based design and for collaboration to be considered along with building working relationships across the system.

PW welcomed the report and agreed it was essential to build relationships and would endorse Primary Care representation on the Executive Group, however agreed that it required someone with credibility in Primary Care who had time to devote to this group.

KF asked what the rationale for Primary Care not to be on the Executive Group, AG responded that this was mainly due to known work pressures and demand on Primary Care the rollout of the latest vaccine programme and the fact that they were fully engaged in the working groups., plus. SW assured the board as an Executive at the CCG that there was no intention to downplay the importance of the Primary Care role within the Locality Board Structure and that decisions were made based on a balance of best use of clinician time.

DP asked for the rationale for Sector 3 representation on the Locality Board, rather than for example PIN representatives. AG responded that the main rational was that Sector 3 spanned a whole range of voluntary sectors and are engaged at GM voluntary sector grouping and would be more comprehensive representation. She further explained that they were both advocates of the populations they serve as well as providers. DP expressed that there was an opportunity to foster a culture of achieving some efficiencies and asked how this would be achieved. AG responded that the culture would need to build over time however embedding the resources, people and expertise into future arrangements to ensure teamwork across end to end pathways, this is a better opportunity for collectively agreeing intentions and actions to achieve efficiency.
CM queried where the assurance would sit for the next 6 months and where the challenge for the development was and PR asked about the requirement to have independent scrutiny on the

Locality Board and whether this should be through an independent chair. AG confirmed that as AO for the CCG she had accountability back to the Governing Body which included independent lay members and the locality board would report to the Health and Wellbeing Board which included membership of the local authority, the CCG, Healthwatch, PM etc and is chaired by a democratically elected member of the Council.

MK advised that Healthwatch endorsed the arrangements and vision however she advised that Healthwatch Members have questioned whether Healthwatch should sit on the shadow Locality Board. AG replied that Healthwatch attend the Health and Wellbeing Board and would be engaged through that forum, but also that they would be integral to the work of the People and Community Voice sub group as well as having input to the Provider Alliance development and development of neighbourhoods. DP commented that with Healthwatch representation as described, Sector 3 representing the public on the Locality Board, in his opinion would be an enhancement.

AR highlighted also that the leads for each of the 5 sub-groups would attend the Executive Board AR added that she and SW met regularly with CDs regarding the direction of travel and from discussions their suggestion of being represented gives opportunity for primary care to influence and own the future and be accountable.

AJ considered that this was about a cultural shift in NHS and social care and that within the CCG there was a requirement to encourage the appetite for collaboration rather than representation of organisations. One role in the CCG was to encourage open mindedness.

AG asked if colleagues would accept that, to assure independence, she kept the 3 lay members briefed of the process along with Healthwatch. The Governing Body agreed.

AG added that this was not just a CCG decision and that this would be taken to different forums such as scrutiny committee and cabinet. AG confirmed that the proposal would be presented at the Health and Wellbeing Board that afternoon and to the Cabinet Meeting on 21 September 2021.

CM summarised that the Governing Body had discussed Primary Care representation and noted that Viaduct had contacted AG directly and asked that a Primary Car Provider be represented on the Executive Group. The CCG was also expecting comments from Pennine Care NHS Foundation Trust. There had been discussions from Healthwatch regarding patient representation. Reporting would be through the Chief Accountable Officer to the CCG and GM ICS and to the Health and Wellbeing Board and the iteration of the arrangements with system partners was acknowledged.

The Chair requested that any further comments be received no later than Wednesday 15 September 2021.

RESOLVED:

i. **That the transition arrangements with the addition of a Primary Care Provider representative included on the Executive Group be agreed.**
ii. **That the authority be delegated to the Chief Accountable Officer following consultation with the Chair of the Governing Body after the receipt of any further comments from partners, to finalise the CCGs response to the transition arrangements proposals ideally before SMBC's Cabinet meet on 21 September 2021.**

15. Date and time of the next meeting

The next meeting of the CCG's Governing body would be held on 13 October 2021

Meeting closed at 10:27

NHS
Stockport
Clinical Commissioning Group

Report of the Chief Accountable Officer

Report To (Meeting):		Governing Body			
Report From (Executive Lead)		Andrea Green, Chief Accountable Officer			
Date:		October 2021	**Agenda Item No:**	7	
Previously Considered by:		N/A			
Decision		**Assurance**	✓	**Information**	✓

Conflicts of Interests	
Potential Conflicts of Interest:	None relating to this report
Purpose of the report:	
The report is presented to advise Members of the Governing Body of activities and issues since the last Governing Body meeting.	
Key points (Executive Summary):	
1. Covid-19 Response; update on vaccination programme and Long Covid response 2. Launch of NHS-Galleri Trail across Greater Manchester (one of 8 national sites) 3. ICS Development update 4. Stockport System Improvement Board 5. Preparedness for Winter and system pressures 6. Report use of Emergency Powers re: approach to budget for the second half of the year in the absence of any national guidance 7. Thank you to our Care Colleagues	
Recommendation:	
The Governing Body is asked to: ○ **NOTE** the report and seek any further assurance	
Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	The report potentially cuts across all of the CCG's aims and objectives.
Risk and Assurance:	
List all strategic and high level risks relevant to this paper	The report potentially cuts across all of the CCG's Strategic Risks
Consultation and Engagement:	

Patient and Public Involvement:	None relevant directly to this report
Clinical Engagement:	None relevant directly to this report

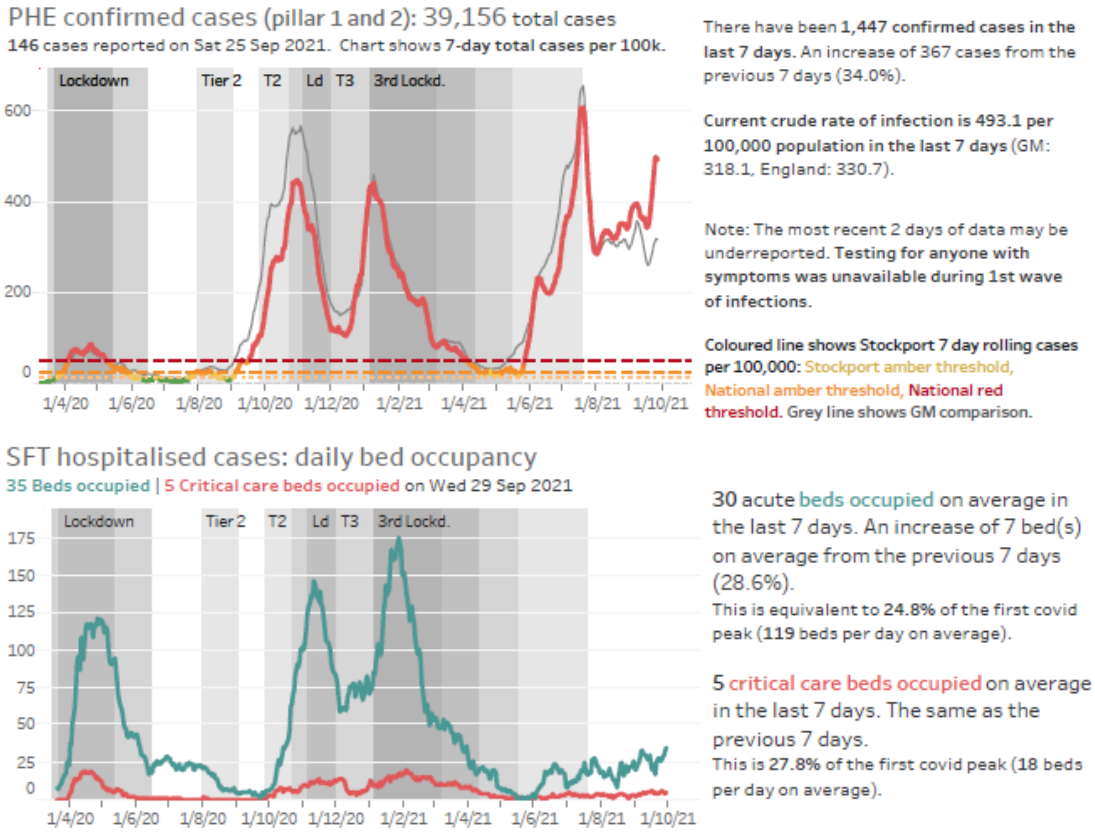
1. Covid-19 response

1.1. The CCG has sustained our Category 2 tactical co-ordination work reporting in to the Stockport Strategic Command Group since my last report.

1.2. The number of confirmed cases of infection seen in late September has seen I steep rise in recent days mostly in the 0 to 17 age group. Chart 1 below shows rates per 100K population now rising and at 493 as of 25th September. The actual rates will be reported at the meeting.

1.3. The demand from people with Covid on health care has grown slightly and Stepping Hill hospital has seen a steady demand from people with Covid, with 30 acute and 5 critical care beds occupied on 29th September as shown in Chart 2 below.

1.4. Chart 1: Cases confirmed by Public Health England; Chart 2 People in hospital.

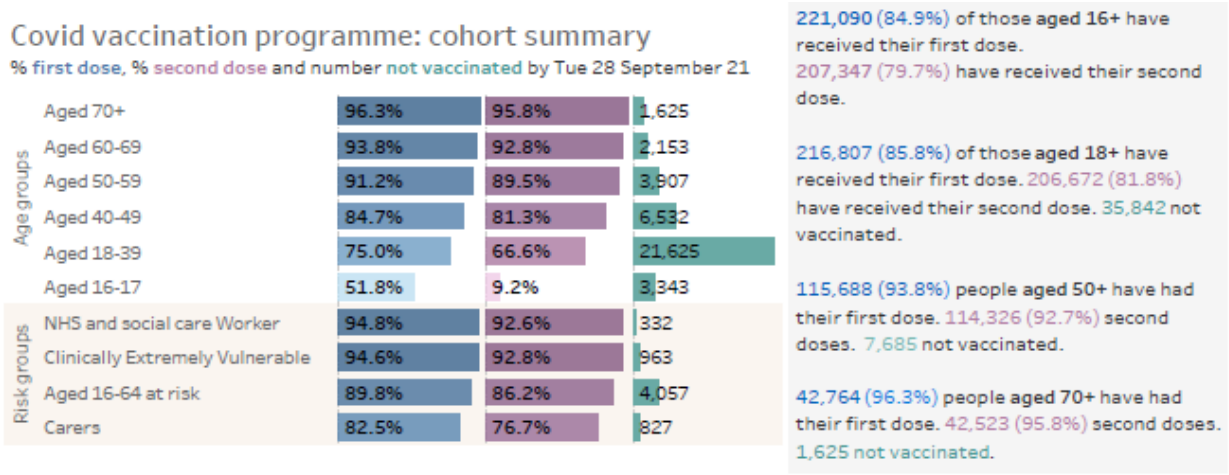


1.5. The vaccination programme continues to go well in Stockport with the offer now available to all 12-15 year olds, this is being led by the School Nursing services commissioned nationally. The CCG SRO has confirmed that all 12-15 year olds who are deemed more vulnerable to Covid and at greatest risk, have been offered a vaccination by 30 September.

1.6. In Stockport we have continued the core offer and additional targeted walk-in services to try to extend the reach to those who potentially will not book via other methods, or who

don't find the core offers convenient due to other commitments. These walk-in offers are publicised and now also able to be booked from the national booking site.

Chart 3 – Covid vaccination progress summary as of 28th September. Please note that data flows for the younger cohorts are not yet fully established therefore not included here.



Long Covid plan – additional short term funding

The Health and Social Care Partnership have identified some short term funding to support assessment, diagnostic and treatment pathways where we have gaps in local offers. We do not yet have a firm evidence base in respect of this diagnosis therefore the CCG have developed an implementation plan to target initiatives that will leave a positive legacy in four areas namely, expediting/streamlining pathways; ensuring patient reviews are recorded and evaluated; enabling data sharing to best effect; and improvements in the approach to inequalities for this group of patients and positively impact on the wellbeing of our older patients and our young people in particular.

2. Launch of NHS-Galleri early cancer diagnosis trials in GM

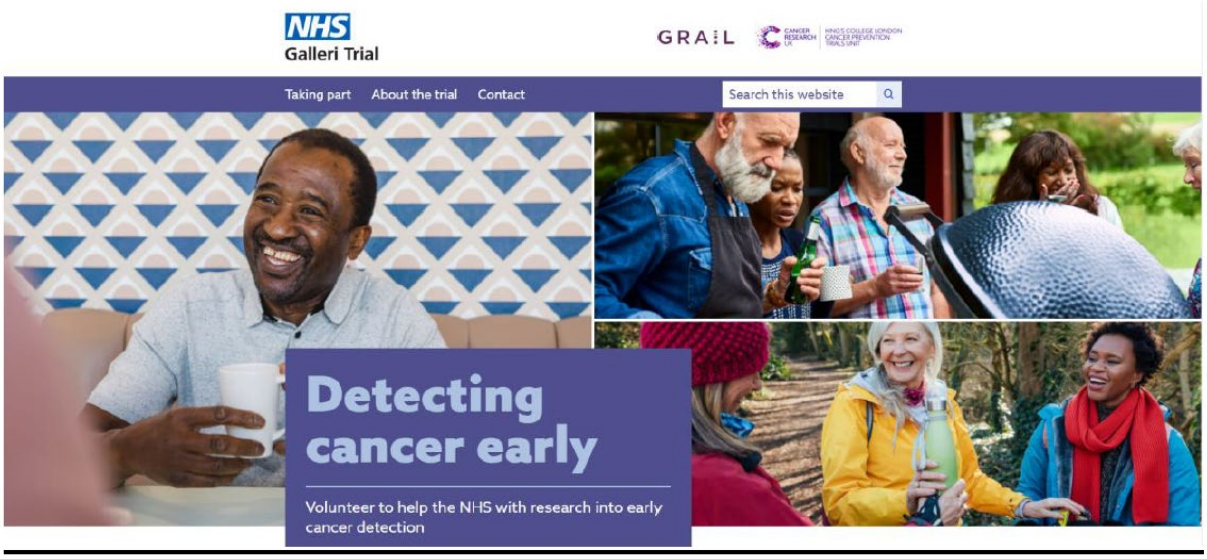
This ground breaking trial of a screening blood test that can identify up to 50 types of cancer often before people get symptoms, is being launched across Greater Manchester over the next few months. The plan is to start the trials in Oldham in October, then roll the programme out across all ten localities.

As the programme rolls out to Stockport, people who receive an invitation will be able to volunteer to participate in the pilot if they are

- between the ages of 50 and 77,
- have not been diagnosed or treated for cancer in the last 3 years
- and live in the Stockport

Members of the Governing Body are asked to note the update and the public information link below.

Information for the public



A public information website is available at https://www.nhs-galleri.org/ This website provides an overview of the trial and commonly asked questions.

3. ICS Development

3.1. The proposals for a Stockport Shadow Locality Board to oversee the development of a new system architecture ready to operate from 1 April 2022 were agreed by our Governing Body, NHS Boards and the Local Authority Cabinet during September. The only amendments were the ask by the CCG GB re: an additional named representative for Primary Care to join the Executive Group who will deliver the work programme.

3.2. We are working to mobilise the shadow arrangements and draft work programmes for the Board to consider at the first meeting.

3.3. The Provider Partnership/ Alliance held their third workshop at the end of September, and they are drawing together the proposed work programme which will feature in that reported to the shadow Board at the first meeting.

3.4. Further national guidance has been released since our last meeting, this sets out the functions of the ICB; the due diligence requirements and indicative timescale for staff transfers to the ICB as well as indicative timings of appointments to the ICB Board. The 10 CCGs, GM H&SCP and GMSS as the 12 organisations that will be sending staff to the ICB, have started a series of coordinated tasks to ensure smooth transfer for all staff.

3.5. We, like many CCGs are seeing an increased number of staff leave during this period Directors are actively managing this, and recruiting to fill established posts so as not to detract from the business as usual work we need to conclude for a safe handover of the CCG functions.

3.6. Following agreement by the Health and Care Partnership progress is being made to recruit members to the shadow joint planning and delivery group to operate in shadow form between October 2021 and March next year. The proposed terms of reference and membership can be found in my August report to the Governing Body.

3.7. We expect to know the name of the Chair (designate) of the Integrated Care Board to be announced in early October, and the appointment of the CEO (designate) by mid November. Appointments to the ICB NEDs (designate) and Executives (designate) are expected to conclude by 31 December 2021.

3.8. Members are asked to note the report.

4. Stockport System Improvement Board

4.1. The Board met in September and

- reviewed quality and performance,
- considered a report from the Patient Safety Group,
- considered the preparations for Winter,
- the improvements in Frailty and Maternity care.

4.2. The Chair advised good progress continued to be made therefore the next meeting would be held in November.

5. Preparedness for Winter and system pressures

Our plans for Winter are in the final stages of development, we have been working to develop a system wide plan the early version of which was tested at the September System Improvement Board, has been reviewed at the CCG Planning and Commissioning Committee, and is being assessed by NHSE/I as part of the oversight by regional colleagues at NHSE/I.

The pressures in the system have been reported previously, and regrettably these are being sustained with some additional pressures over the last few weeks in A&E and children's mental health services both of which coinciding with the return to school and education. Much of this additional pressure appears not to be related to respiratory illnesses as expected, however the CCG have coordinated weekly system-wide meetings to monitor and managing the surges locally, and across Greater Manchester we have agreed escalation and surge plans where demands at particular services or sites require collective action.

6. Use of emergency powers to agree a budget for October to end March 2022

An emergency powers and urgent decisions meeting was convened on 29 September 2021 under Section 6 Emergency Powers and Urgent Decisions of Appendix 3 Standing Orders of the CCG's Constitution to consider rolling over the CCG budget from the first half of the year (H1) to the second half (H2) of the financial year 2021/22, pending further national planning guidance.

Following discussion at and recommendation by the Finance, Performance and Delivery Committee of the Governing Body, the meeting agreed the roll forward of the H1 2021/22 budget into H2 2021/22 until such time that a financial plan for H2 2021/22 has been submitted and agreed with NHSE. The meeting also agreed that the CCG continues to identify and deliver efficiencies at an organisational and system level that ensures H2 financial balance and also makes a positive impact to the CCG's recurrent deficit position.

The report of these decisions is for Governing Body to note in accordance with the requirement under Section 6 of Appendix 3 of the Constitution.

7. Thank you to our Care colleagues

The NHS and all care agencies are approaching winter after an unprecedented 18 months of living through the pandemic and over summer have experience increased demand on services above those experienced in 2019 before the start of the pandemic.

I'd like to ask the Governing Body to publicly acknowledge the resilience, innovation and dedicated, unerring commitment of our care colleagues who day in day out are supporting people in Stockport to achieve the best health outcomes they can.

Members are asked to note this report, and or seek any further assurances.

POTENTIAL IMPLICATIONS

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	None directly relating to this Report					
	Recurrent Expenditure	None directly relating to this Report					
	Expenditure included within CCG Financial Plan	Yes	✓	No		N/A	
Performance Impact:	None directly relating to this Report						
Quality and Safety Impact:	None directly relating to this Report						
Compliance and/or Legal Impact:	Requirement under the Constitution to report the use of the Urgent and Emergency Powers under the Constitution to the Governing Body.						
Equality and Diversity:	General Statement: There are no direct considerations relating to this report						
	Has an equality impact assessment been completed?	Yes		No	✓	N/A	
	If Not Applicable please explain why	Not Applicable					

NHS
Stockport
Clinical Commissioning Group

ONE Stockport Health & Care Plan

Report To (Meeting):	Governing Body		
Report From (Executive Lead)	Mel Maguinness		
Report From (Author):	Angela Dawber		
Date:	13th October 2021	**Agenda Item No:**	8
Previously Considered by:	Executive Board – 22/09/2021 Planning & Commissioning Committee – 29/09/2021		

Decision	**x**	**Assurance**		**Information**	

Conflicts of Interests	
Potential Conflicts of Interest:	No known conflicts of interest

Purpose of the report:
To ask the Governing Body to approve the final version of the ONE Health & Care Plan
Key points (Executive Summary):
The ONE Health & Care is a single roadmap for health and care over the coming years, developed through extensive engagement with around 1000 local people. It builds on existing organisational strategies with the aim of improving support to local people through increased collaboration. It puts people at the heart of care, with services wrapped around their needs. As ONE plan for health and care, the document would replace the CCG Strategic Plan, Stockport's Health & Wellbeing Strategy and our Locality Plan under the GM Strategy.
Recommendation:
Governing Body is asked to: • **Agree** the ONE Health & Care Plan

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	• Start Well • Live Well • Age Well • Lead Well
Which corporate objective(s) is / are supported by this report:	• Continuously improve the quality and safety of care • Empower people to look after themselves & make good choices that prevent ill health • early identification of health conditions • Reduce health inequalities • Support people to remain healthy and independent as long as possible • Consistently high patient and staff satisfaction levels • Implement new & sustainable model of care

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	The following risks may be considered: • Change fatigue among the workforce • Local agreement on the geographic boundaries for integrated neighbourhood teams • Delivery dependent on development of a successful provider alliance

Consultation and Engagement:	
Patient and Public Involvement:	A full report of engagement is included in appendix 2
Clinical Engagement:	• GP survey • GP masterclass session • Governing Body discussions • Cross-system staff engagement events.

Potential Implications:								
Financial Impact:	Non-Recurrent Expenditure	Y						
	Recurrent Expenditure	Y						
	Expenditure included within CCG Financial Plan	Yes	**x**	No		N/A		
Performance Impact:	Focus on improving quality and delivery of performance standards							
Quality and Safety Impact:	Not completed							
Compliance and/or Legal Impact:	None							
Equality and Diversity:	General Statement:							
	Has an equality impact assessment been completed?	Yes	**x**	No		N/A		
	If Not Applicable please explain why	EIA in appendix 3						

ONE STOCKPORT

Health & Care Plan

A Healthy & Happy Stockport

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FOREWORD

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

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

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

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

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

Dr. Cath Munro

Chair of NHS Stockport Clinical Commissioning Group

Cllr. Jude Wells

Cabinet Member for Adult Care and Health

Prof. Tony Warne

Chair of Stockport NHS Foundation Trust

0. EXECUTIVE SUMMARY

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

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

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

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

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

National Context

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

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

Living with and beyond COVID

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

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

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

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

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

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

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

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

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

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

Strategic Ambition

Stockport residents will be healthier and happier

Health inequalities will be significantly reduced

Safe, high quality services will work together for you

Residents will be independent and empowered to live their best lives

Outcome Measures

Life Expectancy
Happiness scores
Emotional wellbeing
iThrive scores
Loneliness

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

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

Physical activity
Healthy eating and drinking
Hospital admissions
Permanent care home admissions

Delivery Programmes

Quality & Leadership

Early Help & Prevention

Independence & Reablement

Mental Health & Wellbeing

Tackling Inequalities

Stockport's Neighbourhoods

Age-Friendly Borough

Valued Workforce

1. INTRODUCTION

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

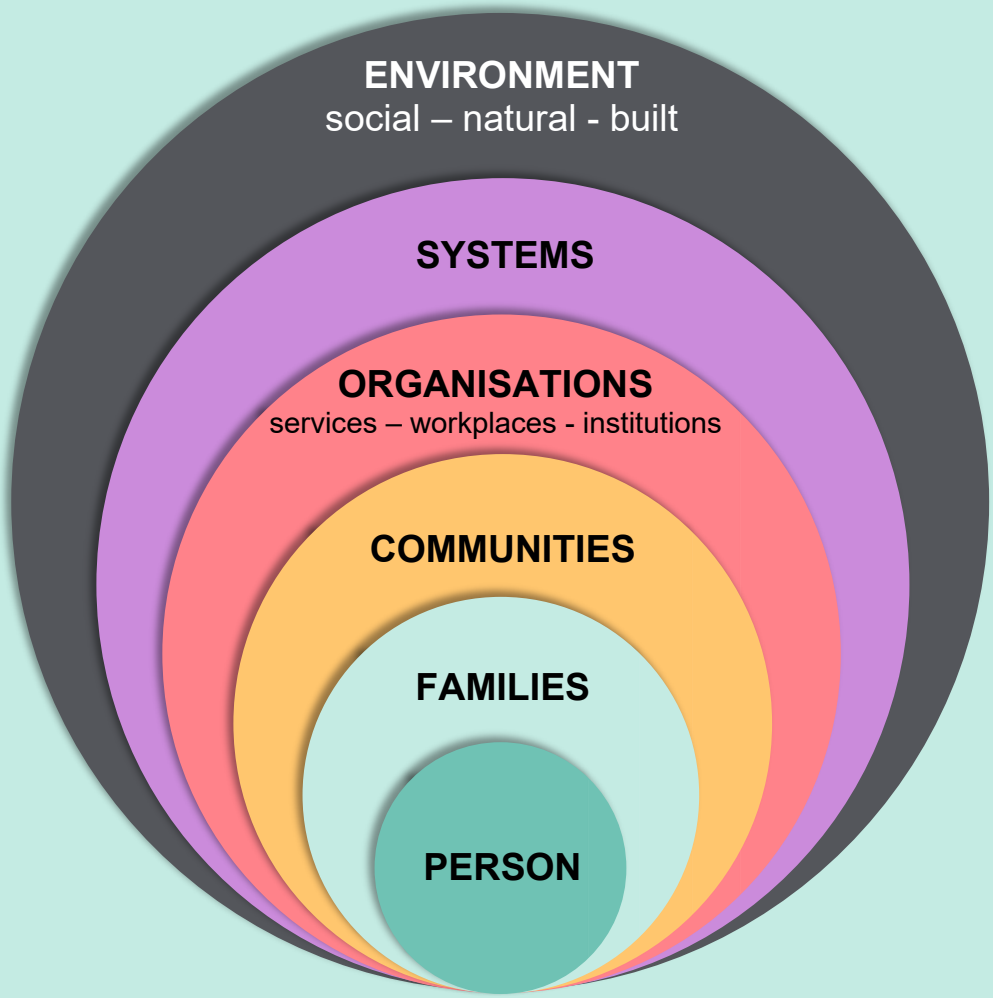
This Plan sits under the 'ONE Heart' section of ONE Stockport, setting out our shared approach to improving health and care outcomes through all partners working together to support local people to be Healthy & Happy. We recognise that health and wellbeing are strongly influenced by a wide range of factors,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

NHS Stockport Clinical Commissioning Group	STOCKPORT Metropolitan Borough Council		NHS Stockport NHS Foundation Trust	NHS Pennine Care NHS Foundation Trust
Clinical Commissioners	Adult Social Care, Stockport Family & Public Health	Schools, Colleges and local education providers	Hospital Care & Community Health Services	Acute & Community Mental Health
VIADUCT CARE CIC	Mastercall Out of Hospital Healthcare	NHS	Sector³ Stockport in Synergy	healthwatch Stockport
Federation of 36 local GP practices	Out of Hours Primary Care	Pharmacy, Dentists, Opticians & Ambulance Services	Voluntary & Community Services	Patient Voice

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

One Heart, One Home, One Future

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



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

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

2. THIS IS STOCKPORT

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

Our Population

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

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

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

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

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

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

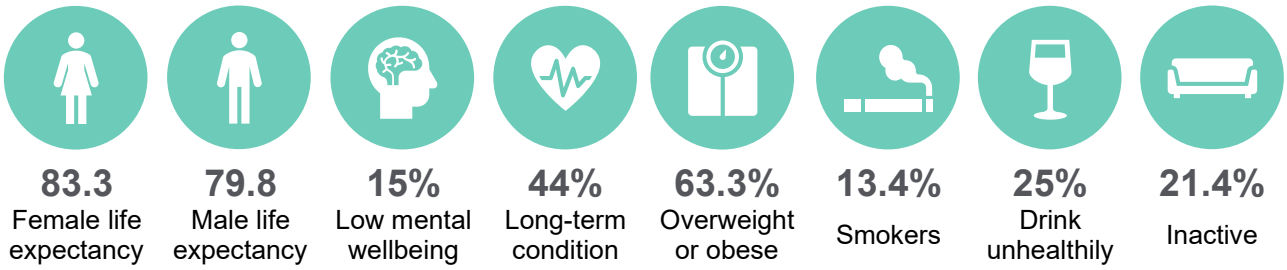
Health in Stockport

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

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

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

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



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

Local Services

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

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

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

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

1,500,000
GP appointments

470,650
Community health contacts

141,000
Mental Health appointments

105,000
Emergency Department attendances

131,700
Hospital admissions

350,000
Outpatient appointments

1,639,620
Prescriptions issued

70,000
NHS Sight Tests

18,039
dental appointments

3,514
Referrals to Children's Social Care

6,307
Adult Social Care users

2,300,000
Voluntary Sector interventions

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

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

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

3. OUR JOURNEY

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

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

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

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

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

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

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

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

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

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

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

2020 was an unprecedented year which had a profound effect on every member of our community. We are immensely proud of the amazing efforts made by our combined health and care workforce and their support teams during the COVID response as well as key workers in the wider public sector and community. We have seen incredible resilience and adaptation, with more joined-up care, which has delivered an outstanding result.

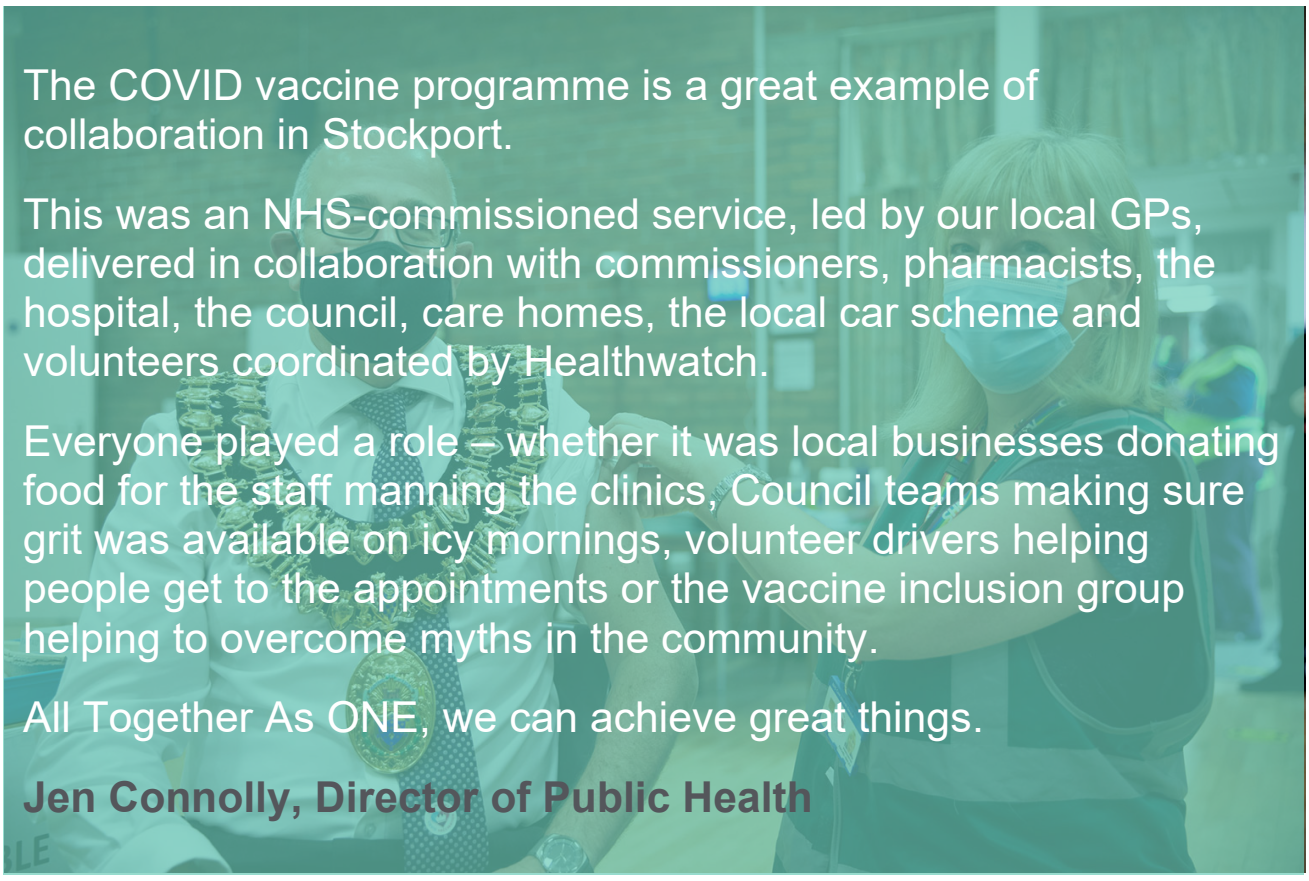
However, COVID-19 has not affected all of us equally and has exacerbated the inequalities in our borough:

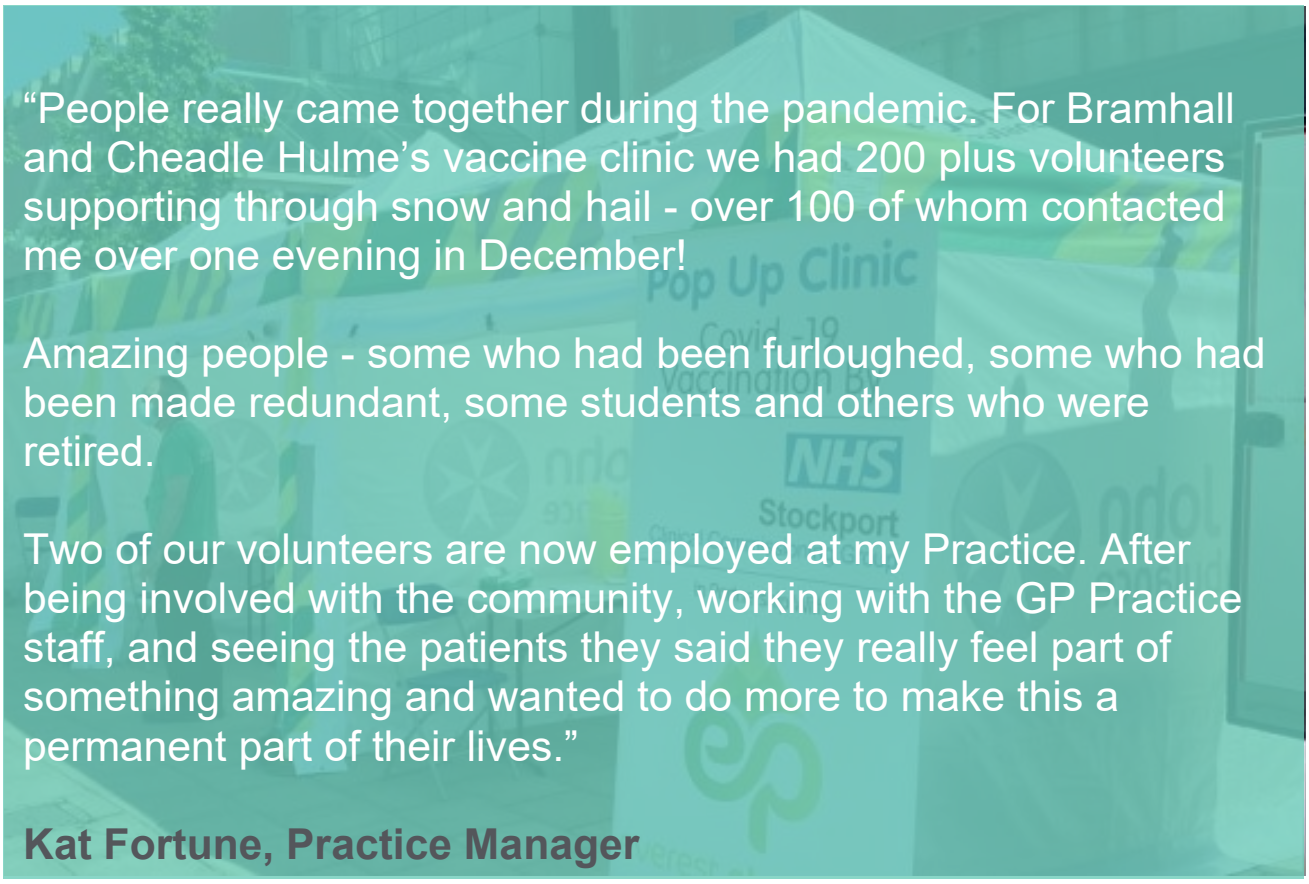
- rates of infection were significantly higher among people in manual occupations and frontline health and care staff;
- older people and those from Black, Asian and Minority Ethnic (BAME) backgrounds were more likely to experience serious complications from the virus; and
- mortality rates from COVID-19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

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

If 2020 taught us anything, it's that we're stronger working together.

Our aim is to learn from the positive changes over recent years and from the inspiring levels of community support and compassion during the pandemic to build back stronger, supporting our most vulnerable, to and create a healthy, happy and more resilient borough.





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

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

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

Kat Fortune, Practice Manager

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

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

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

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

Sue Peck, Stockport Car Scheme

4. SHAPING OUR PLAN

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

Our plans are based on a wide range of evidence:

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

Our data is telling us that:

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

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

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

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

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

What we have heard is that:

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

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

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

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

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

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

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

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

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

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

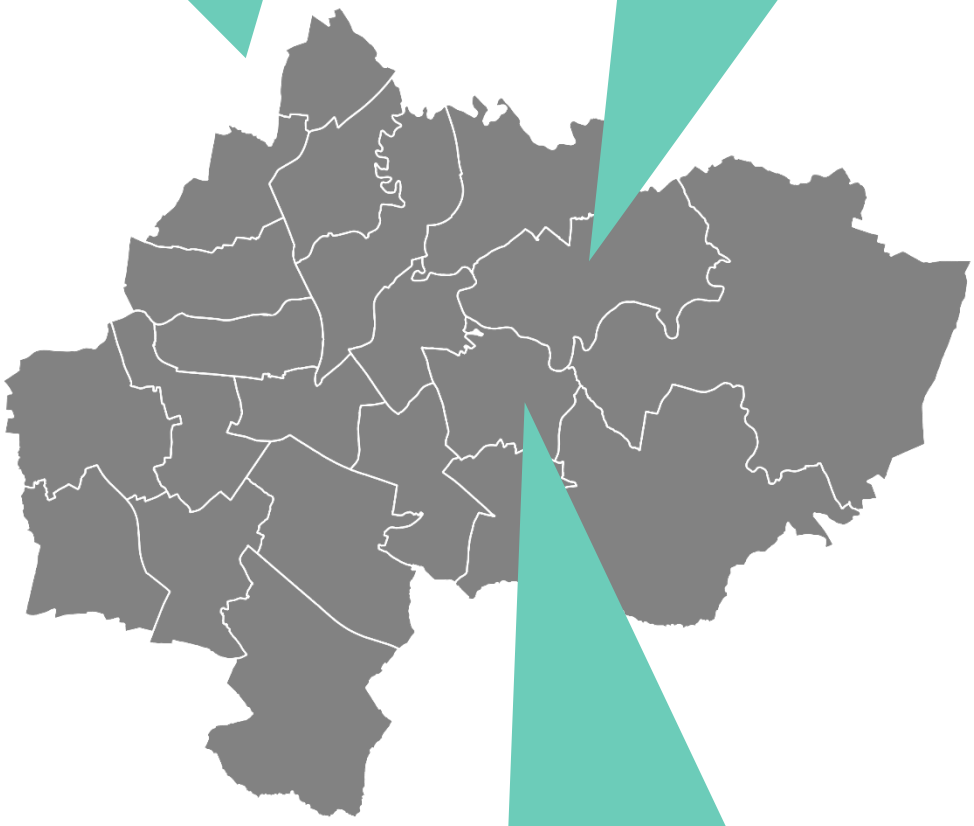
"Looking after our mental health is more important than ever!"

Millie, Stockport College, age 17

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

Claire, Romiley, age 43

ONE STOCKPORT



Impact on health and wellbeing

Health Inequalities

Collaboration

Mental Health & Wellbeing

High Quality Services

Wider Determinants of Health

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

Janet, Offerton, age 68

5. OUR VISION

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

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

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

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

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

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

- **Healthy, Happy, Included**
- **Communities that *care* and look after each other**
- **ONE Stockport, ONE Neighbourhood Approach**

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

A Healthy, Happy Stockport

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

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

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

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

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

6. VALUES

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

In Stockport…

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

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

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

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

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

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

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

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

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

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

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

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

Steve, Signpost's Young Carers

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

Jean, Cheadle Hulme

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

Julia, Social Worker

7. OUTCOMES

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

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

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

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

What Action We Will Take

1. Continue to provide **safe, high quality health and care services** through new system leadership arrangements and a joint improvement plan
2. Radical focus on **early help and prevention** through codesigning a new model, recommissioning key services for 2022 and making the most of digital technology. Including the network of support from friends, family members and the many local community groups and organisations that provide vital care and support within the home
3. Improve **mental health and wellbeing** through development of a joint all age mental health and wellbeing strategy working with communities, schools and businesses
4. Work together to undertake **targeted action on inequalities** as a population health system and through a **neighbourhood model** that recognises wider factors such as housing, employment and social connectedness
5. Build and retain a **resilient, valued and inclusive health and care workforce** that promotes homegrown talent to create training and employment opportunities for local people and carers through a joint workforce plan
6. Continue our work to be an **Age-Friendly Borough** through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life
7. Continue our work to be a **Child-Friendly Borough** through delivery of the Start Well Strategy & Children and Young People's Plan; Early Help Strategy and our SEND Strategy & Joint Commissioning Plan that are proactively developing the opportunities for children and their families to have the best outcomes in life and prepare well for adulthood.
8. Develop the way we deliver Adult Social Care and Health to help the people of Stockport to live their best lives possible. We will continue to embed and develop our operating models which promote **prevention, reablement and a Home First ethos**.

How We Will Measure Success

- Maintain and increase healthy life expectancy across the Borough, whilst also reducing the widening gap between our communities
- Early intervention and prevention keep people independent for as long as possible and reduces admission and re-admission to hospital, residential or nursing care
- Improvement in the levels of happiness, mental health and emotional wellbeing and increase the number of active people across the Borough
- Better access to mental health treatment and support (via CAMHS and Community Mental Health Services) for children and young people
- Improvement in the quality and timeliness of care and support needed
- Financially sustainable and resilient health and care provision.

8. PRIORITIES WE WILL DELIVER

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

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

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

Integrated Care Systems will work at three levels:

- **System** setting strategic direction and delivering economies of scale
- **Place / Locality** bringing together local services to build a comprehensive offer
- **Neighbourhood** integrated teams of health and care professionals supporting their local communities

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

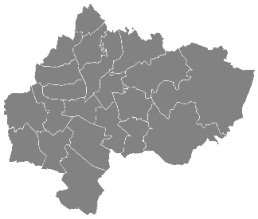
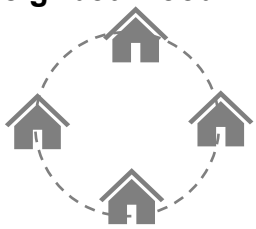
- ONE System based around you, not organisations
- ONE Locality Board managing outcomes from a place-based budget
- ONE Delivery Partnership operating ONE Neighbourhood model.

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

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

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

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

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

8.1. QUALITY & LEADERSHIP

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

Quality is our top priority.

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

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

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

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

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

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

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

Safe, high quality health and care services

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

Confidence in our system.

What will the future look like?

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

8.2. EARLY HELP & PREVENTION

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

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

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

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

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

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

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

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

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

Radical focus on early help and prevention

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

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

What will the future look like?

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

8.3. INDEPENDENCE & REABLEMENT

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

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

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

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

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

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

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

Helping people live their best lives

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

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

What will the future look like?

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

8.4 MENTAL HEALTH & WELLBEING

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

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

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

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

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

Steve Flynn, BOOST

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

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

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

Jane, Support Worker Manager

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

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

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

Improving mental health and wellbeing

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

Confidence in our system Joint working across the city region.

What will the future look like?

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

8.5 TACKLING INEQUALITIES

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

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

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

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

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

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

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

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

Targeted action on inequalities

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

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

What will the future look like?

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

1.4 STOCKPORT'S NEIGHBOURHOODS

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

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

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

Feedback from Staff Engagement Event

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

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

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

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

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

ONE Neighbourhood Model

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

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

What will the future look like?

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

1.5 CHILD-FRIENDLY BOROUGH

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

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

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

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

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

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

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

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

Best Start in Life

Objectives:

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ *Our population*

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

➢ *Our staff*

Making a difference every day. No organisational boundaries.

➢ *Our Partners*

Positive outcomes and increased collaboration.

What will the future look like?

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

1.6 AGE-FRIENDLY BOROUGH

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

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

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

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

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

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

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

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

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

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

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

An Age-Friendly Borough

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

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

What will the future look like?

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

1.7 VALUED WORKFORCE

We will work together as ONE System to build a resilient, valued and inclusive health and care workforce that promotes homegrown talent to create training and employment opportunities for local people and carers through a joint workforce plan

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

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

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

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

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

Workforce Engagement Event

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

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

Liz, Community Champions

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

Janet, Adult Social Care

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

Rebecca, Stockport Family

A resilient, valued, and inclusive workforce

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

Actions:

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

Outcome Measures:

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

What does this mean for….

➢ Our population

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

➢ Our staff

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

➢ Our partners

Integrated working Shared responsibility

What will the future look like?

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

2. ENABLERS

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

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

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

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

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

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

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

3. APPENDICES

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

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

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

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

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

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

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

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

APPENDIX 2 – Engagement Report

1. Background

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

Over the first half of 2021 engagement was undertaken to:

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

2. Engagement Approach

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

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

Key Stakeholders included:

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

Staff providing health and care services in Stockport:

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

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

Who we involved

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

Stakeholder Groups

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

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Protected Characteristics

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

Stakeholder Groups

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

Protected Characteristics

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

Protected Characteristics

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

Engagement Grid

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

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

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

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

3. What we heard

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

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

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

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

3.1 Inequality

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

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

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

3.2 Collaboration

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

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

Steve, Signpost Young Carers

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

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

Julia, Social Worker

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

3.3 Mental Health

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

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

Millie, Stockport College, age 17

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

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

Steve Flynn, BOOST

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

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

Jane, Support Worker Manager

3.4 COVID

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

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

Online survey feedback

3.5 Age-Friendly

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

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

Janet, Offerton, age 68

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

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

Staff Engagement Session on Ageing Well

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

3.6 Support for Carers

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

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

Online survey feedback

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

3.7 Access to services

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

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

Online survey feedback

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

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

Online survey feedback

3.8 Prevention

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

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

Healthwatch Engagement Event

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

3.9 Asset-based approach

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

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

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

Jean, Cheadle Hulme, age 79

3.10 Wider Determinants of Health

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

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

Claire, Romiley, age 43

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

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

Online survey feedback

3.11 Workforce

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

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

Workforce Engagement Event

How teams work together featured heavily in feedback.

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

Liz, Community Champions

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

Janet, Adult Social Care

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

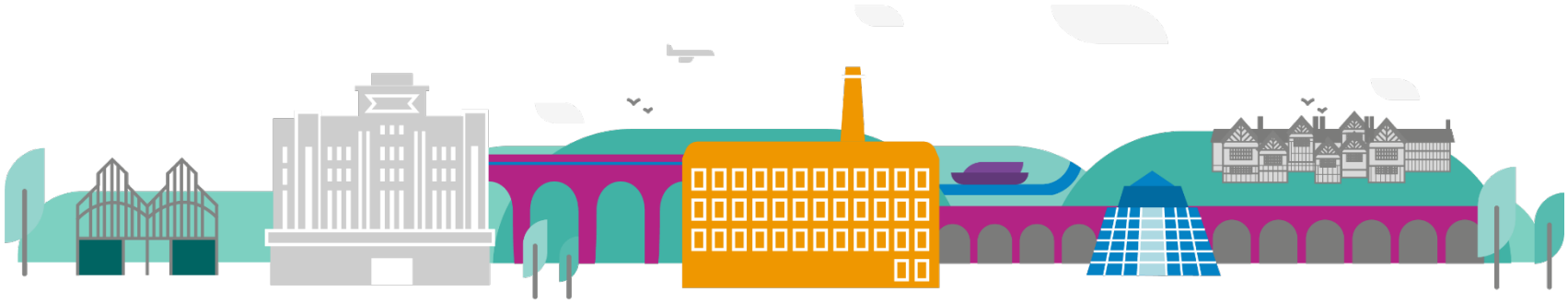
Staff Workshop on Inequalities

4. How Feedback Was Used

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

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

One Health and Care Plan
Equality Impact Assessment
September 2021



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

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

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

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

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

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

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

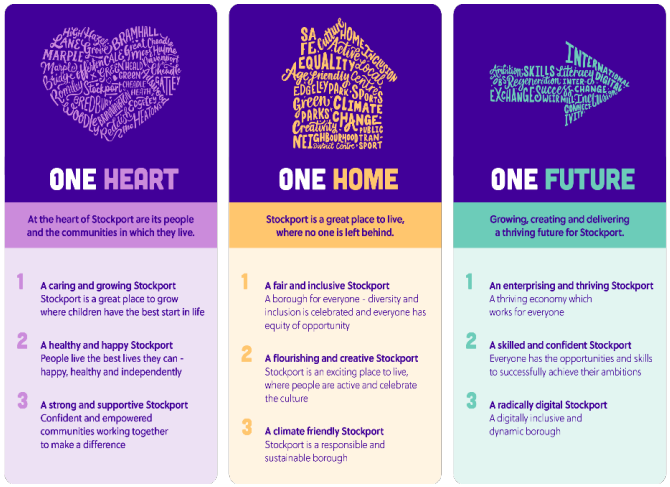
The Plan will be relevant to all Stockport's health and care services including health colleagues, social care, VCSE partners and local businesses as well as partners in those sectors that impact on health and wellbeing such as education, employment, housing and security.

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

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

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

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



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

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

Key Stakeholders included:

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

Staff providing health and care services in Stockport:

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

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

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

The plan is based on a range of intelligence, including:

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

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

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

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

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

Step 1: Establishing and developing the baseline

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Step 3: Identifying mitigating factors to minimise negative impacts

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

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

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

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

Step 4: Conclusions and outcome

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

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

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

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.		
A.	No major barriers identified, and there are no major changes required – proceed.	☐
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	☒
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	☐
D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	☐
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	☐

Please describe briefly how this EqIA will be monitored.
When will this be reviewed? What mitigating actions need to be implemented and when?

Progress will be monitored through the ONE Stockport Outcomes Framework via the Health & Wellbeing Board. Where changes have an unintended negative impact on any protected group, changes will be made via this body.

NHS
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Winter Plan 2021/2022

Report To (Meeting):	Governing Body		
Report From (Executive Lead)	Melissa Maguinness, Director of Integrated Commissioning		
Report From (Author):	Melissa Maguinness, Director of Integrated Commissioning Dan Cassell, Senior Commissioning Manager, Urgent Care		
Date:	13 October 2022	**Agenda Item No:**	9
Previously Considered by:	CCG Executive Board Planning and Commissioning Committee		

Decision		**Assurance**	**x**	**Information**	**x**

Conflicts of Interests	
Potential Conflicts of Interest:	N/A

Purpose of the report:

The purpose of this report is to update and assure Governing Body on the progress and next steps for this year's system wide winter resilience planning.

Key points (Executive Summary):

- Winter planning began in in June and has included all system partners (hospital trust, social care, community services, the voluntary sector, CCG and GMHSCP)
- The update attached is a culmination of over 15 system wide workshops over a period of 4 months
- The areas of focus for the system are based on those where demand has increased or services need further resilience
- The specific pathways are
    - Frailty
    - Respiratory
    - Paediatrics
    - Mental health
- A weekly winter oversight group is being set up to monitor performance, system pressures, the efficacy of services and patient/service user safety and experience. It will

also coordinate any complex system escalations as required.
Recommendation:
The Governing Body are asked to note the progress to date.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	• Start Well • Live Well • Age Well
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Financial balance across the system • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	• Mobilisation and resilience of schemes will become more challenging the closer we get towards winter • Staff resilience is lower due to the effects of the pandemic and general fatigue • Demand could outstrip capacity in any part of the system • Currently P1 discharge capacity is lower than demand which is having an impact on hospital discharge.

Consultation and Engagement:	
Patient and Public Involvement:	Existing patient groups will provide feedback on the plan
Clinical Engagement:	There has been very strong clinical and professional input to all the workshops and pathway design work from all areas of the system

1. INTRODUCTION

1.1 This plan sets out Stockport's plans for winter 2021/22. The Plan has been developed to ensure the delivery of safe and high quality services to the population during potential periods of pressure and has been informed by the need to manage the added demand uncertainties caused by the COVID-19 pandemic.

1.2 The Stockport Winter Plan **r**eflects a whole system approach to the delivery of services from December 2020 to Easter 2022. It builds upon lessons learnt within Stockport over recent years and in particular from winter 2020/21 and what the system learnt from responding to the COVID 19 pandemic and also identifies the challenges, risks and mitigating actions in place across the system.

1.3 The approach is based on ensuring there is sufficient capacity across the whole system to meet the expected demand over the winter period. This is across community services, social care, hospital services and primary care; for both physical and mental health need.

1.4 Patient safety, quality of outcomes and patient / service user experience are a key focus for the system plans

2. DETAIL

2.1 The areas of focus for the system are based on end to end pathway planning, system escalation and capacity and demand planning.

The pathways the system has selected to focus on are:

- Frailty
- Respiratory
- Paediatrics
- Mental health

2.2 The plan also includes specific actions being taken for hospital services, community services, primary care and social care.

3. CONCLUSION

3.1 The planning to date incorporates an end to end pathway approach that has involved and been led by all parts of the Stockport system. Work is now underway on the production of the full Winter Plan.

4. NEXT STEPS

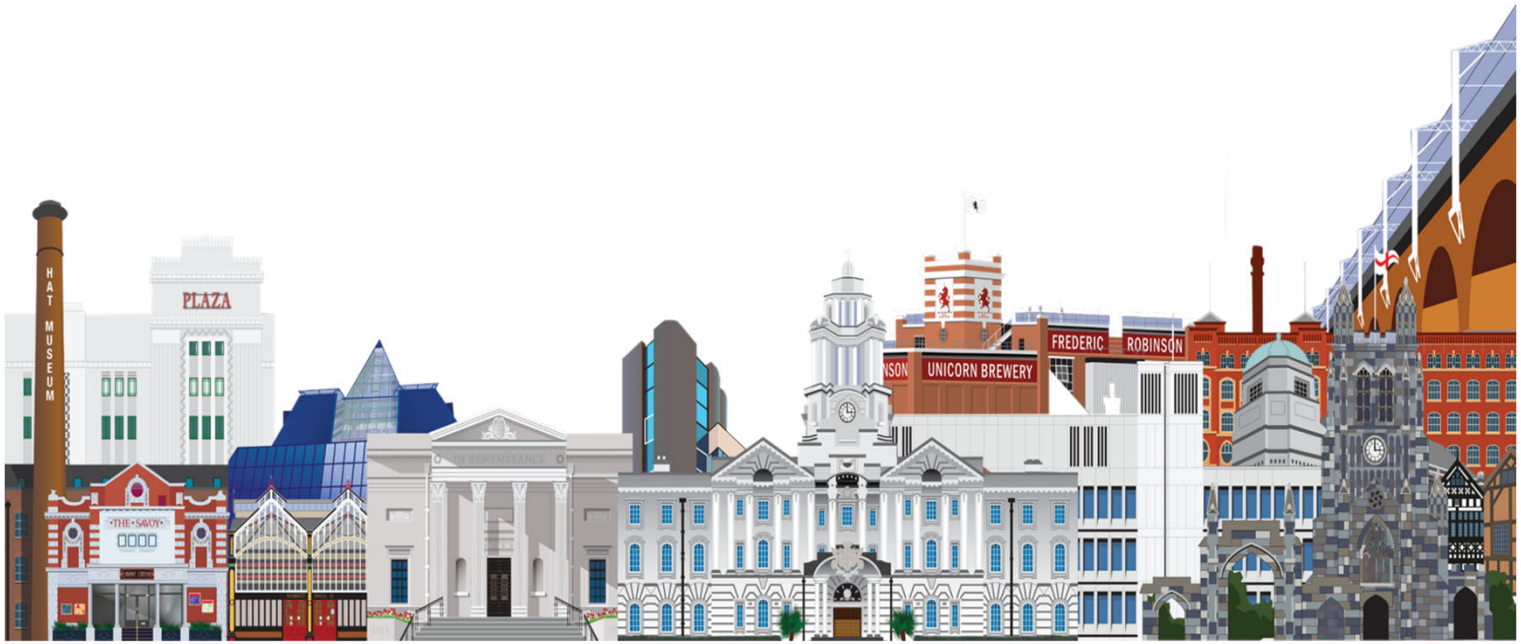
- Development and sign off of the full Winter Plan 2021/22
- Ongoing system wide winter planning and assurance meetings
- Finalisation of the winter oversight system reporting dashboard (with new OPEL escalation)
- Mobilisation of prioritised schemes

5. POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="8">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td>Non-Recurrent Expenditure</td><td colspan="6">Work underway to determine</td></tr>
<tr><td>Recurrent Expenditure</td><td colspan="6"></td></tr>
<tr><td>Expenditure included within CCG Financial Plan</td><td>Yes</td><td></td><td>No x</td><td></td><td>N/A</td><td></td></tr>
<tr><td>Performance Impact:</td><td colspan="7">• Improving A&E 4 hour performance
• Reducing delayed discharges
• Increasing the proportion of people living independently
• Improving patient experience and outcomes</td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="7">To be completed as part of the full winter plan</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="7">N/A</td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="7">General Statement:</td></tr>
<tr><td>Has an equality impact assessment been completed?</td><td>Yes</td><td></td><td>No x</td><td></td><td>N/A</td><td></td></tr>
<tr><td>If Not Applicable please explain why</td><td colspan="6">EIAs will be completed at individual scheme level</td></tr>
</table>

Stockport System Winter Planning – 2021/22

Stockport CCG Governing Body– Wednesday 13th October 2021

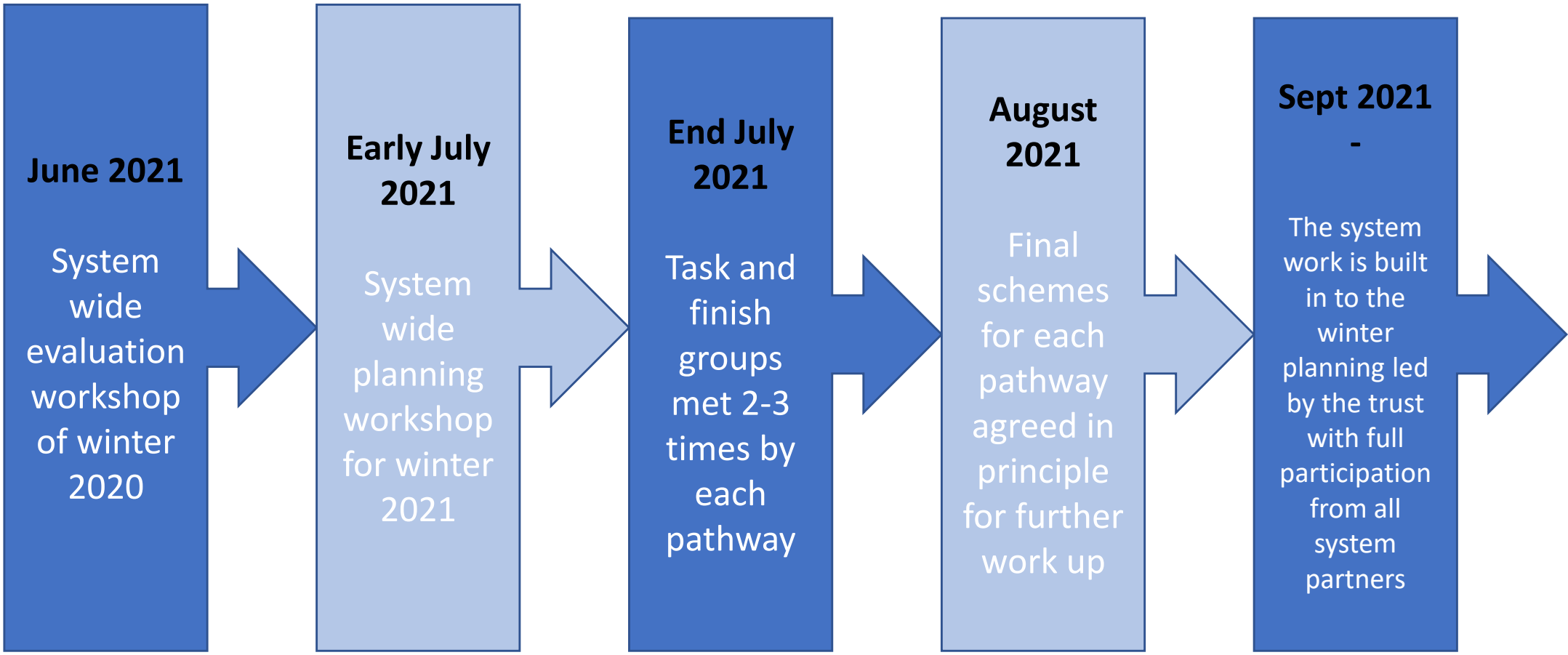


Introduction & Context

The following report provides the Stockport Governing Body with an update on the following:

- The development of Stockport's health & social care system winter plan
- Specific work being undertaken across 4 priority areas
- Key system risks and mitigation
- Next steps being taken to ensure delivery and effectiveness of the plan

Timeline to Date



System Approach

The workshops identified the current and potential winter pathways for system wide provision of support across four key areas of increased demand/pressure:

- Mental Health
- Children
- Respiratory including COVID
- Frailty

The format of the session included facilitated break out rooms for the four pathways and mapped which services/supports were currently in place and identified gaps and opportunities across the following areas:

- Keeping Well at Home/Admission Avoidance
- In Hospital
- Facilitating Timely and Safe Discharge from Hospital following Admission

Additional Support over the Winter Period (1)

Mental Health and Wellbeing		
Open Door	• Proactive drug & alcohol support - Wellspring	Ensuring that the current offer is meeting need and expected demand; review of access and opening hours, ability to redirect appropriate people to the service
PCFT	• Additional funded practitioners to asses CYP over weekends/BH/OOH	In response to the significant pressures being seen (nationally) in CYP mental health, GM is increasing capacity in the mental health liaison teams to prevent hospital admissions from October
Age UK	• Expanding the Age UK offer to manage more patients across 7 days	The Age UK offer to both adult and older people mental health wards is being expanded by 2 team members to meet increased demand to provide support to reduce delayed transfer of care

Additional Support over the Winter Period (2)

Children and Young People		
Mastercall and Viaduct	• Paediatric Hot Clinics	Clinics are in place 7 days a week to support children being seen in a timely manner in primary care to avoid escalation of need and pressure on the hospital services. This will continue throughout the winter period.
Wider System work (including GM)	• GM Paediatric Gold command established with representation from Stockport locality • Paediatric Opel reporting agreed which includes community teams. • Paediatrics exploring direct bookings from Adastra and adoption of Dignio (currently used for remote monitoring of adults with Covid) • SFT Maternity unit to readmit babies with jaundice /feeding problems on to post-natal wards should we see paediatric surge overwhelming in patient Treehouse capacity • Intelligence work has been undertaken to identify GP practices with high Paediatric respiratory ED attendances. Targeted work to support the practices is being planned by the PCNs • Virtual Ward re-opened supported by locality comms • Wider Communication and engagement with clinicians including RCPCH guidance/bronchiolitis	

Additional Support over the Winter Period (3)

Respiratory		
Mastercall	• Additional capacity for IV Therapy in the Community	An increase in capacity by 50% to meet additional demand
Primary Care and Community Services	• Supporting Pathway 0 patients post discharge closer to home.	PCNs and community services are increasing capacity in the COVID Oximetry@Home and COVID Virtual Wards delivered by primary care and Mastercall respectively. Planning for the Spirometry provision restarting in primary care has been completed with the service going live in October.

Frailty		
Mastercall	• Technology Enhanced Living (TEL service)	Mastercall are working closely with the FT and PCNs to increase utilisation of the TEL service to support discharges from hospital and support people to remain independently in their own homes.
Age UK	• Expanding the Age UK offer to manage more patients' home environments upon discharge across 7 days.	The CCG and discharge team are working with Age UK on a mobilisation plan tosupport additional 7 day discharge capacity and an enhanced offer for Admission Avoidance

Intermediate Care Capacity

In depth analysis has been undertaken to determine the capacity required for Pathways 0, 1 and 2 across the locality

- **Pathway 0**
  - This pathway is fully embedded with the "Home First" principles. All patients (with the exception of those who are very medical unwell) are assessed within 24 hours of admission and their discharge home is planned. Over 70% of people (aged 65+) are sent home with no package of care or a restart of the package. Age UK are commissioned to provide any additional non medical support to patients to support safe discharge and prevent readmission.

- **Pathway 1**
  - People who need additional home based intermediate tier or reablement are discharged on pathway 1. This is c20% of discharges. All are assessed within 4 hours of discharge. The level and duration of support is agreed and this is provided by the Intermediate Care at Home service or REACH (reablement). The Reablement capacity has been expanded through a new contract; ROOTS. Age UK also provide support packages to people on pathway 1. Age UK have confirmed that they can increase capacity by up to 50% with additional investment.

- **Pathway 2**
  - The demand analysis demonstrated the need for 100 intermediate tier beds for pathway 2 (based on 90% occupancy). 25 beds are provided at Bluebell and an additional 71 beds have been commissioned at Bramhall Manor (independent sector care home). These operate as 3 individual units of 21, 25 and 25 beds. Additional bed based capacity is commissioned from Cheadle Manor if demand exceeds capacity or if there is an outbreak on one of the units. Medical, therapy, nursing and social care support provides an in-reach service.

- **Pathway 3**
  - This is used for very complex discharges and fast track CHC patients (less than 1% of discharges) Specific beds in nursing homes are commissioned on an individual basis.

Acute Trust Workstream Highlights

- Additional medical and surgical ward capacity.
- Dedicated general & acute and critical care capacity.
- Admission avoidance extended to 20:00 7 days as week.
- Paediatric surge planning with ED in reach.
- Nurse and AHP Staffing -additional support to escalation areas – use of “incentive” schemes for additional worked hours balanced with ensuring health and wellbeing of our staff.
- Support services - Discharge pharmacist, ED pharmacist
- 7 day working of operational and clinical teams.
- Community D2A / Active Recovery hours extended with 7 day coverage.
- District Nursing additional capacity to deliver Covid19 Booster Vaccination Programme.
- Specialist Palliative Care - Additional night sitters to provide 25 – 30 additional nights respite and support Pathway 1 discharge.
- Radiology assistant to support flow – overnight to navigate from ED and wards.
- MLA to support additional swab activity in laboratory – Covid/Flu/RSV swabbing support.

Key System Risks

What are the top three identified risks for the A&E Delivery Board ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?	*Please RAG rate mitigating actions in terms of risk to delivery, i.e. GREEN = low risk to delivery/very achievable; RED = high risk to delivery/dependent upon multiple factors/stakeholders to ensure delivery*
P1 capacity due to staff recruitment and retention issues, sickness and increased demand	Additional capacity has been put in place for reablement (ROOTS) and Intermediate Care at Home Discussions are underway with Age UK to expand the current service	
Significant increase in children's demand: primary, community and specifically inpatients (both physical and mental health need)	Additional crisis care capacity has been commissioned through the mental health liaison teams, additional paediatric surge capacity (inpatients), paediatric "hot" clinics in primary care, promoted use of 111	
Staffing – community and bed based due to sickness and ongoing system pressures	Organisational policies to support staff to manage their physical and emotional wellbeing Ensuring all staff are able to take their annual leave and are supported by line managers and team members	

Update on the Vaccination Programme

There are plans in place to deliver the Winter Vaccination Programme across Stockport with the provision of the following:

- An 'Evergreen Offer' for Cohorts 1-12 by continuing to vaccinate those who have yet to receive 1st or 2nd Doses that is commissioned from primary care
- A Flu vaccine programme commissioned from primary care
- A Covid Booster programme commissioned from primary care
- A Health and Care Support Worker Vaccination programme provided by Stockport NHS FT
- A flexible offer for those people who have difficulty accessing services or are reluctant to access services through the use of pop ups as needed and by communicating where the vaccine can be sourced
- An offer that enables equity of access whilst reducing inequality
- Sufficient capacity to deliver through the utilisation of volunteer workforce
- A complimentary approach by all providers through a collaborative approach
- Achievement of the KPIs set by NHSE

Stockport will build on the experience of being the highest achieving system in GM in phases 1 & 2 of the Vaccine programme, by continuing with the multi agency PMO approach to monitor and scrutinise the roll out of phase 3 .

Update on Prevention including a focus on Inequalities

There are a number of system wide programmes underway which are supporting specific cohorts of our population to stay healthy and active, recognising the significant detrimental impact that certain lifestyle choices can have on life expectancy and also the inequalities which exist within and between our communities. These include

- Smoking cessation support services with specific support to Tame Valley (Brinnington, South & North Reddish, Heaton Norris, Central – Lancashire hill) to help residents quit smoking using an e-cigarette with 12 weeks free replacement pods and behavioural therapy
- Alcohol and substance misuse services
- Services and support to our older population
- Developing our active community strategy with improving opportunities to walk and cycle, improving facilities and access and building on some of the existing assets of local communities such as sports clubs
- Community champions (building on the fantastic community work which care to the fore during the pandemic)

Communication with Services

Communications are being coordinated across the local system to ensure that there is consistent messaging to health and social care professionals (e.g. primary care/community services/nursing and residential care homes) to help them direct patients wisely to appropriate services.

- At a locality level, the communications and engagement support for Winter21/22 is led by the CCG's comms lead who also chairs the Stockport Communications and Engagement Group
- The membership of this groups covers wide sectors, including those referenced and it works pro-actively to cascade information in a pro-active approach. Members may also adapt existing resources, or develop new ones, as part of an integrated, collaborative campaign approach
- The group have access to a wide range of channels and audiences through specialist initiatives such as the Community Champions and Vaccine Inclusion Group.
- The current Directory of Services is being updated to be cascaded widely to health and care staff to enable them to know which service are available and which to choose dependent upon the presenting condition

Self-care and Public Communication

A public-facing communication pack is under development to support people in Stockport to choose the right service for themselves or their family when they are unwell. These include

- Choose Well campaign which incudes self-care advice
- Advice on access to services including pharmacists, with an updated and easily accessible Directory of Services
- Encouraging use of Enhanced Access in primary care
- Encouraging the use of 111
- Promoting use of stay well apps and digital solutions
- Promoting use of emotional wellbeing services
- Promoting the single access to social care services for advice and support
- Promoting access to social prescribing and community champions

Wider System Plans (1)

Community Services

Community teams are actively engaged in a number of initiatives to support patient flow by reducing length of stay and avoidable admissions. Work continues to reduce the number of ambulance conveyances into hospital and to support integration of system wide frailty and therapy pathways. This integration supports an increased understanding of risks that can be safely managed in the community thereby preventing hospital admissions, reducing length of stay and reducing deconditioning. These include:

- The Stockport Crisis Response Team (CRT) provide 2 hours step up response to people in the community at risk of hospital admission
- Mastercall Alternative to Treatment (ATT) provides an Out of Hours (OOH) response to deterioration and in hours response to community (NWAS pathway) and care home patients
- Discharge to Assess (D2A) team supporting people to return to their own home
- UTC Lite is provided jointly by Viaduct and Mastercall with a view to receiving bookings directly from 111, supporting the national NHS 111 First approach and GM UEC by appointment model
- The Palliative Care teams continue working in an integrated way to support patients and their carers

Wider System Plans (2)

Primary Care

- The Acute Home Visiting Service provided by Viaduct Care is commissioned to provide visits for elderly, frail patients who require a home visit for an acute medical need (within 4 hours)
- COVID Hot Clinics are provided by Viaduct on Mastercall estate (20 appointments per day). This reduces COVID-related pressure on General Practice and subsequently A&E
- Practices in Stockport have business continuity plans in place including how they would deal with unexpected situations. Demand in Primary Care is higher than ever before
- There are seven established primary care networks that offer additional resilience, working collaboratively to support each other during periods of increased demand, including staff to cover leave or sickness and joint working with services where it is operationally possible
- Signposting of patients to community pharmacies for assessment and treatment under the Minor Ailments Scheme and for general advice which pharmacies are able to give
- PCN have been increasing their workforce and skill mix by recruiting additional staff through utilisation of the ARRS funds over the last few months with a significant number of care co-ordinators to support patients navigation through the system. Pennine Care are currently recruiting for shared MH practitioners that will support PCN teams working in the networks.
- Some practices have commissioned push doctor to support some of the increased demand over the last few months

Update on System Escalation and Joint Working

- OPEL escalation thresholds for the acute and wider system have almost been agreed. Work is ongoing to enhance and further develop system wide action cards to describe individual service responses to each of the OPEL scores (1-4)

- A system wide MADE event has been completed aimed at stress testing exiting pathways and improving specifically the internal acute discharge processes before winter. The event was well supported by the wider system with some important learning that will support future pathway improvements.

- The system is exploring the potential to increase system capacity (especially on a Monday) in the UTC, IV Therapy services and hot clinics.

- System wide resilience plans have been successfully submitted to GM and the North West and the Stockport system senior leads continue to work closely with the GM Cells

Next Steps

- Robust demand and capacity model in place to enable agility of decision making across the system
- Agreement to final winter schemes
- Development of the full Winter Plan
- Enactment of the additional capacity across the system with aligned KPIs
- Activation of the revised OPEL mechanisms

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Establishment of Shadow Arrangements for Locality

Report To (Meeting):	Governing Body		
Report From (Executive Lead)	Andrea Green, Chief Accountable Officer		
Report From (Author):	Paul Lewis-Grundy, Deputy Director of Corporate Affairs		
Date:	13 October 2021	**Agenda Item No:**	10
Previously Considered by:	Discussions regarding the development of the Stockport Integrated Care System (and GM ICS infrastructure) have been undertaken at Governing Body development sessions and Executive Board. In addition to it being considered formally by the Governing Body on 8 September 2021, during September the approach has be discussed by Stockport NHS Foundation Trust, Pennine Care, Stockport Metropolitan Borough Council Scrutiny Committee and the Council's Cabinet on 21 September 2021.		

Decision		**Assurance**	**x**	**Information**	

Conflicts of Interests	
Potential Conflicts of Interest:	Any conflicts of interest regarding the proposed shadow locality board and supporting governance/infrastructure will be identified and managed on an individual basis (once decision making within the new governance is agreed)

Purpose of the report:

The purpose of this paper is to provide an update on the proposal considered by the Governing Body on 8 September for establishing a shadow locality board to oversee the development of the locality arrangements in Stockport that are fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board, and as part of the Greater Manchester Integrated Care System.

Key points (Executive Summary):

- The establishment of the shadow locality board to oversee the development of the locality arrangements in Stockport that are fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board, and as part of the Greater Manchester Integrated Care System.
- The establishment of a system-wide Executive Group to support the shadow Board
- The establishment of 5 sub-groups to drive forward the work required to build the capabilities to meet locality arrangements

Recommendation:
To receive the report for assurance on the establishment of the shadow arrangements for locality.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Lead Well (with integrations across health and care to deliver Start, Live, Age and Die Well) and Transformation
Which corporate objective(s) is / are supported by this report:	Co-production, financial balance (system), new models of care, high quality, sustainable services, sustainable highly-skilled workforce (though integration and system working)

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	This paper responds to the Corporate Risk regarding integration of care across Stockport (in line with imminent ICS changes, One Stockport Vision and Locality Plan)

Consultation and Engagement:	
Patient and Public Involvement:	There will be a full programme of public engagement regarding the new locality governance and constituent elements and Stockport Healthwatch as members on the Health and Wellbeing Board and the CCG Governing Body.
Clinical Engagement:	There has been initial discussion with PCNs to enable engagement. There are a series of discussions planned with PCNs for the next 6 months until 31st March 2022 Clinical Engagement through CCG Clinical Leadership.

1. Introduction

The purpose of this paper is to provide an update on the proposal considered by the Governing Body on 8 September for establishing a shadow locality board to oversee the development of the locality arrangements in Stockport that are fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board, and as part of the Greater Manchester Integrated Care System.

2. Detail

NHS Stockport CCG functions and accountabilities will transfer to a newly established Integrated Care Board in Greater Manchester from 1st April 2022 (subject to the Health and Care Bill being passed and the GM ICB Constitution agreed). The CCG will, like all CCGs nationally, be closed down at midnight on 31st March 2022.

The local health and care system will need to establish arrangements supported by integrated governance built around a future Locality Board, Provider Partnership/Alliance and the integrated neighbourhoods.

Governing Body on 8 September 2021 received and agreed proposals to establish a shadow locality board from October 2021 to oversee the development of a new system architecture ready to operate from 1 April 2022 and were subsequently agreed by NHS Boards and the Local Authority Cabinet during September. The only amendments were the ask by the Governing Body regarding an additional named representative for Primary Care to join the Executive Group who will deliver the work programme.

The shadow Board will have three key functions during the transition period

- oversee the transition to the future Locality ICS model
- to ensure full engagement of all system partners in developing the Locality model to operate from April 2022
- oversee the delivery of the key work programmes to deliver this transition

During the shadow period (October 2021 to end March 2022), the Board will not have delegated statutory responsibility from any of the current organisations, therefore current accountabilities (including safeguarding) will remain unchanged until April 2022. The CCG will remain accountable for the planning and commissioning health care services for Stockport

The shadow Board will report regularly to the Health and Wellbeing board to ensure a wider stakeholder and public and patient view. The Health and Wellbeing Board will provide assurance that the local architecture will be fit for purpose for April 2022.

The Shadow Board will be supported by an executive group of key leaders to drive forward the work. This group will fulfil the key role of ensuring the delivery of the work programme and oversight of the sub-groups.

The five sub-groups - Provider Partnership, Clinical and Professional Forum, People and Community Voice, Integrated Design and Transition will be led by a locality Executive Director to deliver an agreed programme of work:

Work is now underway to mobilise the shadow arrangements outlined above and detailed in the paper to Governing Body on 8 September 2021 and draft work programmes for the Board to consider at the first meeting.

3. Recommendation

To receive the report for assurance on the establishment of the shadow arrangements for locality.

NHS
Stockport
Clinical Commissioning Group

EPRR Core Standards Assurance (2021/22) and overview of updates to the NHS Stockport CCG EPRR Policy

Report To (Meeting):	NHS Stockport CCG Governing Body		
Report From (Executive Lead)	Anita Rolfe (Accountable Executive Officer)		
Report From (Author):	Alan Cain (Resilience Manager)		
Date:	29th September 2020	**Agenda Item No:**	TBC
Previously Considered by:	NHS Stockport CCG Health Economy Resilience Group NHS Stockport CCG Quality and Governance Committee		

Decision		**Assurance**	**X**	**Information**	

Conflicts of Interests	
Potential Conflicts of Interest:	None

Purpose of the report:
To assure the Governing Body on the EPRR Core Standards Assurance for the year 2021/22, and assurance that the NHS Stockport CCG EPRR Policy has been updated.
Key points (Executive Summary):
▪ The outcome of NHS Stockport CCG self-assessment is a declaration of **'full compliance'**, meaning the organisation is 100% compliant with the EPRR Core Standards it is expected to achieve.

- The Stockport CCG EPRR Policy (previously the EPRR Policy Statement with the Stockport CCG Incident Response Plan) has been revised in order to fully satisfy the requirements of Core Standards 2, 6 and 24.

Recommendation:

Governing Body are asked to:

- Note and approve the proposed NHS Stockport CCG self-assessment declaration of an overall rating of 'full compliance'.
- Note and approve the updated NHS Stockport CCG EPRR Policy.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	*Emergency Planning Compliance*
Which corporate objective(s) is / are supported by this report:	*Emergency Planning Compliance*

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	Risks mitigated by appropriate plans

Consultation and Engagement:	
Patient and Public Involvement:	*None*
Clinical Engagement:	*None*

1. INTRODUCTION

1.1 To update Governing Body on the 2021/22 EPRR Core Standards assurance process and to confirm that the overall assurance rating for NHS Stockport CCG is **Fully Compliant**.

1.2 It also provides a brief overview of the updated NHS Stockport CCG EPRR Policy.

2. EPRR CORE STANDARDS (2021-22)

2.1 The 2021/22 EPRR Core Standards were issued in July 2021. As in previous years, the assurance process requires NHS organisations to undertake a self-assessment against applicable standards.

2.2 NHS commissioners and providers within Greater Manchester (GM) are required to undertake a self-assessment by 29 October 2021. Following self-assessment, NHS providers in GM are expected to share their self-assessment tool and a statement of compliance – including, if applicable, an action plan – with the Greater Manchester Shared Services (GMSS) Resilience Team so that outcomes can be collated and reported to the appropriate NHS commissioner(s). In due course, organisations are also expected to share the outcome of their self-assessment at a relevant Board / Governing Body meeting, present the declaration at a public board and include the achieved level of compliance within the organisation's Annual Report.

2.3 The Resilience Team has undertaken self-assessment on behalf of NHS Stockport CCG and has shared the result with the NHS Stockport CCG Accountable Emergency Officer (AEO). At present, NHS providers in the NHS Stockport CCG health economy have yet to submit their statement of compliance to the Resilience Team; therefore, a position summary for the wider NHS Stockport CCG health economy will be presented at a subsequent NHS Stockport CCG Executive Committee and Governing Body meeting. The position for all GM commissioning and provider organisations will be presented at the meeting of GM Local Health Resilience Partnership (LHRP) on 16 November 2021, which forms part of the regional and national assurance process for 2021/22.

2.4 Last year, NHS Stockport CCG declared an overall rating of 'substantial compliance' (i.e. the organisation was 89-99% compliant with the core standards it was required to achieve), with partial compliance declared with regards to CS 28 (strategic and tactical responder training).

2.5 Although the necessary strategic and tactical responder training courses were arranged to satisfy CS 28, these courses were subsequently cancelled as a result of the COVID-19 response. The cancellation of training courses has been a national issue. In 2021/22 the number of Core Standards has been reduced to 29 for CCGs, with Domain 5 (training and exercising) removed in its entirety.

2.6 The outcome of NHS Stockport CCGs 2021/22 self-assessment is therefore a declaration of 'full compliance', meaning the organisation is 100% compliant with the 29 core standards it is expected to achieve.

2.7 In addition to the 'routine' core standards, the annual EPRR assurance process also includes a 'deep-dive'. For this year the deep-dive is into 'internal piped oxygen system capacity'. This self-assessment is therefore not required from CCGs. The deep-dive ratings for NHS providers in NHS Stockport CCG will be shared with the NHS Stockport CCG Executive Committee and Governing Body in due course along with their overall level of compliance,

3. EPRR POLICY

3.1 Within the 2021/22 EPRR Core Standards, CS 2 requires that the CCG has an overarching EPRR policy statement. This should include (a) resourcing commitment, (b) access to funds, and (c) a commitment to Emergency Planning, Business Continuity, Training and Exercising.

3.2 Previously the Policy Statement has been included at the beginning of the CCG Incident Response Plan, and contained a signed commitment from the Accountable Officer and the Accountable Emergency Officer to both Emergency Planning and Business Continuity.

3.3 In order to fulfil the specific commitments required by CS 2, together with further commitments found within CS 6 and CS 24, the Policy Statement in the CCG Incident Response Plan has been replaced by a formal EPRR Policy,

4. CONCLUSION

4.1 Governing Body are asked to:

- Note and approve the proposed NHS Stockport CCG self-assessment declaration of an overall rating of 'full compliance'.
- Note and approve the updated NHS Stockport CCG EPRR Policy.

5. NEXT STEPS

5.1 Following approval by the Governing Body the 2020-21 EPRR Assurance Statement should be signed by the Accountable Officer and forwarded to the Resilience Team for submission to GM HSCP.

6. POTENTIAL IMPLICATIONS

<table>
<tr><td colspan="8">Potential Implications:</td></tr>
<tr><td rowspan="3">Financial Impact:</td><td colspan="7">Non-Recurrent Expenditure</td></tr>
<tr><td colspan="7">Recurrent Expenditure</td></tr>
<tr><td>Expenditure included within CCG Financial Plan</td><td>Yes</td><td></td><td>No</td><td></td><td>N/A</td><td></td></tr>
<tr><td>Performance Impact:</td><td colspan="7">Maintenance of current performance of being compliant as an organisation</td></tr>
<tr><td>Quality and Safety Impact:</td><td colspan="7">Not completed, but risks mitigated by plans underpin quality and safety of CCG operations</td></tr>
<tr><td>Compliance and/or Legal Impact:</td><td colspan="7">The organisation is Compliant</td></tr>
<tr><td rowspan="3">Equality and Diversity:</td><td colspan="7">General Statement:</td></tr>
<tr><td>Has an equality impact assessment been completed?</td><td>Yes</td><td></td><td>No</td><td>X</td><td>N/A</td><td></td></tr>
<tr><td>If Not Applicable please explain why</td><td colspan="6"></td></tr>
</table>

NHS
Stockport
Clinical Commissioning Group

Finance Report for the Period Ending 31 August 2021

Report To (Meeting):	Governing Body		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	David Dolman		
Date:	13 October 2021	**Agenda Item No:**	12
Previously Considered by:	This report is being presented for the first time. Elements of the report have been presented at considered by: • Executive Board on the 22 September 2021. • Finance, Performance and Delivery Committee on 29 September 2021		

Decision		**Assurance**	✓	**Information**	✓

Conflicts of Interests	
Potential Conflicts of Interest:	No conflicts of interest identified.

Purpose of the report:

The purpose of this report is to provide an overview of the CCG's performance in context of the financial regime that NHSE/I has put in place during the period 1 April 2021 to 30 September 2021 (H1) in response to COVID-19.

This report provides an update on:-

Part 1 – Financial Position

- The financial position as at 31 August 2021
- The forecast outturn position for the period 1 April 2021 to 30 September 2021

- H2 efficiency plan.

Part 2 – Procurement Matters

- Long Covid Plan/MOU
- Finance, Performance and Delivery recommendations in relation to a number of Direct Awards and decisions required on contracts which will expire during the next 18 months.

Key points (Executive Summary):

Part 1 – Financial Position

- All statutory financial duties and performance targets are forecast to be achieved.
- The H1 efficiency target of £2.067m will be delivered mainly through non-recurrent measures.
- Due to delays in the implementation of prescribing schemes (including Stoma Care) and LCS review the value of identified H2 efficiencies is £0.304m down from £1.744m reported at M4.
- A plan to mitigate the H2 efficiency target shortfall is being developed and will be taken through CCG governance (October/November) together with the H2 Financial Plan for approval.

Part 2 – Procurement Matters

- Recommendation to Governing Body approve the signing of the Memorandum of Understanding to receive additional funding into the economy for Long-COVID support.
- An update on the Greater Manchester (GM) approach to current contracts during the ICS transition.
- Recommendations for Governing Body approval for contracts with a total value of £31.125m aligned to the GM contract principles recently adopted.
- The report addresses other contractual commitments recommended by the Finance, Performance and Delivery Committee.

Recommendation:

Part 1 – Financial Position

(i) **Note** that a breakeven position is being reported year-to-date and for the forecast period 1 April 2021 to 30 September 2021.

(ii) **Note** that the value of identified H2 efficiencies is £0.304m down from £1.744m reported in August and a mitigation plan is being developed to be taken through governance (October/November) together with the H2 finance plan for approval.

Part 2 – Procurement Matters

(iii) **Endorse** the recommendation of the Finance, Performance and Delivery Committee and approve the signing of the Memorandum of Understanding to receive additional funding into the economy for Long-COVID support.

(iv) **ENDORSE** the Direct Awards for:

- Contracts recommended in line with the GM principles set out in Table 5 and which do not have extension provisions
- continuation of the CURE programme (Smoking cessation) to Stockport FT through recurrent funding
- the SpaMedica contract by being a co-commissioner for cataract surgery.

(v) **AGREE**:

- to enact the permitted contract extension to Making Space set out in Table 6, and in line with GM principles.
- the proposal to commit up to £0.945m to be pooled as part of a s.75 agreement over the next 7 years from 1 April 2022 for the Help at Home (WIN) service to be awarded following procurement led by SMBC.
- the proposal to include IPTs in both SpaMedica and Optegra contracts to facilitate the reduction in waiting lists for cataract surgery.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Lead Well - We will reform the health and care system in Stockport to build a sustainable system for future generations
Which corporate objective(s) is / are supported by this report:	Ensure financial balance across the system

Risk and Assurance:	
List all strategic and high-level risks relevant to this paper	Failure to manage costs within notified allocations may result in the CCG failing to deliver its financial statutory duties and performance targets and consequently impact the CCG annual assessment.

Consultation and Engagement:	
Patient and Public Involvement:	Not Applicable
Clinical Engagement:	Not Applicable

1. INTRODUCTION

1.1 This report provides an overview of the CCG's performance in context of the financial regime that NHSE/I has put in place during the period 1 April 2021 to 30 September 2021 in response to COVID-19. The CCG performance is measured against its Statutory Financial Duties and Financial Performance Targets highlighting both the year to date and forecast outturn positions for the 6-month period 1 April 2021 to 30 September 2021.

1.2 This report provides an update on: -

- The financial position as at 31 August 2021
- The forecast outturn position for the period 1 April 2021 to 30 September 2021
- H2 efficiency plan.

2. STATUTORY FINANCIAL DUTIES AND PERFORMANCE TARGETS

2.1 As a CCG we are required to deliver statutory duties and financial performance targets. Table 1 below RAG rates our financial performance on both a 'Year to Date' (YTD) and forecast outturn basis for the 6-month period 1 April 2021 to 30 September 2021.

Table 1: Statutory Duty and Performance Targets

Area	Statutory Duty / Performance Target	Performance YTD	Performance Forecast 1 April 21 – 30 Sept 21
Revenue	Not to exceed revenue resource allocation		
Running Costs	Not to exceed running cost allocation		
Capital – *(Note: The CCG has not received a capital allocation in 2021/22)*	Not to exceed capital resource allocation	N/A	N/A
Cash	Operate within the maximum drawdown limit		
Business Conduct	Comply with Better Payment Practices Code 95% of all valid invoices are paid within 30 days of invoice date		
Efficiencies	Achieve efficiency target of £2.067		
Mental Health Financial Performance Target	Growth in Mental Health spend is at least equal to programme allocation growth of 4.11%		
Net Risk	All risk to be fully mitigated (NIL Net Risk)		

3.0 FINANCIAL POSITION AS AT 31 AUGUST 2021 (Month 5)

3.1 The financial position as at month 5 is summarised in Table 2 and 3 below.

Table 2: Summary of YTD Financial Position as at 31 August 2021

Financial Position as at 31 August 2021	YTD budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Memo Covid Expenditure	
				M5 Covid Expenditure £m	Total YTD Covid Expenditure £m
Revenue Resource Limit (RRL)					
Confirmed Allocations	(£222.105)	(£222.105)	£0.000		
Retrospective Allocation Received	(£2.033)	(£2.033)	£0.000		
Total RRL	**(£224.138)**	**(£224.138)**	**£0.000**		
Net Expenditure					
Acute	£119.651	£119.591	(£0.060)	£0.000	£0.000
Community Health	£17.051	£17.125	£0.074	£0.000	£0.000
Continuing Care	£12.074	£12.859	£0.785	£0.220	£2.304
Corporate	£2.360	£2.310	(£0.050)	£0.000	£0.000
Mental Health	£21.566	£21.874	£0.308	£0.000	£0.000
Other	£2.731	£2.246	(£0.485)	£0.248	£0.860
Prescribing	£21.863	£22.008	£0.145	£0.000	£0.000
Primary Care	£26.842	£27.382	£0.540	£0.327	£0.972
Total Net Expenditure	**£224.138**	**£225.395**	**£1.257**	**£0.953**	**£4.136**
(Surplus) / Deficit before anticipated retrospective allocation	**£0.000**	**£1.257**	**£1.257**		
HDP Allocation Anticipated	£0.000	(£1.257)	(£1.257)		
Vaccination cost reimbursement	£0.000	£0.000	£0.000		
Elective Recovery Fund (ERF)	£0.000	£0.000	£0.000		
Total Anticipated Allocations	**£0.000**	**(£1.257)**	**(£1.257)**		
(Surplus) / Deficit after anticipated retrospective allocation	**£0.000**	**£0.000**	**£0.000**		

3.2 A retrospective allocation of £2.033m was received in M4 in relation to Hospital Discharge Programme (HDP) expenditure incurred M1 – M3.

3.3 CCG's will be funded separately for Hospital Discharge Programme (HDP), Elective Recovery Fund (ERF) expenditure and eligible vaccination expenditure. As at month 5 the CCG is anticipating a retrospective non-recurrent allocation totalling £1.257m for HDP expenditure in addition to the £2.033m already received and is therefore able to report a breakeven position.

3.4 The YTD M5 position includes COVID-19 expenditure totalling £4.136m of which, £3.290m relates to the HDP.

3.5 Efficiencies of £2.044m have been delivered in line with YTD plan.

Significant YTD variances are:

3.6 **Continuing Health Care** adverse variance of £0.785m mainly reflects Hospital Discharge Programme expenditure incurred directly by the CCG (includes Bramhall Manor £0.425m per month).

3.7 **Mental Health** adverse variance of £0.308m reflects an increasing number and cost of independent sector placements.

3.8 **Prescribing** adverse variance of £0.145m is due to increased prices particularly in Cardiovascular (£0.202m 9.3%), Gastro-Intestinal (£0.124m 16.01%) and Endocrine (£0.094m 5.18%) offset by a decrease in antidepressant drug costs (£0.229m 34.66%) which reverses some of the 2020/21 price increase.

3.9 **"Other"** programme expenditure favourable variance of £0.485m reflects non recurrent benefits, offset by Hospital Discharge Programme expenditure of £0.350m recharged by the local authority.

3.10 **Primary Care** adverse variance of £0.540m mainly reflects Primary Care Delegated Budgets with expenditure £0.381m above the notified delegated allocation and an adverse variance of £0.052m relating to Mastercall Hot Clinics. The adverse variance also includes £0.047m related to GP medical cover which will be funded from the Hospital Discharge Programme.

3.11 **Table 3: Summary of Forecast for the Period 1 April 2021 to 30 September 2021**

Forecast Outturn H1 21/22	Annual Budget (£m)	Forecast Outturn (£m)	Forecast Variance (£m)	Memo Forecast Covid Expenditure £m
Revenue Resource Limit (RRL)				
Confirmed Allocations	(£268.907)	(£268.907)	£0.000	
Retrospective Allocation Received	(£2.033)	(£2.033)	£0.000	
Total RRL	**(£270.940)**	**(£270.940)**	**£0.000**	
Net Expenditure				
Acute	£143.581	£143.509	(£0.072)	£0.000
Community Health	£20.441	£20.550	£0.109	£0.000
Continuing Care	£14.182	£15.708	£1.526	£3.156
Corporate	£2.832	£2.832	£0.000	£0.000
Mental Health	£25.833	£26.181	£0.348	£0.000
Other	£4.498	£4.290	(£0.208)	£1.291
Prescribing	£26.356	£26.605	£0.249	£0.000
Primary Care	£33.217	£33.837	£0.620	£1.090
Total Net Expenditure	**£270.940**	**£273.512**	**£2.572**	**£5.537**
(Surplus) / Deficit before anticipated retrospective allocation	**£0.000**	**£2.572**	**£2.572**	
HDP Allocation Anticipated	£0.000	(£2.562)	(£2.562)	
Vaccination cost reimbursement	£0.000	(£0.010)	(£0.010)	
Elective Recovery Fund (ERF)	£0.000	£0.000	£0.000	
Total Anticipated Allocations	**£0.000**	**(£2.572)**	**(£2.572)**	
(Surplus) / Deficit after anticipated retrospective allocation	**£0.000**	**£0.000**	**£0.000**	

3.12 A breakeven position is forecast to be delivered in H1 21/22. The forecast breakeven position assumes anticipated allocations totalling £2.572m consisting of:

- Hospital Discharge Programme (HDP) £2.562m
- Covid19 Vaccination costs £0.010m
- Elective Recovery Fund (ERF) £NIL – Independent Sector (IS) expenditure is forecast to be within plan. As per the ERF distribution policy approved by the Greater Manchester Financial Advisory Committee (FAC), CCG's will only receive ERF if Independent Sector expenditure exceeds planned levels. Therefore, the CCG will not receive any ERF based on current forecasts.

3.13 The £2.067m H1 21/22 efficiency plan is forecast to be delivered in full however most of the efficiencies have been delivered non-recurrently.

3.14 It is forecast the CCG will incur COVID-19 expenditure totalling £5.537m consisting of:

- £4.595m relates to the HDP (Funded by a Non-Recurrent allocation)
- £0.609m GP Covid19 expansion fund (Funded by a Non-Recurrent allocation)
- £0.127m Covid19 Hot Clinics
- £0.157m GP support long Covid (Funded by a Non-Recurrent allocation)
- £0.039m GP SMS
- £0.010m Covid19 Vaccination (Funded by a Non-Recurrent allocation)

Significant forecast outturn variances are

3.15 **Continuing Health Care** adverse variance of £1.526m mainly reflects Hospital Discharge Programme costs incurred directly by the CCG (includes Bramhall Manor £2.550m for the 6-month period).

3.16 **Mental Health** adverse variance of £0.348m reflects an increasing number and cost of independent sector placements.

3.17 **Prescribing** adverse variance of £0.249m is due to increased prices particularly in Cardiovascular, Gastro-Intestinal and Endocrine drugs offset by a decrease in antidepressant drug costs.

3.18 **"Other"** programme expenditure favourable variance of £0.208m reflects non recurrent benefits, offset by Hospital Discharge Programme expenditure of £0.785m recharged by the local authority.

3.19 **Primary Care** adverse variance of £0.620m mainly reflects Primary Care Delegated Budgets with expenditure £0.449m above the notified delegated allocation and an adverse variance of £0.067m related to GP medical cover which will be funded from the Hospital Discharge Programme. The adverse variance also includes £0.127m relating to Mastercall Hot Clinics.

4.0 EFFICIENCY PLAN UPDATE

4.1 The H1 efficiency target will be delivered in full through non recurrent measures and improvements against planning assumptions.

4.2 The focus is now to identify and implement efficiency schemes in anticipation of an increased efficiency target in H2 and to reduce the CCG recurrent deficit.

4.3 Due to delays in the implementation of prescribing schemes (including Stoma Care) and the Local Commissioning Services review the value of identified H2 efficiencies is £0.304m as detailed in Table 4, down from £1.744m as reported at M4.

4.4 A plan to mitigate the H2 efficiency target shortfall is being developed and will be taken through CCG governance (October/November) together with the H2 Plan for approval.

4.5 **Table 4: H2 Efficiency Plan**

SRO/Lead	Ref	Scheme	Tracked	Full year saving	Expected saving 2021/22	Banked to Date	Update	Forecast Delivery	Recurrent	Risk to Delivery
Anita Rolfe/ Jacqueline Coleman	E04	Stoma Care	Y	£192,000	£13,714	£0	Start date has been delayed while agreement gained from SFT to host the service. This has now been resolved and the proposed start date for the trial in first PCN is 11th October 2021. Rollout to remaining PCNs will be expedited but is dependent on capacity and buy-in from practices.	£13,714	Y	Delays to organising the infrastructure for the service (telephone line, patient leaflets etc.) will lead to further delays to the start date for the service and a reduction in savings.
Anita Rolfe/ Faduma Abukar	E07	Medicines Optimisation	Y	£0	£103,167	£0	As at the end of Q1, spend is 2.9% higher than last year, which if it continues could result in an increase of £1.5m spend over the year. This is lower than other GM CCGs with an average increase of 4.1% and the England average of 3.4%. The main reason for growth is an increase in costs as the number of items prescribed has stayed fairly static (0.5% growth). In order to slow the growth in spend a QIPP plan has been drafted to target areas where efficiencies can be made, such as over the counter prescribing and formulary compliance. If implemented, this could generate a saving of £0.104m during H2. The plan was agreed by PCN Clinical Directors on the 21 Sept 2021.	£103,167	Y	There is risk that spend will increase by c£1.6m during 21/22 if the SIPS KPIs and QIPP plan are not initiated. Further delays in agreeing the SIPS service spec and the QIPP plan will reduce the time available for the team to implement the schemes which will affect quality and cost. Further changes to tarriff costs of medicines will have an effect on the overall spend on medicines for 21/22 - this could be positive or negative.
Gillian Miller/ Kim Roberts	PCC02	Primary Care Contracts Review	Y	£1,000,000	£0	£0	Will not meet the end of September deadline for agreement of the LCS contract. The LMC have informally challenged the proposal to remove £1m from the scheme. Further engagement with LMC and PCN leads to discuss the new proposed Framework to take place.	£0	Y	Challenge from LMC and CDs on the proposed changes to the contract.
Gillian Miller/ Gale Edwards	PCC06	Spinal Assessment Treatment Service Procurement	Y	£280,000	£187,000	£0	The BMI SAT service contract was ended at the end of July 21. A new contract with MIP for diagnostics commenced in August for diagnostics with an anticipated full year saving of £280,000. The first contact practitioner element is being provided using slippage in the ARRS contract for this financial year. The element is non-recurrent. Costs for this service will be tracked from August onwards.	£187,000	Y - BMI element	If activity increases above expected levels for first contact practitioners using the ARRS capacity the CCG have agreed to pay for the additional activity.
Mel Maguinness/ Karen Moran	PC02	Elective Recovery	Y	£0	£0	£0	This scheme will restore elective activity and improve pathway efficiency through waiting list validation, advice and guidance and PIFU initiatives. Due to block contracting arrangements no cash savings are possile for the CCG.	£0	Y	An increase in COVID cases could affect the ability to restore activity to the levels planned for.
Mel Maguiness/ Karen Moran	PC04	Orthopaedic Pathway Redesign	Y	£522,000	£0	£0	This scheme is a system saving rather than a cash releasing saving due to block contracting arrangements. To date no progress has been made on this due to conflicting priorities.	£0	Y	The Senior Commissioner for Planned Care is going on secondment from Sept 21 reducing the capacity in the team and ability to deliver.
Liz McLean/ David Dolman	E06	CHC Pricing Policy	Y	£520,000	£0	£0	The pricing policy is being drafted with the aim of having it in place at the start of 2022	£0	Y	
Liz McLean		CHC Framework	N	TBC	TBC	£0	CHC Choice and Equity Policy approved by CCG Governing Body in August and paper on a joint framework being considered by CCG Execs in September. If agreed this will be applied from April 2022. CCG working to understand of CHC are able to us ethe SMBC frameowrk for homecare. This will align homecare pricing and generate a potential saving.	£0	Y	
TOTAL				**£2,514,000**	**£303,881**	**£0**	**Forecast Savings**	**£303,881**		
							H2 Saving Target	**£6,000,000**		
							Estimated Savings to be identified	**£5,696,119**		

PART 2 – PROCUREMENT MATTERS

5.0 LONG COVID

5.1 In June 2021 NHS England/Improvement announced that £100m would be available nationally to further support long COVID treatment and care. Stockport CCG's share of this non-recurrent funding equates to £0.400m Each locality was asked to submit a plan at the start of September for how this funding could be used to deliver the GM Long-COVID model.

5.2 The plan submitted by the Stockport locality recognises that the main gaps in the current provision lie in staffing those front-line services that provide vital support post-assessment, with particular pressures identified in mental health and community therapy team capacity. Working with Stockport FT, funding has been assessed for additional locum capacity to meet key gaps in the short term. However, given that the funding available is non-recurrent, the plan sets out a range of targeted initiatives that will leave a positive legacy, such as streamlining pathways, training staff across the system to support lower level mental health needs, translation of key documents to support those with English as a second language and implementation of a Long-COVID app to reduce the administrative burden on teams reviewing patients and save time for care planning.

5.3 The plan has been approved by the GM, who have asked the CCG to sign a Memorandum of Understanding to release the funding for the enhancement and expansion of Long COVID-19 services in accordance with the NHS Long COVID Plan 2021 and local plans.

5.4 The Governing Body is asked to endorse the recommendation of the Finance, Performance and Delivery Committee and approve the signing of the Memorandum of Understanding to receive the additional funding into the economy for Long-COVID support.

6. GREATER MANCHESTER CONTRACT AND PROCURMENTS APPROACH - ICS TRANSITION

6.1. A range of contract principles have been agreed across Greater Manchester which reduce the need for the future Integrated Care Board (ICB) to take a significant number of procurement decisions during its early existence and establishing and working to new governance arrangements.

GM Contracting Principles			
Provider Type	**Current Principles**	**Contract Length and End Dates**	**Proposed Principles Approach & Considerations For 22/23 and Beyond**
NHS	As per national guidance	As per national guidance	In preparation for GM ICS and anticipated return to local contracting, consolidated contracting and finance payments for GM.
Acute Independent Sector including Increasing Capacity Framework	Local commissioning and contracting but GM oversight via IS Oversight Group and Elective Reform Board	1 Year as per GM agreement to end of CCG's 31/03/22	Consolidate contracting and finance payments for GM.
GM (Adult Hearing AQP) & Direct Access Diagnostics (DAD)	With outcome of the GM Procurement, agreement that new contracts will be constructed and monitored by GMSS contracting team on behalf of GM.	As per procurement 3 year initial award to 30/09/24 with 2 year extension option. Contracts will novate to GM ICS	No change. Consideration for Bolton and Wigan tender.
Continuing Healthcare	Local commissioning and contracting linked to locality and links to ASC residential care including rates.	Annual contracts as zero based and spot placements	No change initially.
Primary Care Local Commissioned Services	Local commissioning and contracting linked to locality plan.	As per local arrangements	No change initially.
VCSE including Grants	Local commissioning and contracting linked to locality plan.	As per local arrangements	For stability agree that arrangements are extended or direct award for a maximum period of 3 years (to 31/03/25) to ensure certainty for this sector.
Independent Sector Locally Commissioned (a) Multiple Commissioners and Contracts	Identify number of contracts and prepare to consolidate contracting across GM	As per local arrangements	Consolidate contracting and finance payments for GM where appropriate. Review the number of contracts in this category including end dates and take a decision on each individual contract around extension for a maximum of 2 years (to 31/03/24) or direct award to ensure certainty to the sector.
Independent Sector Locally Commissioned (b) Bilateral Commission and Contract	Local commissioning and contracting linked to locality plan.	As per local arrangements	Review the number of contracts in this category including end dates and take a decision on each individual contract around extension or direct award for a maximum of 2 years (to 31/03/24) to ensure certainty to the sector.

6.2. Having applied these GM contract principles to existing contracts that end on or before 31st March 2023, further detail was presented to the Executive Board on 22nd September 2021 and subsequently to the Finance, Performance and Delivery Committee on 29 September 2021. The proposals set out below are recommended for agreement by the Governing Body. They account for a total value of £30.239m in relation to direct awards and a further £0.600m in relation to enactment of extension provisions.

6.3. In reaching agreement it should be noted that all these contracts can be terminated early by giving due notice if there is a change to requirements during the period of their operation.

6.4. There are further contracts which will need review as they are either co-commissioner contracts or are contracts which are currently under separate discussion and pre-planning for procurement. Major NHS provider contracts such as Stockport NHS Foundation Trust and Pennine Care are not included here due their direction through national guidance.

Table 5. Contracts where there are no permitted extension provisions within the contract terms

Provider	Service Description	Contract End Date	Approx. value 21/22	Proposal	Value of proposal
Mastercall Healthcare	Community IV Therapy	31/03/2022	£613,603	Direct Award to 31/03/2024	£1,227,206
Mastercall Healthcare	Primary Care clinical assessment and treatment service - Single Model of Care (excl. telehealth which is SMBC commissioned)	31/03/2022	£3,500,000		£7,000,000
Beacon Medical Services Group	Direct Access Endoscopy Service	31/03/2022	£252,632		£505,264
The Alexandra Hospital	Elective service - IC Framework	31/03/2022	£6,044,459		£12,088,918
Medical Imaging Partnership Ltd	Spinal Diagnostics/imaging contract	20/06/2022	£180,000		£320,548
Optegra Eye Health Care	Wet AMD	02/08/2022	£3,600,000		£5,976,986
Primary Eyecare Ltd	Optometry Extended Services	31/03/2023	£564,940		£564,940
Future Directions CIC	Care Home for LD & MH patients	30/09/2022	£333,172	Direct Award to 31/03/2025	£832,930
Home-Start Oldham, Stockport & Tameside (HOST)	Parent-Infant Mental Health Services	31/03/2023	£74,706		£149,412
The Big Life Group	IAPT, Counselling and related services and Psychotherapy and counselling	31/03/2023	£786,560		£1,573,120
				Total	**£30,239,324**

Table 6. Contract with permitted extension provisions within the contract terms

Provider	Service Description	Contract End Date	Option to Extend	Approx. Annual Contract value 21/22	Enact extension Proposal
Making Space	Safe Haven and 24/7 Mental Health Helpline	31/03/2023	31/03/2025	£300,000	£600,000
				Total	**£600,000**

6.5. The Governing Body is asked to **ENDORSE** the proposals recommended by the Finance, Performance and Delivery Committee as set out following application of the agreed GM contract principles.

7. HELP IN HOME SERVICE

7.1. The Well Being & Independence Network (WIN) has benefited from a funding contribution from the CCG since 2015 under its current service which focuses on providing short-term practical support in and around someone's home environment, and specifically supporting people who, without the service, are likely to struggle to remain living at home independently and safely. The range of services are prioritised towards people who are overcoming acute or sudden changes in their circumstances.

7.2. It was agreed in December 2020 that the CCG would continue to contribute to the cost of the service for a further year. The CCG's contribution of £0.135m to the joint Help in the Home contract held by Stockport MBC. This contract, called WIN@Home, has a combined annual contract value of £0.340m and expired on 31 March 2022. SMBC is now tendering this service for an initial 5-year contract with the option to extend for up to a further 2 years, and a request has been made for the CCG to maintain funding levels as part of the overall procurement.

7.3. A new commissioning strategy has been developed to build on the excellent work of the last 6 years and to continue to address the pressures and challenges that the health and social care system is facing. The contribution of £0.135m per annum to this programme has been essential and the continued commitment will be vital to the future arrangements from April 2022. The specification has been developed on the basis that this contribution would be available and without it, we would have to drastically reduce the scope and offer of this service.

7.4. A contract term of 5+2 years will secure interest from providers who are fully committed to Stockport's local vision and engage in designing innovative services. It will also provide stability in the system for providers and other stakeholders.

7.5. The Governing Body is asked to **ENDORSE** the recommendation of the Finance, Performance and Delivery Committee the commit up to £0.945m to be pooled as part of a s.75 agreement over the next 7 years for Help in the Home (WIN) service.

8. CATARACTS – INCREASING CAPACITY

8.1. Across Greater Manchester the main Independent Sector providers of ophthalmology are Optegra and SpaMedica. The CCG is co-commissioner to the contract with Optegra but, since March 2020, is no longer party to the SpaMedica contract and during this period patients have continued to choose to use SpaMedica.

8.2. The restrictions that the Covid pandemic placed on elective activity have had a significant impact on the number of patients across Greater Manchester waiting for a cataract procedure. MHCC, the co-ordinating commissioner for both contracts now propose to underpin reductions in cataract waiting lists across GM by negotiating Inter Provider Transfer (IPT) arrangements with both SpaMedica and Optegra.

8.3. The Stockport activity following ending of the SpaMedica contract was of c£0.009m per month (£0.102m in 2020/21), but this volume is likely to have been reduced during the year as services ceased during lockdown. Prior to this, the activity value for 2019/20 was c£0.180m. In comparison the contract value for Optegra was £1.735m in 2020/21. The expectation is that the cost of activity above 2019/20 levles will be funded by the Elective Recovery Fund (ERF).

8.4. The Governing Body is asked to **ENDORSE** the agreement to return to being a co-commissioner by direct award to the Spa Medica contract and **AGREE** the proposed variation to both contracts to accept IPT's.

9. CURE PROGRAMME (SMOKING CESSATION)

9.1. In 2018/19 GM Cancer made funding available until March 2021 for local trusts to initiate various projects including the CURE smoking cessation programme. In the case of the CURE project this ran from September 2020 until August 2021, when the funding expired.

9.2. It was made clear that when GM Cancer funding ended that there would be no expectation that CCGs would automatically pick up the funding. It was anticipated that the projects would demonstrate identifiable benefits and that, as a result, CCGs would wish to continue the schemes.

9.3. At the Partnership Executive Board held in April 2021 it was agreed by CCG Accountable Officers that funding would become recurrent subject to the relevant scheme realising the expected benefits and demonstrating its value for money. The Executive Board have agreed that this funding become recurrent.

9.4. The Governing Body is asked to **ENDORSE** the continuation of the CURE programme through a Direct Award to Stockport FT for the recurrent funding for CURE at an overall total cost of £0.280m full year effect in 2021/22.

10.0 NEXT STEPS

10.1 The CCG will implement national guidance for the second half of the financial year when it is published.

10.2 Develop a plan to mitigate the plan H2 efficiency target shortfall.

6.0 POTENTIAL IMPLICATIONS

Potential Implications:

Financial Impact:	Non-Recurrent Expenditure	N/A					
	Recurrent Expenditure	N/A					
	Expenditure included within CCG Financial Plan	Yes	✓	No		N/A	
Performance Impact:	Reporting a YTD and forecast a break-even position.						
Quality and Safety Impact:	Not Applicable						
Compliance and/or Legal Impact:	Reporting compliant with national guidance in response to COVID-19 pandemic.						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No		N/A	✓
	If Not Applicable, please explain why						

NHS
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Integrated Performance Report Month 4 data – July 2021

Report To (Meeting):	Governing Body		
Report From (Executive Lead)	Liz McLean		
Report From (Authors):	Claire Pickup; Aaron Atkinson; Gina Wilson		
Date:	29 September 2021	**Agenda Item No:**	13
Previously Considered by:	Executive Board - 22 September 2021 Finance, Performance and Delivery Committee – 29 Sept		

Decision		**Assurance**	**x**	**Information**	**x**
Conflicts of Interests					
Potential Conflicts of Interest:	No known conflicts of interest				
Purpose of the report:					
To provide the 2021/22 M4 data on activity and performance.					
Key points (Executive Summary):					

The main report identifies the performance related to the end of July 2021. Further detail is appended to the report and incorporates more granular detail of issues.

Matters of concern and key risks to escalate:

- A&E performance remains challenged due to the elongated period of pressure being seen across all systems.
- Waiting lists and wait times for diagnostic and planned care procedures remain significantly challenged with overall waiting lists growing month on month.
- Routine Endoscopy waiting times continue to impact General Surgery and Gastroenterology pathways.
- 62-day cancer waiting times remain challenged particularly in breast, urology and ENT.
- Cancer 2 week wait performance deteriorated again in June due primarily to pressures in Dermatology at Salford.
- Waiting times for Children and Young People mental health services key concern
- General sustained pressure across primary and urgent care remains with further particular increases in mental health related needs across all urgent care services and significant increases in paediatric attendances particularly in those under the age of two.

Actions and work underway to mitigate risk:

- SFT has started to access additional capacity at Beacon Medical for endoscopy and commenced work on their 4th endoscopy suite.
- Restoration of essential face to face appointments in ENT at SFT will commence in October.
- Good progress has been made on reducing the number of cancer patients waiting over 104 days.
- Use of the Greater Manchester Cancer hub and mutual aid remains in place.
- Use of Independent Capacity Framework providers remains in place across Greater Manchester with uptake being closely monitored.

Positive assurance:

- Vaccination programme remains on track for the autumn booster programme, and maintenance of an evergreen offer for those who wish it.
- Dementia diagnosis clinics continued throughout Saturdays in June to support efforts to reduce the backlog of assessments caused by the pandemic.
- A new Associate Director of Nursing for Cancer at SFT is working through each cancer pathway in turn, starting with the most challenged, to identify problems and improve pathway delivery.
- SFT have recruited to one of their two ENT vacancies and will shortly restart some face to face activity.
- Work is ongoing to support patients to 'wait well' for their procedures with the GM website now live, providing information to enable patients to access support when needed and maintain independence as best as they can.

Planning requirements for the second half of the year, starting October, have now been received and plans are being developed to meet these requirements and the necessary deadlines. Retention of the Hospital Discharge Programme funds in H2 will support the ongoing work in relation to hospital flow and expediting discharge.

Recommendation:	
The Governing Body is asked to **Note** the report and **Discuss** areas of concern.	
Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	• Lead well
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Ensure people can access safe, high quality care when necessary
Risk and Assurance:	
List all strategic and high-level risks relevant to this paper	The following risks may be considered: • Cancer diagnostic and treatment timescales • Recovery of planned care and ensuring patients are 'waiting well' • Mental health wait times and access • CYP mental health wait times and access

Consultation and Engagement:							
Patient and Public Involvement:							
Clinical Engagement:							
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure						
	Recurrent Expenditure						
	Expenditure included within CCG Financial Plan	Yes		No		N/A	X
Performance Impact:	• Deterioration in the waiting list position due to COVID capacity constraints and some impact of patients wishing to avoid attending hospitals for appointments. • Capacity is severely restricted for elective care and delivery remained focused on the national priorities of cancer and diagnostics though restarting elective activity for other patients has now resumed.						
Quality and Safety Impact:	Not completed						
Compliance and/or Legal Impact:	None						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No	x	N/A	
	If N/A please explain why						

Month 4 - Integrated Performance Report
Governing Body

13 October 2021

1. Introduction

1.1. This report provides an overview of the CCG's performance against key national standards. The data used in this report largely relates to validated data for month 4 (July 2021), where it does not relate to July this is identified within the report. Detailed information is contained within the appendices to this paper.

2. Primary and community care

2.1. Pressures remain in all reported aspects of delivery across primary and community care as do increases in mental health related needs across all urgent care services and significant increases in paediatric attendances particularly in those under the age of two.

2.2. Primary and community response restoration shows a return to 100% compared to activity for appointments in General Practice in July as compared to the previous 24 months.

2.3. In July 2-hour crisis response for first care contacts restored to 102% in July compared to July 2019; the level is consistent with the same period in 2020.

3. Urgent Care

3.1. During July 4-hour A&E performance fell further, to 67.6% from 77.9% just two months ago.

3.2. Year to date attendance activity is significantly above the first half year (H1) plan (specifically in types 1 & 2 activity) and admitted activity just below plan (significantly in zero length of stay activity). Additionally, covid positive admissions in July were significantly above anticipated numbers impacting on the 1+ day admissions, and higher than the same month in 2020.

3.3. Increases continue in complex mental health presentations, paediatrics and primary care presentations into the UTC. There is a significant surge in respiratory viruses in children under the age of 2 and an increase in covid positive patients self-presenting in A&E. In response to the sustained pressure aspects of the 21/22 winter plan are beginning to be implemented, including increased capacity in the UTC.

3.4. The rise in the number of paediatric attendances across the whole system has prompted the CCG to work on a communications exercise to promote the Virtual ward and the Healthzone App to support paediatric admission avoidance.

4. Diagnostics

4.1. Diagnostic service delivery within six weeks was maintained this month (64.8%) and still falls far short of the 99% target - the gap between the CCG and our peers this month slightly narrowing rather than widening.

4.2. Access to the Fairfield Hospital for additional endoscopy capacity remains in place. SFT is offering transfers to suitable patients to Beacon Medical for their endoscopy and has also commenced the building programme for their own 4th endoscopy suite.

4.3. The first half year (H1) delivery plan was set at reaching 120% of 19/20 activity levels and it was disappointing to see non-achievement in all but MRI and Echocardiography in July. Average restoration was 97% compared to the reference period of July 2019 - of particular

note are flexi-sigmoidoscopy (85%) and NOUS (91%), with NOUS impacted by the cessation of one of the AQP providers.

5. Planned care

5.1. At the end of July there were 41,432 Stockport patients on waiting lists – an overall rise of 1,322 from last month, with 16,600 of these patients waiting over 18 weeks.

5.2. Waiting times were longer than 52 weeks for 3,564 patients (8.6% of the total waiting list) – an increase of 29 patients on the number at the end of June and reversing the fall in the previous quarter. The majority of these patients were waiting in General Surgery, Gastroenterology and ENT.

5.3. SFT have now finally recruited to one of their two ENT consultant vacancies after a long gap, which will help reduce waiting times during the autumn. Discussions are also being held within GM to consider alternative capacity for ENT patients waiting more than 60 weeks, and at the GM ENT clinical reference group. Providers have recently submitted information to GM Gold about all patients likely to be waiting over 2 years by April 2022 for consideration of available options to reduce these numbers.

5.4. After a review of Infection Control procedures at SFT there has been agreement to a reinstatement from October 21 of necessary face to face appointments (i.e. ENT). Services where virtual appointments have been beneficial shall continue to be provided in that way.

5.5. The half year (H1) plan for July was met for total outpatient appointments with lower first appointments and higher follow up appointments. In relation to admitted patients, performance is slightly under plan with overperformance in ordinary admissions and underperformance in daycases.

6. Cancer

6.1. Whilst the CCG failed the two-week waiting time standard (2WW) again this month it did improve to 81.9% (from 78% last month) and as a consequence impacted on fewer patients. However, this still falls short of our peers who average 90.8%.

6.2. It is pleasing to report that SFT achieved the standard for the first time due to the positive impact of additional endoscopy capacity.

6.3. The principal specialty of concern remains Dermatology where the pilot referral system implementation has been delayed and is not likely to be rolled out in Stockport, if successful, until at least December if not early in 2022. Data suggests that referrals on Dermatology 2WW pathways have increased, offsetting reductions in routine and non-cancer urgent referrals and impacting on the current capacity utilisation.

6.4. Performance for 2WW patients referred urgently with breast symptoms improved again this month reaching 84.8%, up from 70.7% in June and impacting on a total of 15 patients.

6.5. All 31 day standard were met In July, however the CCG did not meet any of the three 62 day wait cancer targets again this month with a total of 39 patients impacted across the three target areas. In keeping with last month, three patients unfortunately waited more than 104 days due to their complex pathways.

6.6. The CCG failed the 28 day faster diagnosis rate (FDS) which reached 68.7% in July. This compares with our peers at 75% and GM average of 74.6%. This new standard becomes reportable from October 2021 and is being introduced to ensure patients who are referred for suspected cancer have a timely diagnosis.

6.7. Following an initial recommendation in the 2015 report of the independent Cancer Taskforce, reaffirmed in the NHS Long Term Plan, the standard will ensure patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. For patients who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly.

6.8. The Faster Diagnosis Standard will apply to patients:

- Referred by their GP on a suspected cancer pathway;
- Referred by their GP with breast symptoms where cancer is not initially suspected; or
- Referred by the National Screening Service with an abnormal screening result.

7. Mental Health

7.1. In relation to Improving Access to Psychological Therapies (IAPT) access target commissioners across GM continue to work together with providers given the ongoing failure to meet these standards. Performance in June reached 1.0% (target 1.8%) equivalent to the previous best performance in September 2020 and since the prior financial year 2019/20. Referrals have not returned to pre-covid levels as yet.

7.2. Performance for people waiting over 90 days between first and second treatment deteriorated further in June to 47.2% from 29% in March. Waiting times remain impacted by staffing shortages across Self help services and Pennine Care and currently waiting list validation is in progress.

7.3. In relation to health checks, for patients on the SMI register the performance of 26.8% is significantly behind the 60% standard and marginally behind our peers (29%). Reporting for July shows LD health checks at 10.5% against a target of 17.5%, lower than both national (12%) and GM (11.3%) performance. Given the focus on these targets in relation to priorities for both H1 and H2 and the impact with regard to inequalities

7.4. The dementia diagnosis rate was sustained in July at 65% against the target of 67% and is consistent with our peers. The MAS is using nurses differently to manage the backlog by providing a diagnosis which is then ratified by the doctor. The Saturday morning clinics have been started with additional investment that has been provided through System Recovery (SR) allocated directly to Mental Health Trust providers.

8. RECOMMENDATIONS

The Governing Body is asked to:

- **Note** the report and **Discuss** areas of concern.

NHS
Stockport
Clinical Commissioning Group

Integrated Performance & Delivery Report

Month 4 2021-22
Appendices

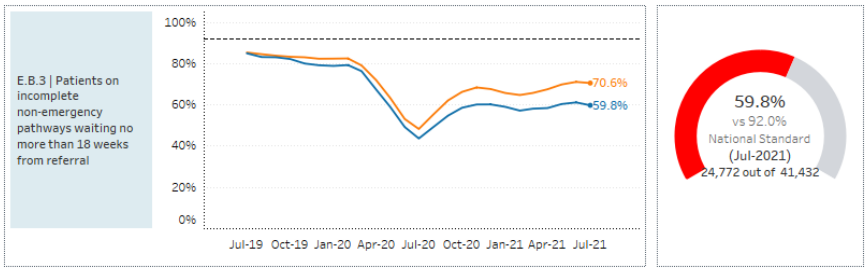
Governing Body
13 October 2021

Priority measures

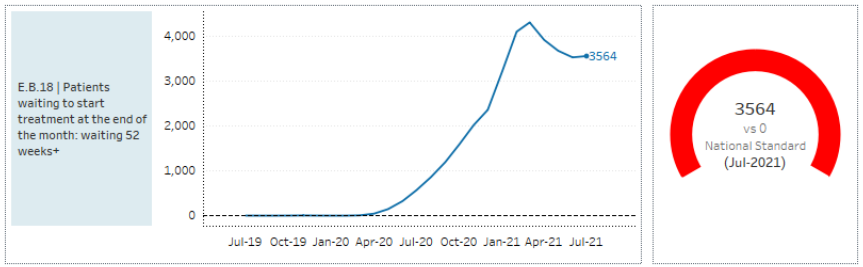
Stockport | Statistical Peers | National Standard

Planned Care

E.B.3 Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral to treatment



E.B.18 Patients waiting to start treatment at the end of month waiting 52 weeks



Impact

- Marginal deterioration in 18-week delivery in July 21 at 59.8% compared to 61.2% in June.
- 16,660 patients were waiting over 18 weeks compared to 15,561 in June – an additional 1,099 patients.
- Of these 3,564 (21.4%) had waited over 52 weeks compared with 3,535 at the end of June– an increase of 29 patients.
- The overall waiting list grew by a further 1,322 from June.

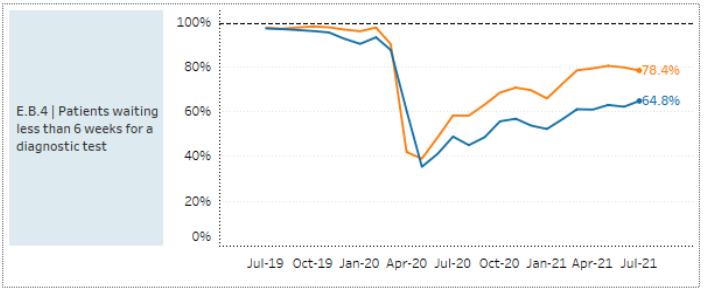
Issues

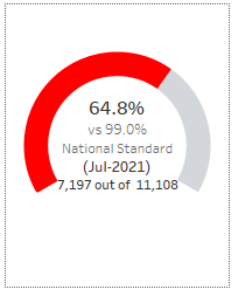
- Reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT, Urology and Oral Surgery, remains a pressure
- Significant challenge in elective operating for both diagnostic and treatment procedures, from reduced theatre capacity and the challenges in restoring to pre-covid levels
- A significant number of patients have waited 52+ weeks, the majority of which fall within General Surgery, Gastroenterology and ENT.
- Routine Endoscopy waiting times continue to impact on General Surgery and Gastroenterology pathways.
- SFT have a Green Zone but do not have a Green Site from which to protect operating.

Actions and mitigations

- Reinstatement of essential face to face outpatient appointments from October 21 (ENT)
- Recruitment of 1 ENT Consultant
- SFT performance in line with the HI recovery plans
- SFT to consider further outsourcing subject to EUR policy approval
- Theatre capacity used to address longest waiting routine patients once clinically urgent cases accommodated with clinical reviews for all routine patients waiting over 50 weeks.
- Majority of patients 52+ weeks are waiting dates for routine surgery; the longest waiting patients are being reclassified as a priority 2, particularly those at 104+ weeks
- Independent Sector contract in place under the ICF for General Surgery and Orthopaedics
- SFT have agreed to use the Stockport CCG's IC Framework Contract for Direct Access Endoscopy Services for additional capacity which should commence in Sept/Oct 2021
- ENT has been closed to out of area referrals following failed ENT recruitment.
- GM work taking place to review green site options

E.B.4 Patients waiting less than 6 weeks for a diagnostic test





Impact

- There has been an improvement in July to 64.8% from 62.2% in June.
- This impacted on 3,911 patients in July compared with 4,368 in June not seen within the six-week standard.

Issues

- Capacity constraints due to pandemic, backlog
- Insufficient Endoscopy and Dexa Scanning
- CT staffing shortages

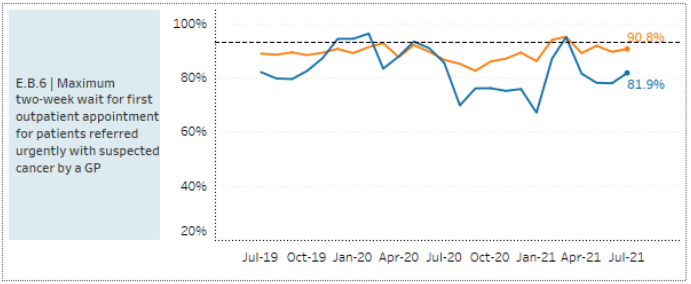
Actions and mitigations

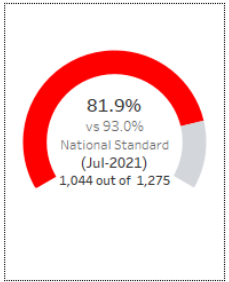
- SFT performance shows a continued improvement in line with the trajectory
- Prioritisation within Endoscopy for patients who have waited the longest and additional weekend working in Endoscopy supported by ERF monies
- 4th endoscopy suite has commenced building/refurb in September
- Endoscopy capacity utilised at Fairfield Hospital, although uptake is variable
- SFT have agreed to use the Stockport CCG's IC Framework Contract for Direct Access Endoscopy Services for additional capacity which should commence in Sept/Oct 2021
- SFT have recruited a Dexa radiographer and identified ways of increasing Dexa capacity
- The Trust have insourced a provider of staffing for CT Scanning
- Implementation of national programme to clinically prioritise diagnostic waiting lists underway

Cancer

Stockport | Statistical Peers | National Standard

E.B.6 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by GP





Impact

- Standard failed again in July despite an improvement in performance to 81.9% compared to 78.1% in June
- 231 patients were impacted this month compared to 329 in June
- SFT continued to hit the 2WW standard in July with performance of 97.1%
- It is not expected that the target will be met for August based on the unvalidated data with Dermatology being the main area of concern

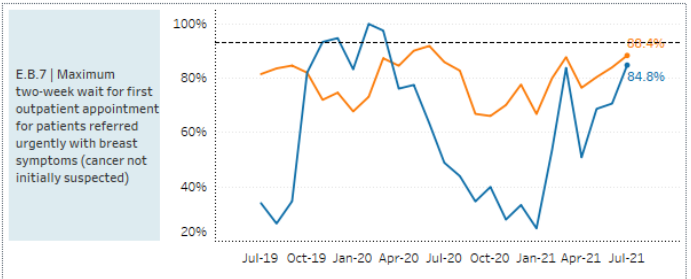
Issues

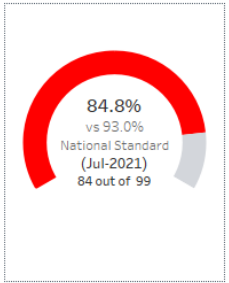
- Restoration of supply for Dermatology remains a key issue with performance deteriorating over the month and may be impacted due to staff availability during the summer period

Actions and mitigations

- Redesigned dermatology pathway currently being piloted by Salford CCG - to be rolled out to Stockport and Bury following evaluation in late Autumn though pilot delayed.
- Additional Endoscopy capacity is now starting to have an impact with SFT achieving the 2WW target
- Regular reports and challenges through the GM Cancer Board and Sitrep

E.B.7 Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (cancer not initially suspected)





Impact

- Improvement in performance in July – 84.8% of patients seen within the timescale compared to 70.7% in June, however the target has still not been achieved.
- 15 patients were not seen within the 2-week timescale
- Activity report from MFT suggests their overall Trust performance was 91.8%

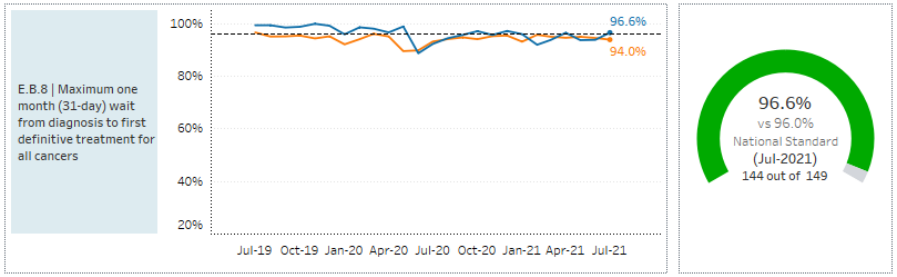
Issues

- Staff testing is critical for clinical teams to step up lower priority cancer activity
- Further Covid infections and hospital admissions
- Surgical capacity affected by redeployment of clinical & anaesthetic staff
- Limited capacity and productivity due to staffing shortages, infection, prevention and control (IPC) requirements and social distancing.
- Patient fitness and patients also choosing to defer investigations and treatments
- Late CaRPS from referring/diagnosing hospitals

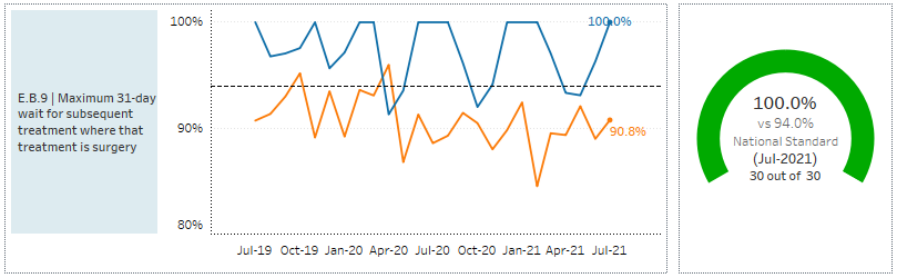
Actions and mitigations

- Waiting List initiatives and monthly super clinics are being held
- Additional Radiologist in post from mid April
- Clinical Fellow & Expert Radiographer to be recruited
- Trajectory & recovery plan reviewed and updated

E.B.8 Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers



E.B.9 Maximum 31-day wait for subsequent treatment - surgery



Impact

- Each of the 31-day cancer wait standards were met in July with 96.6% performance compared to 93.9% in June.
- 5 patients did not start treatment within 31 days compared to 10 patients last month

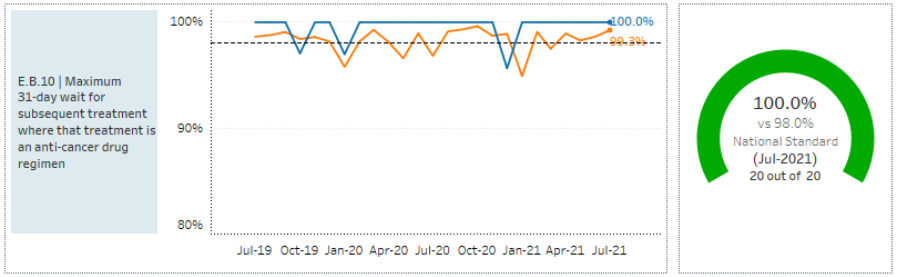
Issues

- 4 out of the 5 patients treated outside 31 days were awaiting for commencement of treatment at MFT

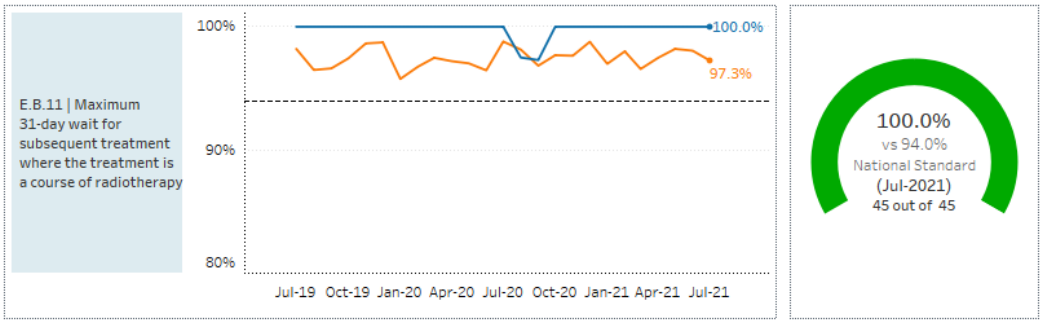
Actions and mitigations

- Use of IS Capacity to free up Trust capacity for cancer patients.
- Continued process to prioritise patients requiring cancer surgery.
- GM Cancer have led an initiative for a perfect week for colorectal with a focus on diagnostics, fit testing where appropriate, triage, and either planning the next stage of the patients treatment or stepping patients off the pathway as appropriate

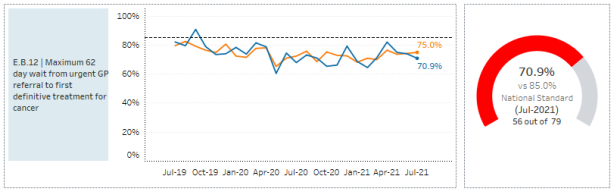
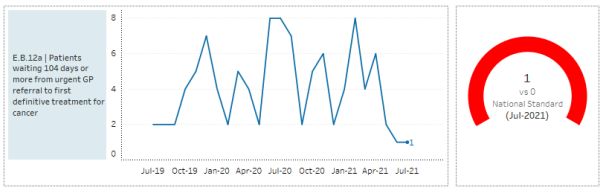
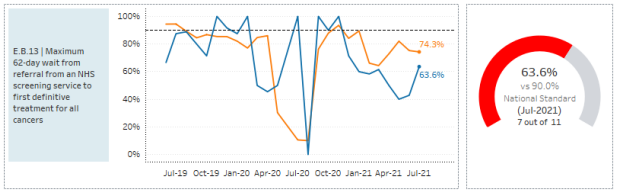
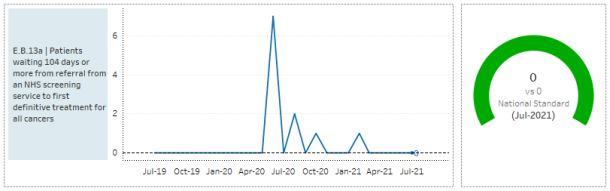
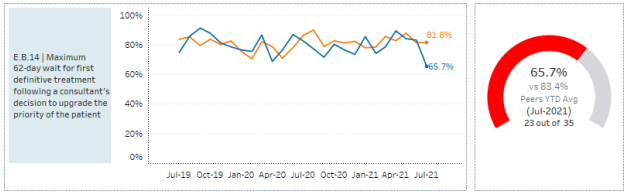
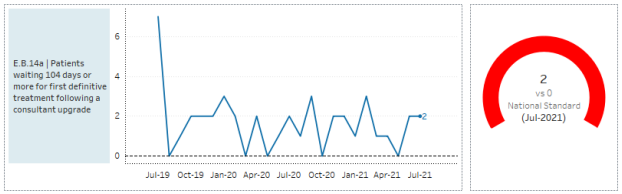
E.B.10 Maximum 31-day wait for subsequent treatment - anti-cancer drug regimen



E.B.11 Maximum 31-day wait for subsequent treatment - radiotherapy



Stockport | Statistical Peers | National Standard

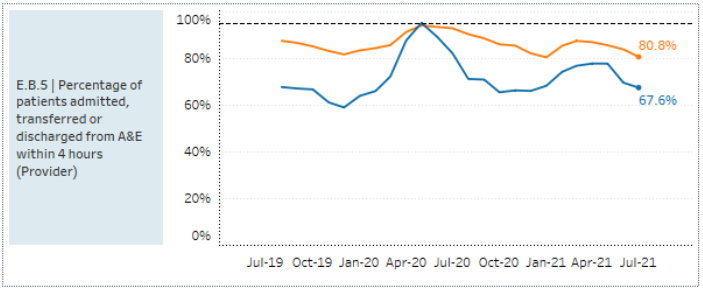
E.B.12 Maximum 62 day wait from urgent GP referral to first definitive treatment for cancer	E.B.12a Patients waiting 104 days or more from urgent GP referral to first definitive treatment for cancer	Impacts
		• *GP referral to first definitive treatment* – a drop in performance to 70.9% in July with 23 patients impacted compared to 73.9% last month with 23 patients impacted. 1 of the patients waited over 104 days. • *Referral from a screening programme* – 4 patients impacted though none waited over 104 days resulting in improved performance from 42.9% last month to 63.6% in July. • *Consultant upgrade* – a drop to 65.7% in July and 12 patients impacted from 83.3% last month with 8 patients impacted. 2 of the patients waited over 104 days for treatment to begin in July.
E.B.13 Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	**E.B.13a Patients waiting 104 days or more from the referral from an NHS screening service to first definitive treatment for all cancers**	**Issues**
		• Breast services provided by MFT and other cancer services provided at The Christie are impacting on performance • Reduced face to face capacity in some services is affecting overall pathway waits specifically in Oral Surgery and ENT. • Impact on stopping elective operating due to of urgent care admissions • The 104-day waits are as a result of complex pathways involving multiple investigations across multiple specialities
E.B.14 Maximum 62-day wait for first definitive treatment following a consultant decision to upgrade the priority of the patient	**E.B.14a Patients waiting 104 days or more for first definitive treatment following a consultant upgrade**	**Actions and mitigations**
		• SFT now have eight elective theatres in operation. • Senior Leadership at SFT has been strengthened with the Deputy COO leading a Cancer Oversight Meeting to help address residual areas of challenge on the cancer pathway. • SFT have peer reviews of the internal pathways and weekly meetings to review patients approaching 104 days • Long waiting patients on the Cancer PTL have reduced and numbers are being maintained • SFT Cancer Services are working with their Service Improvement Team to improve the 28-day Faster Diagnosis Standard prioritising pressure areas such as Colorectal, Urology & ENT. • SFT's Cancer Escalation Policy has been reviewed to ensure effective progression of patients along their pathway.

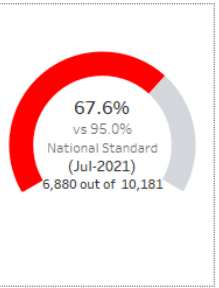
Exception reporting

Urgent Care

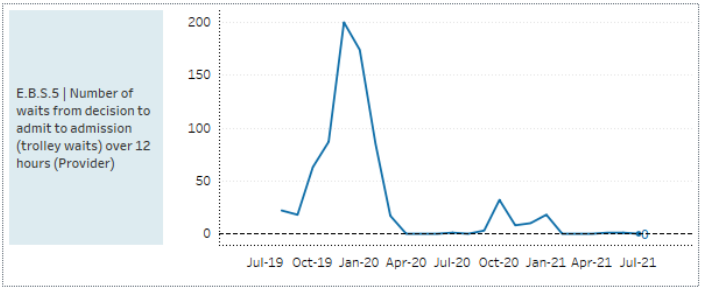
Stockport | Statistical Peers | National Standard

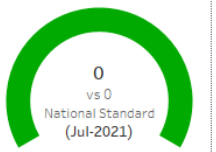
E.B.5 Percentage of patients admitted, transferred, or discharged from A&E within 4 hours (provider - SFT)





E.B.S.5 Trolley waits over 12 hours (Provider)





Impact

- 4-hour target in A&E deteriorated in July to 67.6% from 69.7% in June.
- No 12-hour trolley waits in July.

Issues

- Sustained and significant increase in attendances has occurred month on month reflecting the national picture, experienced across primary and secondary care
- Increases continue in complex mental health presentations and primary care presentations into UTC
- Significant surge in respiratory viruses (RSV) in children under 2 years old

Actions and mitigations

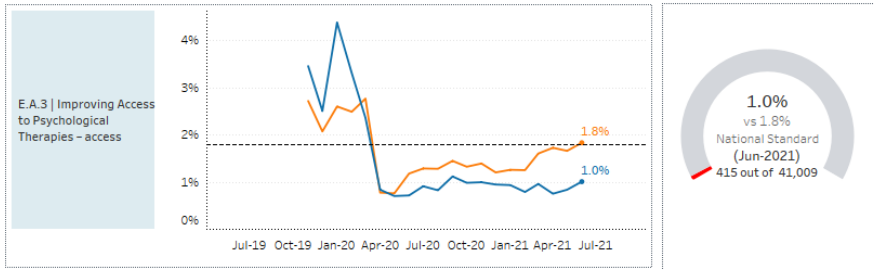
- Increased capacity in the UTC until end of Sept 21 with continuation subject to the winter planning process
- SFT have commenced work with Tameside & Glossop and East Cheshire on a potential sector-wide response to surges in paediatric demand
- Increased support is in place overnight 7 days a week by changing the middle grade rota from August
- Ongoing review of failed discharges is underway to prevent similar issues going forward
- Covid hot clinics in the community extended to 30th Sept,
- Ongoing trial of a new pathway with triage straight to mental health service taking place
- Frailty unit proactively moving patients through from ED
- Discharge delay remained lower for Stockport patients compared to out of area patients.
- Bramhall Manor test of change commenced to increase flow through the hospital has taken place and is currently being evaluated
- The CCG are looking are starting to implement aspects of the winter plan and are a key part of the Trust winter planning process.
- The CCG are working on a communications exercise to promote the Virtual Ward and Healthzone App to help avoid paediatric hospital admissions.

Mental Health, Learning Disability & Autism

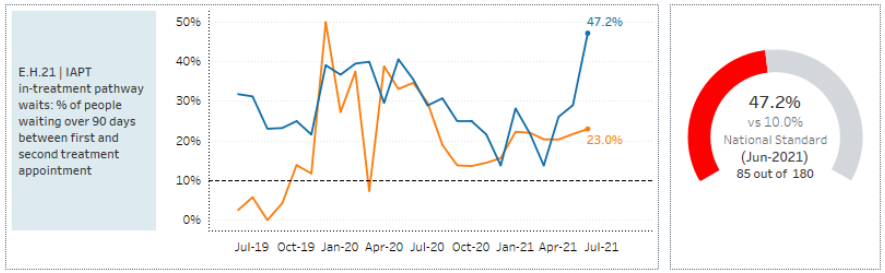
Stockport | Statistical Peers | National Standard

Please note the difference in reporting months for each metric

E.A.3 IAPT – access standard



E.H.21 IAPT - % of people waiting over 90 days between first and second treatment appointment



Impact

- Performance for the IAPT access standard for June is 1.0% compared to 0.8% reported in May 21.
- Performance for the people waiting over 90 days between first and second treatment has deteriorated to 47.2% in June from 29% in March 21.

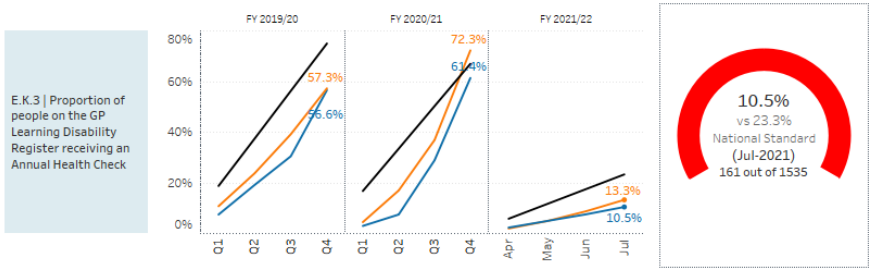
Issues

- Access rates impacted by the pandemic as group work and one-off interventions (at colleges for example) have been suspended. There is also a GM drive not to stand these single episodes back up, so we are working with the service to understand the impact of this.
- There has been an inconsistency on how E.H.21 IAPT waiting times has been reported between the CCG and Pennine Care which has now been resolved.
- Online resources and non-face to face solutions have been available for the duration of the pandemic but not enough uptake to counteract the loss of group work and one-off interventions
- Wait times for appointments remain impacted due to staffing issues across Self Help Services and Pennine Care due to workforce challenges.
- Referrals for IAPT have not picked up to pre-covid levels
- Virtual appointments are not always appropriate or relevant therefore there is an issue regarding people preferring to wait for a face to face appointment, but this data is not currently captured.

Actions and mitigations

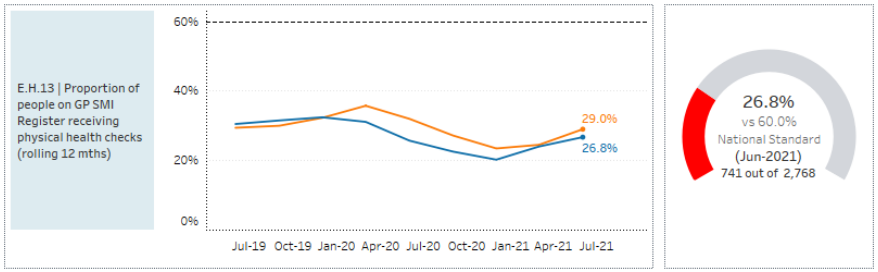
- New processes now in place to align and co-produce local reporting.
- Local dashboards have been developed to present a current view
- Waiting list validation work is taking place
- Mental health commissioners are working together with providers to draw up recovery plans
- Working closely with services to see where dedicated service development is required.

E.K.3 Proportion of people on the GP Learning Disability Register receiving an Annual Health Check



NOTE: Data is now published monthly, rather than quarterly. The 21-22 chart above shows monthly cumulative performance. Previous years above show cumulative quarterly performance.

E.H. 13 Proportion of people on GP SMI register receiving physical health checks (rolling 12 months)



Impact

- Performance for the GP LD Register Health Checks April to July is 10.5% against 23.3% target.

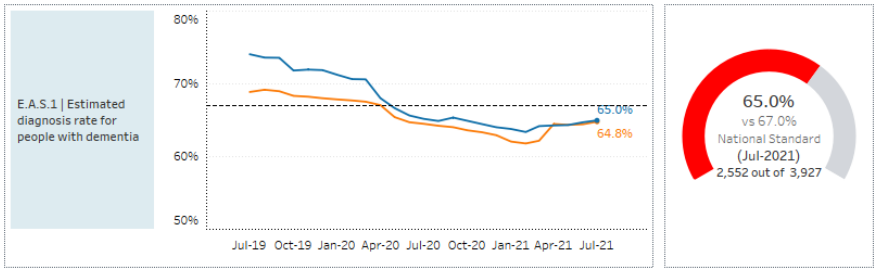
Issues

- Previously there has been more of a focus on the annual health checks for people on the GP Learning Disability Register in Q3 and Q4

Actions and mitigations

- Annual LD Health Checks to take place more steadily throughout the year with the aim of achieving this target earlier in the year.
- SMI health checks remain the focus of quality meetings with practices undertaken by GP development managers, actions to address will be promoted
- Promotion of the LD Annual Health Checks and SMI Physical Health Checks in the GP Masterclass forum, the Practice Nurse Forum and the Practice Managers Forum
- Additional work with Pennine Care to ensure they forward the health checks that they do so that they can be captured on the GP systems.
- For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan.

E.A.S.1 Estimate diagnosis rate for people with dementia



Impact

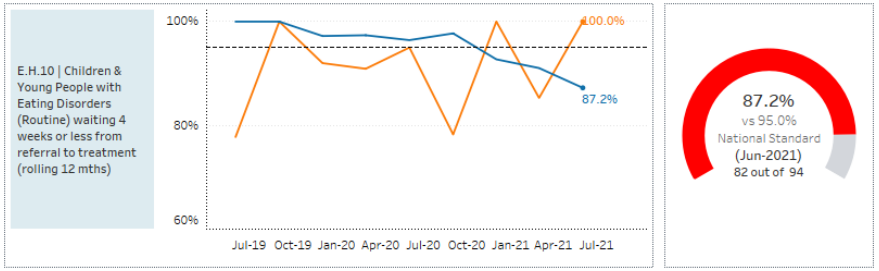
- Sustained performance since April at 65% in July against standard of 67%

Issues

- The local Memory Assessment Service (MAS) resumed activity in July 2020, but with reduced capacity this affected the number of patients who could be seen face to face for a dementia assessment, thus recovery is taking longer than expected.
- In order to protect the elderly patients, the MAS was closed for longer than most services due to Covid.

Actions and mitigations

- The MAS is now working on a backlog of patients, undertaking screening and risk assessments.
- The Spending Review/Mental Health Recovery has identified additional investment to address the dementia diagnosis rate, this will be led by provider organisations.
- Saturday morning clinics started in June 21 and continues to address the backlog.
- The MAS is using their nurses differently to manage the backlog by providing a diagnosis which is then ratified by the doctor

E.H.10 Children and Young People with Eating Disorders (Routine) waiting 4 weeks or less from referral to treatment (rolling 12 months)	
	**Impact** • Over the 12 month period July 20 to June 21, 87.2% of children and young people waited 4 weeks or less from referral to treatment compared to the 95% standard. 12 patients waited over 4 weeks. A deterioration from 91% in the rolling 12 month period to March 21. • 87.2% of routine cases were seen within the recommended timescale which is below the 95% target and impacted on one young person. It is however above the England average which was 78.4% • All young people who required an urgent response (within 1 week) were however seen within the recommended timescale, compared with an England average of 71.1% **Issues** • Demand for children's eating disorders services has increased nationally and continues to increase • Significant pressure, both in relation to number of referrals and in acuity • Pennine Care are prioritising urgent risk patients over the routine low risk cases. • Staffing pressures are impacting on performance **Mitigation** • Through System Recovery (SR) funding Pennine Care are working on an additional service offer to provide an intensive community offer for CYP presenting with eating disorders.

NHS Stockport Clinical Commissioning Group

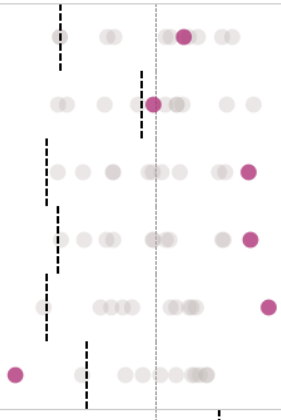
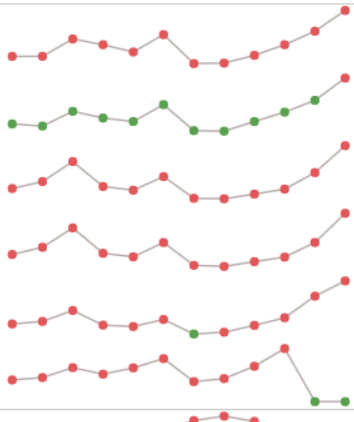
Urgent Care

Current National Quartile
Highest performing
Mid-performing
Lowest performing
Colours reflect NHS England's quartile bandings and are from the NHS Blue Colour Palette.

National standard
Pass
Fail
N/A

YTD position is RAG rated against the national standard
GM Stockport CCG is INCLUDED in the GM average.
Similar 10 Stockport is EXCLUDED from the peer average.

YTD Benchmarking
Stockport CCG
Similar 10
National standard
Benchmarking is only displayed for indicators where meaningful.

Indicator			Current position		YTD position				YTD benchmarking	Trend
			In period	Stockport	National standard	Stockport	England	GM	Similar 10	Distance from national average & national standard	Rolling 12 mth performance against national standard
Ambulance targets	E.B.23_A25	Category 1 (life-threatening) calls - mean time taken for a response to arrive (Trust)	Jul 21	00:09:02	00:07:00	00:09:02	00:08:33	Performance at Stockport is for North West Ambulance Service NHS Trust. Ambulance quality indicators are not published at CCG level.			
	E.B.23_A26	Category 1 (life-threatening) calls - 90th centile appropriate response time (Trust)	Jul 21	00:15:26	00:15:00	00:15:26	00:15:15				
	E.B.23_A31	Category 2 (emergency) calls - mean time taken for an appropriate response to arrive (Trust)	Jul 21	00:56:16	00:18:00	00:56:16	00:41:04				
	E.B.23_A32	Category 2 (emergency) calls - 90th centile appropriate response time (Trust)	Jul 21	02:03:02	00:40:00	02:03:02	01:27:44				
	E.B.23_A35	Category 3 (urgent) calls - 90th centile appropriate response time (Trust)	Jul 21	10:20:10	02:00:00	10:20:10	06:20:48				
	E.B.23_A38	Category 4 (non-urgent "assess, treat, transport" calls only) - 90th centile appropriate response time (Trust)	Jul 21	N/A	03:00:00	00:00:00	06:52:02				
A&E access targets	E.B.5	Percentage of patients admitted, transferred or discharged from A&E within 4 hours (Provider)	Jul 21	67.6%	95.0%	73.7%	79.7%	80.8%	83.4%		
	E.B.S.5	Number of waits from decision to admit to admission (trolley waits) over 12 hours (Provider)	Jul 21	0	0	0	2,209	158	56		
	E.B.S.5a	Number of waits from decision to admit to admission over 12 hrs - rate per 1,000 emergency admissions (Provider)	Jul 21	0.0		0.2	3.7	4.7	0.5		

Data sources

NHS England, Ambulance Quality Indicators Data	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
NHS England, A&E Attendances & Emergency Admission monthly sta..	https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/
NHS Improvement Daily Sitrep	Data received from national sitrep via Greater Manchester Health & Social Care Partnership

Note: no CAT 4 calls have been reported for the North West in the published data for June or July 2021.

NHS Stockport Clinical Commissioning Group

Planned Care

Current National Quartile
Highest performing
Mid-performing
Lowest performing
Colours reflect NHS England's quartile bandings and are from the NHS Blue Colour Palette.

National standard
Pass
Fail
N/A

YTD position is RAG rated against the national standard

GM Stockport CCG is INCLUDED in the GM average.
Similar 10 Stockport is EXCLUDED from the peer average.

YTD Benchmarking
Stockport CCG
Similar 10
National standard
Benchmarking is only displayed for indicators where meaningful.

Indicator			Current position			YTD position				YTD benchmarking	Trend
			In period	Stockport	National standard	Stockport	England	GM	Similar 10	Distance from national average and national standard	Rolling 12 month performance against national standard
Elective cancellations (Data collection paused due to COVID)	E.B.S.2	Number of patients not treated within 28 days of last minute elective cancellation (provider)	Q3 19-20	5	0	10	5,416	375	148		
	E.B.S.2a	Percentage of last minute elective cancellations where patient not treated within 28 days (provider)	Q3 19-20	2.9%	0.0%	2.3%	8.4%	7.2%	8.3%		
	E.B.S.6	Urgent operations cancelled a second time (provider)	Feb 20	0	0	0	342	0	0		
RTT access including diagnostics	E.B.18	Patients waiting to start treatment at the end of the month: waiting 52 weeks+	Jul 21	3,564	0	3,564					
	E.B.18a	Rate of 52 week waiters per 10,000 patients on waiting list	Jul 21	860.2		860.2	551.0	668.8	460.4		
	E.B.3	Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	Jul 21	59.8%	92.0%	59.8%	68.7%	63.7%	70.6%		
	E.B.4	Patients waiting less than 6 weeks for a diagnostic test	Jul 21	64.8%	99.0%	62.7%	77.0%	71.1%	79.5%		

Note
E.B.18 Patients waiting to start treatment at the end of the month: waiting 52 weeks+
The YTD figure is the latest period NOT the sum total of all months. This is to avoid double-counting patients.

Data sources

NHS England, RTT Waiting Times	Null
	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
NHS England, Monthly Diagnostic Waiting Times and Activity	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/
NHS England, Cancelled elective operations	https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/
NHS England, Urgent Operations Cancelled	https://www.england.nhs.uk/statistics/statistical-work-areas/critical-care-capacity/

PAUSED
PAUSED

NHS Stockport Clinical Commissioning Group

Cancer

Current National Quartile
Highest performing
Mid-performing
Lowest performing
Colours reflect NHS England's quartile bandings and are from the NHS Blue Colour Palette.

National standard
Pass
Fail
N/A

YTD position is RAG rated against the national standard
GM Stockport CCG is INCLUDED in the GM average.
Similar 10 Stockport is EXCLUDED from the peer average.

YTD Benchmarking
Stockport CCG
Similar 10
National standard
Benchmarking is only displayed for indicators where meaningful.

Indicator			Current position			YTD position				YTD benchmarking	Trend
			In period	Stockport	National standard	Stockport	England	GM	Similar 10	Distance from national average & national standard	Rolling 12 mth performance against national standard
Cancer waiting times: Two week wait targets	E.B.6	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Jul 21	81.9%	93.0%	79.8%	85.8%	88.6%	90.4%		
	E.B.7	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (cancer not initially suspected)	Jul 21	84.8%	93.0%	68.4%	68.2%	69.7%	82.2%		
Cancer waiting times: 31 day targets	E.B.8	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	Jul 21	96.6%	96.0%	95.2%	94.7%	95.7%	94.6%		
	E.B.9	Maximum 31-day wait for subsequent treatment where that treatment is surgery	Jul 21	100.0%	94.0%	95.7%	86.8%	96.0%	90.3%		
	E.B.10	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Jul 21	100.0%	98.0%	100.0%	99.1%	100.0%	98.8%		
	E.B.11	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Jul 21	100.0%	94.0%	100.0%	97.1%	99.9%	97.8%		
Cancer waiting times: 62 day targets	E.B.12	Maximum 62 day wait from urgent GP referral to first definitive treatment for cancer	Jul 21	70.9%	85.0%	75.4%	73.4%	72.4%	74.8%		
	E.B.13	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Jul 21	63.6%	90.0%	51.6%	74.5%	76.7%	75.9%		
	E.B.14	Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient	Jul 21	65.7%	81.8%	81.9%	82.7%	80.2%	83.4%		
Cancer waiting times: faste..	E.B.27	28 day faster diagnosis (all routes)	Jul 21	68.7%		69.8%	73.5%	74.6%	75.0%		
Cancer waiting times: Long waits	E.B.12a	Patients waiting 104 days or more from urgent GP referral to first definitive treatment for cancer	Jul 21	1	0	10	Only Stockport CCG data available.				
	E.B.13a	Patients waiting 104 days or more from referral from an NHS screening service to first definitive treatment for all cancers	Jul 21	0	0	0					
	E.B.14a	Patients waiting 104 days or more for first definitive treatment following a consultant upgrade	Jul 21	2	0	5					

E.B.14 Maximum 62-day wait following consultant upgrade - CCG in-month performance is RAG rated against in-month Similar 10 performance.

Data sources

NHS England, Cancer Waiting Times
National Cancer Waiting Times Monitoring Data Set
Cancer Waiting Times Database, TISDATA

https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/
This data is provided directly by NHS Digital and is subject to change. Updates do not align with published data.

NHS Stockport Clinical Commissioning Group

Mental Health

Current National Quartile
Highest performing
Mid-performing
Lowest performing
Colours reflect NHS England's quartile bandings and are from the NHS Blue Colour Palette.

National standard
Pass
Fail
N/A

YTD position is RAG rated against the national standard
GM Stockport CCG is INCLUDED in the GM average.
Similar 10 Stockport is EXCLUDED from the peer average.

YTD Benchmarking
Stockport CCG
Similar 10
National standard

Indicator			Current position			YTD position				YTD benchmarking	Trend
			In period	Stockport	National standard	CCG	England	GM	Similar 10	Distance from national average and national standard	Rolling 12 mth performance against national standard
CAMHS	E.H.9	Improve access rate to Children and Young People's Mental Health Services (CYPMH)	Jun 21	44.0%	34.0%	44.0%	43.4%	47.8%			
CYP eating disorders	E.H.10	Children & Young People with Eating Disorders (Routine) waiting 4 weeks or less from referral to treatment (rolling 12 mths)	Q2 20-21 - Q1 21-22	87.2%	95.0%	87.2%	78.4%	93.3%	100.0%		
	E.H.11	Children & Young People with Eating Disorders (Urgent) waiting one week or less from referral to treatment (rolling 12 mths)	Q2 20-21 - Q1 21-22	100.0%	95.0%	100.0%	71.1%	100.0%	100.0%		
Dementia	E.A.S.1	Estimated diagnosis rate for people with dementia	Jul 21	65.0%	67.0%	65.0%	62.1%	68.5%	64.8%		
IAPT (Talking therapies)	E.A.3	Improving Access to Psychological Therapies – access	Jun 21	1.0%	1.8%	2.6%	5.2%	5.3%	5.2%		
	E.A.S.2	Improving Access to Psychological Therapies – recovery	Jun 21	48.0%	50.0%	48.0%	50.4%	48.6%	51.6%		
	E.H.1	Percentage of people finishing course of IAPT treatment who start treatment within 6 weeks of referral	Jun 21	81.5%	75.0%	82.3%	92.3%	82.5%	91.6%		
	E.H.2	Percentage of people finishing course of IAPT treatment who start treatment within 18 weeks of referral	Jun 21	100.0%	95.0%	100.0%	98.7%	98.1%	98.0%		
	E.H.21	IAPT in-treatment pathway waits: % of people waiting over 90 days between first and second treatment appointment	Jun 21	47.2%	10.0%	35.6%	13.2%	17.0%	21.7%		
Learning disabilities	E.K.1a	Reliance on inpatient care for people with learning disabilities and/or autism - commissioned by CCG	Jul 21	21.9	17.5	21.9					
	E.K.3	Proportion of people on the GP Learning Disability Register receiving an Annual Health Check	Jul 21	10.5%		10.5%	12.0%	11.3%	13.3%		
Psychosis and severe mental illness including urgent care and inpatient ..	E.H.4	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated..	Jun 21	95.0%	56.0%	100.0%	69.6%				
	E.H.13	Proportion of people on GP SMI Register receiving physical health checks (rolling 12 mths)	Jun 21	26.8%	60.0%	26.8%	27.1%	27.7%	29.0%		

E.H.9 Improve access rate to Children and Young People's Mental Health Services (CYPMH) Reported as a 12-month rolling figure. Denominator not published therefore only GM CCGs' performance available. National denominator is available therefore England performance is reported.
E.K.1a Reliance on inpatient care for people with learning disabilities and/or autism - commissioned by CCG Stockport CCG suppressed in period of **March 2021** (published April 2021) as the number of patients is less than 5. The target threshold for this indicator is 4.
E.K.3 People on the Learning Disability GP Register receiving an AHC shows Q4 cumulative performance and is RAG rated against Stockport CCG's individual cumulative target for latest quarter, 67% in Q4 2020-21. Please note the register is manually entered by GP practices and not extracted from GP systems. It therefore should be interpreted with caution.

Data sources

NHS Digital, IAPT Monthly Activity Data	https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services
NHS Digital, Recorded Dementia Diagnoses Data Collection	https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses
NHS England, Children and Young People with an Eating Disorder Waiting Times	https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/
NHS England, Physical Health Checks for people with Severe Mental Illness	https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/
NHS Digital, Mental Health Services Monthly Statistics	https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics
NHS Digital, Assuring Transformation Data Collection	https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics
NHS Digital, Learning Disabilities Health Check Scheme	https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme

NHS Stockport Clinical Commissioning Group

Children & Young People

Current National Quartile
Highest performing
Mid-performing
Lowest performing
Colours reflect NHS England's quartile bandings and are from the NHS Blue Colour Palette.

National standard
Pass
Fail
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YTD position is RAG rated against the national standard

GM Stockport CCG is INCLUDED in the GM average.
Similar 10 Stockport is EXCLUDED from the peer average.

YTD Benchmarking
Stockport CCG
Similar 10
National standard

Indicator			Paused_Flg	Current position			YTD position				YTD benchmarking	Trend
				In period	Stockport	National standard	CCG	England	GM	Similar 10	Distance from national average & national standard	Rolling 12 mth performance against national standard
CYP community services	E.O.1	Percentage of children waiting 18 weeks or less for a wheelchair		Q3 19-20	98.3%	92.0%	98.6%	83.9%	95.5%	87.5%		

Data sources

NHS England, National Wheelchair Data Collection https://www.england.nhs.uk/statistics/statistical-work-areas/national-wheelchair/ **PAUSED**

Quality

Indicator			Current position			YTD position				YTD benchmarking	Trend
			In period	Stockport	National standard	CCG	England	GM	Similar 10	Distance from national average and national standard	Rolling 12 month performance against national standard
Healthcare acquired infections (HCAI)	E.A.S.4	Number of MRSA infections	Jul 21	0	0	0	203	9	13		
	E.A.S.4a	MRSA infections per 100,000 CCG registered population	Jul 21	0.0		0.0	0.3	0.3	0.5		
	E.A.S.5	Number of Clostridium Difficile (C Diff) infections	Jul 21	9	97	37	4,796	339	257		
	E.A.S.5a	CDI infections per 100,000 CCG registered population	Jul 21	2.8		11.6	7.6	10.8	9.3		
Personal health budgets	E.N.1	Cumulative number of Personal Health Budgets in place	Q3 19-20	69		69	88,953	3,741	3,010		
Quality of services	E.B.S.1	Mixed Sex Accommodation Breaches	Feb 20	7	0	65	21,031	804	667		
	E.B.S.1a	Mixed Sex Accommodation Breaches per 100,000 CCG registered population	Feb 20	2.2		20.5	34.8	25.8	26.7		

Data collections Personal Health Budgets and Mixed Sex Accommodation are paused due to COVID.

Data sources

Public Health England, HCAI Data Capture System https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure
https://www.gov.uk/government/statistics/mrsa-bacteraemia-monthly-data-by-location-of-onset

NHS England, Mixed Sex Accommodation data collection https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/ **PAUSED**

NHS England, Personal health budgets mandatory data collecti.. https://www.england.nhs.uk/publication/personal-health-budgets-mandatory-data-collection-guidance-a.. **PAUSED**

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Care Home and Domiciliary Care - Joint Framework Procurements

Report To (Meeting):	Governing Body		
Report From (Executive Lead)	Liz McLean		
Report From (Authors):	David Dolman, Andy Nuttall		
Date:	29 September 2021	**Agenda Item No:**	14
Previously Considered by:	Executive Board – 22 September 2021 Planning and Commissioning Committee – 29 September 2021 Finance, Performance and Delivery Committee – 29 Sept 2021		

Decision	**x**	**Assurance**		**Information**	

Conflicts of Interests	
Potential Conflicts of Interest:	None
Purpose of the report:	
To request agreement to proceed to initiate procurement of a joint dynamic framework arrangement with SMBC for care home beds and to join (by variation) the existing SMBC framework arrangements for domiciliary care provision.	
Key points (Executive Summary):	
• The CCG spent £16.2m in 2019/20 on CHC and FNC packages. During the same period the council spent nearly £45.4m. • Proposals for a joint framework through a flexible purchasing system arrangement for care home beds are laid out in the paper.	

- This framework is proposed to be put in place with SMBC for 5 years initially with a permitted 2 year extension and will be for approximately £60m per annum.
- Care homes will be able to apply to go onto the framework during an initial period of 6 months and subsequent windows may be opened during the term to allow new entrants to be added.
- Call off arrangements from the framework can be by mini-competition, avoiding lengthy procurements and permitting a more flexible response to changing need over the time of the framework. It also avoids the need for some spot purchasing which opens commissioners to variable pricing.
- Pricing alignment across the system through the framework will manage costs better than is currently the case.
- Managing and developing the market is an important focus which the use of the framework would enhance through the relationships it will foster.
- It is also proposed, through a variation to SMBC's existing framework for domiciliary care provision, that the CCG will benefit from alignment of prices. This framework runs until 2028.
- Both proposals have been discussed and supported by the Planning and Commissioning Committee.

Recommendation:

The Governing Body is asked to:

- **AGREE** to the Finance, Performance and Delivery Committee proposals to commence a tender process to put in place joint dynamic framework arrangements for the commissioning of Care Home beds and to their recommendation to vary the existing SMBC framework for Domiciliary Providers
- **NOTE** the position in relation to the Bramhall Manor contract expiry and the development of the Intermediate Tier requirements.

Aims and Objectives:

Which Corporate aim(s) is / are supported by this report:	• Live well • Age well
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Financial balance across the system • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary

Risk and Assurance:

List all strategic and high level risks relevant to this paper	The following risks may be considered: • Failure of the market to engage in the framework may reduce ability to manage prices • Expiry of the Bramhall Manor Contract is close to the initiation of the proposed framework and cause concern in the event of any delay in the procurement timeline.

Consultation and Engagement:							
Patient and Public Involvement:							
Clinical Engagement:							
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure						
	Recurrent Expenditure	Yes					
	Expenditure included within CCG Financial Plan	Yes					
Performance Impact:							
Quality and Safety Impact:							
Compliance and/or Legal Impact:	The FPS is compliant with all procurement legislation.						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No	x	N/A	
	If N/A please explain why	An EIA will be completed in due course as part of the framework approach					

Care Home and Domiciliary Care - Joint Framework arrangements
Governing Body

13 October 2021

1. Introduction

1.1. Committees have been regularly updated on progress in developing a joint approach with SMBC to the procurement of care home beds and also for domiciliary care provision. This paper seeks agreement to proceed with the procurement arrangements for the approach and provides further detail in relation to these frameworks.

2. Background

2.1. Committees have been regularly updated on the work to develop a single approach within Stockport on the commissioning of care home beds and of domiciliary care provision.

2.2. Over the last few months the joint project group has reviewed the commissioning of Care Homes, home care support (Domiciliary Care) and transitional care (e.g., Intermediate Tier) across Stockport with the focus on aligning the health and social care approach given the high net value of the market for these services.

2.3. The group has:

- Finalised joint activity and financial schedules
- Agreed service specifications to be used for procurement.
- Gained SMBC legal opinion regarding the joint framework approach and contractual requirements
- Discussed next steps following early output from the Intermediate Tier review ongoing in a similar timeframe
- Considered route to market including stakeholder and market engagement requirements.

2.4. Following the work detailed above it is proposed to establish a Joint Commissioning Framework for residential and nursing care beds through a Flexible Purchasing System (FPS) across Health and Adult Social Care in Stockport that is in place ready for 1 April 2022. The Framework is intended to be in place for a period of 5+2 years, allowing shorter term contracts to be awarded throughout its duration.

2.5. Given the value of the overall framework the Cabinet meeting to which this proposal will go is at the beginning of November and, subject to support from both organisations, the tender will be issued directly afterwards with the timeline also supporting the consideration of fee levels for 2022/23.

3. Proposal for Care Home bed provision in Stockport

3.1. Nursing and residential care plays an essential role in the care system locally, for some of the most vulnerable people in Stockport. Good care home services aim to deliver high quality care, which is person centred, treat people with dignity and respect, keep people safe, offer real choice and control, promote

independence and social inclusion and are supported by highly skilled and dedicated staff.

3.2. Commissioners are committed to a home first approach for anyone with health and/or social care needs in Stockport but we are projecting an ongoing need for quality care home placements.

3.3. Stockport already has a higher than average proportion of over 65-year olds. Over the next 15 years it is predicted:

- Increasing numbers of older people are projected to live alone (c.50%)
- An increase in the numbers of people unable to self-care (c.40%)
- Approximately 40% more older people at risk of falling
- Significant increase in numbers of people living with dementia (over 60% increase)

The result is a predicted need for a further 1,000 care home beds in Stockport.

3.4. This proposed approach to procurement demonstrates commissioners will work together with care homes to better support patients and residents under joint contracting arrangements. This will provide transparency, consistency and predictability for providers and enable commissioners in Stockport to continue to drive best value and support quality and efficiency improvements.

3.5. We will seek to agree, as a health and care system, escalation approaches to peaks in demand avoiding last moment spot purchasing, focusing on delivery of efficient pathways and avoiding unnecessary demand on other services.

3.6. In the context of Stockport's One Health and Care Plan, the framework will provide clarity and consistency to the provider market and support the continuing drive for quality and value for money.

3.7. The development of a joint commissioning framework aligns to ongoing collaboration between the Council and Stockport CCG on fees and the annual fee setting process. This includes continued engagement on fee setting with the care home market, which is of fundamental importance to the local health and social care system for those that require care and support.

3.8. Legal advice, evidence from other health and social care systems, and local market conditions suggest the framework approach is the most effective option to secure value for money and security of supply of care home placements.

4. Care Home market in Stockport

4.1. There are currently 63 Care Homes in Stockport, 52 of which primarily provide for people over the age of 65. Nearly half of these were purpose built. One third of the homes (21) have fewer than 20 beds and a quarter have more than 50 beds.

4.2. The proportion of care homes in Stockport rated as Good or Outstanding by Care Quality Commission (CQC) is 82% of premises that have been inspected. 16 homes are single owner homes, 17 are owned by providers with a national

presence and the remainder are smaller providers with a number of homes in the North West area. 66% (42) of homes are registered with a provider who is based in Stockport.

4.3. Joining together on a framework approach will provide alignment of prices between Health and Adult Social Care. With the overall market value equating to c£60m the aim is to provide stability in the market and a singular focus on quality improvement, risk management and value for money. However providers have experienced significant financial pressures through additional costs and reduced levels of income due to the COVID-19 Pandemic; this impact is likely to affect fee increases in 2022 as will the recent announcements on funding arrangements which will impact on salaries and staff costs.

5. CCG Commissioned Care Packages

Total number of packages	Funded Nursing Care (FNC)	Nursing Care
568	285	283

5.1. The FNC numbers represent a reduction of c.8% on numbers at the same point in 2020, which is a temporary impact of the COVID-19 pandemic. It is anticipated that numbers will increase back to pre-pandemic levels during 2021 (310).

5.2. Continuing Healthcare package numbers have remained the same when compared to March 2020, however the proportion which are fast tracks increased from c.18% (50) to c.25% (70) demonstrating the impact of patients rapidly deteriorating or entering a terminal phase.

5.3. The average length of commitment for NHS patients in care homes has been approximately 18 months.

5.4. In 2019/20 the CCG spent at total of £16.202m on CHC (£12.0801m) and FNC (£3.401m).

5.5. In comparison SMBC spend £45.392m in 19/20 and commissioned:

Total number of Council Commissioned Care Home Residents (April 2021)	Residential Care	Nursing Care
853	622 (73%)	231 (27%)

5.6. The average length of stay of residents is just over 2 years.

6. Local Context & Aims

6.1. The planned approach of a Residential and Nursing care services framework via a joint commissioning arrangement with Stockport Council will be for a term of up to 5+2 years and accreditation awarded to providers carries no guarantee of business during that time.

6.2. The proposed FPS approach will provide commissioners with the opportunity to:

- Support more cost-effective package costs and enabling more effective use of existing capacity in the wider social care and health workforce.
- Shape care markets sustainably with providers. Using their vision and creativity to move beyond traditional services and to implement principles of person-centred care and an enabling approach to service delivery.
- Facilitate prompt discharges from Stockport FT and rapid response to changing demand.
- Deliver a consistent approach to commissioning residential and nursing placements across health and social care in Stockport, ensuring a single voice from statutory leadership and commissioners.

6.3. Primary Scope
- Care homes
- Transitional care (e.g. Intermediate Tier)
- Specialist Care (Dementia)

6.4. Not within primary scope
- Mental Health focused provision (Sec 117)
- Provision focused on people with learning disabilities

6.5. Under this arrangement, commissioners will be able to draw down contracts of any duration for individual placements such as for CHC provision as well as hold rapid mini competitions under the terms of the framework. The providers who are accredited to the framework will be able to bid for block contracts for needs such as respite beds, winter pressures or intermediate tier provision.

6.6. The framework will also enable greater flexibility and speed if there is a need to tender at short notice, for example due to COVID-19 or similar pressures, and to do so in compliance with legal requirements in relation to procurements.

7. Process for procurement

7.1. The Council will lead the tender process on behalf of both organisations, following a robust process in line with the Public Contracts Regulations (2015) Light Touch regime. The procurement approach proposed is a flexible purchasing system under regulations 74-76 of the Public Contracts Regulations (PCR). Due to the contract value a fully compliant tender based on the EU directives which have been incorporated into the UK legislation will be followed.

7.2. Advertising and market engagement for the tender will seek to stimulate the market and should secure bids from those providers able to meet the requirements to apply to the framework. The procurement approach should enable commissioners to seek a good geographical coverage of beds across the locality.

7.3. Providers will be selected based on key business information, current Care Quality Commission (CQC) registration status and evidence provided through a quality self-assessment. Providers with an 'Inadequate' rating with CQC will not be able to apply to the framework. However, such providers will be able to resubmit an application when their CQC rating has improved.

7.4. In addition to the initial opening of the framework, providers will be able to apply to the framework every 3 months as a minimum (in the lifetime of the framework) or where the commissioners choose to open the framework.

7.5. The FPS will be an electronic system set up to enable commissioners to procure care services in a way that complies with both the Care Act 2014 and the relevant Continuing Healthcare Legislation and also complies with the Public Procurement Regulations 2015, to enable a fair and transparent system of sourcing suppliers and ensuring service user choice is respected.

7.6. The commissioners will then be able to call off the FPS selected suppliers list in accordance with the procedures set out in the tender and contract documentation.

8. Timeline

8.1. There is a dovetailing governance approval process ongoing within Stockport Council, mirroring this paper, as part of the commitment to furthering collaboration between health and social care commissioning partners.

Indicative Date	Activity
To November 2021	Market Engagement
November 2021	Tender publication
November 2021	The Chest (Procurement Portal) provider support session
January 2022	Closing date for submission of tenders
February 2022	Tender Evaluation
February – April 2022	Award of Joint Commissioning Framework allowing rapid mini competitions to begin
April 2022	Joint Commissioning Framework for residential and nursing care beds commences

9. Block Contract Commissioning in Care Homes

9.1. The proposed FPS will enable commissioners to run mini-competitions for providers who are accredited to the framework for any purpose but it is intended to be used to commission Intermediate Tier beds and to provide short term capacity as demand varies and as part of the local strategic response to system pressures.

9.2. In the immediate short term while the framework is being established there will need to be some interim collaborative commissioning arrangements to ensure that there is sufficient high quality and value capacity to meet current pressures being faced within the system, often on a spot purchase basis.

9.3. Block contracts are advantageous in that they maximise commissioners' ability to manage spend and bed availability and be less reliant on spot-purchased beds where there is less control financially and in terms of quality assurance. In addition, block and framework contracts will also place obligations on the provider to achieve specified quality of care outcomes, support system flow and admission avoidance.

9.4. The CCG's contract with Bramhall Manor Care Home (71 beds for Discharge to Assess) is due to expire in March 2022. Future Intermediate Tier bed requirements are in the process of reaching agreement and can be met directly through the FPS, rather than embarking on a full-scale open procurement process which is time consuming and costly.

9.5. The service description for the Intermediate Tier beds is being finalised in preparation for discussion during the market engagement programme which has been ongoing since July. The aim being to encourage a range of appropriate providers to apply to the Framework as soon as it opens. Engagement of the relevant system and service leaders in the planning, procurement and mobilisation of the new arrangements will aim to avoid any service disruption.

10. Proposal for Domiciliary Care provision

10.1. Current domiciliary care provision is arranged on an individual basis by the CCG and is subject to variable rates which are not aligned to the equivalent paid by SMBC to the same providers.

10.2. The Council holds an existing Ethical Home Support framework for domiciliary care which already contains many of the organisations commissioned separately by the CCG but also expands the range of providers available. This framework expires in 2028 after final extensions.

10.3. It has been agreed that due to the value of the likely uptake by CHC this framework can be varied to include CCG commissioners and a new framework is not required to be established. This will enable commissioners across Health and Social Care to purchase domiciliary support consistently, from the same framework, managing the market and driving continual improvement and best value locally.

10.4. As this is not a procurement the variation can be enacted by early December 2021.

11. Recommendations

The Governing Body is asked to:

- **AGREE** the recommendation of the Finance, Performance and Delivery Committee to commence a tender process to put in place joint dynamic framework arrangements for the commissioning of Care Home beds; and to their recommendation to vary the existing SMBC framework for Domiciliary Providers

- **NOTE** the position in relation to the Bramhall Manor contract expiry and the development of the Intermediate Tier requirements.

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Audit Committee Report for the period to October 2021

Achievements/Decisions Made/Items to Note

Since the last written report to the Governing Body, the Committee has met once: on 5 October 2021.

The Committee has a series of standing items on the agenda which are received and scrutinised by members:

Corporate Governance
The Committee received updates on the CCG's governance arrangements, including Governing Body Assurance Framework and high-level Risk Register; an update on ICS preparations and the development of the Section 75 action plan The Committee also received and reviewed updated Detailed Financial Polies which were approved.

Internal Audit
The Committee received an Internal Audit Progress report from MIAA in respect of the progress made against the Internal Audit Plan for 2021/22, which noted that since the last update, three reviews had been finalised: the Data Security and Protection Toolkit; the Workforce Strategy and Resilience; and The Governing Body Assurance Framework.

External Audit
The Committee was provided with assurance through the External Auditors Annual Report for 2020/21 and a review of the CCG's response to any external audit findings. The Committee also discussed preparations for the year end transition and are keen to help ensure that the CCG is able to manage year end at the transition to the ICB.

Anti-Fraud
The Committee was provided with a report which set out the anti-fraud activity which had been undertaken during the period of April – September 2021.

Finance Reports
The Committee was presented with the CCG's routine financial update, which included a report on the CCG's financial position for the period to 31 August 2021. The Committee noted the meeting under the Urgent and Emergency Powers provisions of the Constitution on finances and endorsed the need for the organisation to accelerate its work to reduce the baseline deficit in preparation for the ICB budget, but recognised that efforts in this financial year have so far prevented the organisations deficit from worsening. Information was also shared regarding the standard financial reports, including any losses or special payments (none); two outstanding debts of more than £5,000 outstanding for more than 30 days; and the registers for waivers and sealing.

In addition to the standing items, the following items were covered by the Committee during the meeting:

Laptop Housekeeping report
A report was provided to inform Audit Committee of a housekeeping exercise which had been undertaken by GMSS and the CCG to identify devices already deployed to CCGs and GP Practices that were not being used and get them reconnected to the corporate network and back in use where possible. This report highlighted previous weaknesses in systems provided for the CCG and the need to write-off a number of laptops with an approximately value of £6,500. Assurance was provided that data was secure and that no business impact has resulted.

Committee Effectiveness Report
Members of the Committee were presented with a report which provided the results of the Committee Self-Assessment survey. The questionnaire was based upon checklists within the HFMA NHS Audit Committee Handbook. Committee members were asked to consider the effectiveness and 'fitness for purpose' of the Committee's functions.

The Committee also discussed the effectiveness of our Internal and External Audit providers as part of the routine quality assurance process.

Key Issues for the Governing Body

- Members noted the internal and external audit and the anti-fraud updates and discussed preparations for

the 21/22 year end.

- Members noted the financial updates and endorsed the CCG making best efforts to identify how to reduce basline deficit for the 22/23 year and deliver the necessary budget reductions expected in H2.
- Members noted the governance updates

Key Information:

Committee Chair: Phil Winrow, Lay Member
CCG Lead: Michael Cullen, Chief Finance Officer

Matters referred to the Governing Body for approval, debate or further consideration:

None

NHS
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Clinical Commissioning Group

Primary Care Commissioning Committee Report for the period to October 2021

Achievements/Decisions Made/Items to Note

Since the last written report to the Governing Body, the Committee has met once on 18 August 2021.

The Committee receives a regular update at each meeting on issues affecting Primary Care and the notification of any regular Greater Manchester or national reporting programme, including the pressure on services resulting from Covid.

In addition to these items, the committee received updates for information or assurance on the following:

Vaccination Programme Update
Committee members noted an update on Phase 3 of the winter vaccination programme, which included reference to the influenza (flu) vaccinations and Covid booster jab. It was noted that the programme of work would commence in September 2021 through a collaborative approach across the Stockport system.

National GP Patient Survey
Members were provided with the findings following the National GP Patient Survey, which indicated that primary care in Stockport is equal to or better than the national average across every area of the survey.

Greener NHS
Members received a presentation following the publication of the October 2020 strategy *Delivering a `Net Zero' National Health Service* with an aim of accelerating a response to climate change and improving health and patient care and reducing health inequalities. Discussion in the meeting focused on how General Practice could support the implementation of any suggested changes.

Finance Report
The Committee received a Finance Report for the period ending 31 July 2021, which highlighted that the CCG was reporting an adverse variance of £0.449m for H1 2021/22, and that the Primary Care Delegated Commissioning plan had been revised in line with the H1 2021/22 allocation of £22.556m.

Committee Effectiveness Survey
Members received a brief update on the anonymous self-assessment survey and noted out that an annual review of the Committee's effectiveness is included in the terms of reference.

Key Issues for the Governing Body

- That the Committee noted the updates provided

Key Information:

- **Committee Chair:** Peter Riley, Lay Member
- **CCG Lead:** Mel Maguinness, Director of Integrated Commissioning

Matters referred to the Governing Body for approval, debate or further consideration:

None

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Finance Performance and Delivery Committee Report for the period to October 2021

Achievements/Decisions Made/Items to Note

Since the last written report to the Governing Body, the Committee has met once: 29 September 2021.

The Committee has a series of standing items on the agenda which are received and scrutinised by members:

Finance Report
Members were provided an update on the financial position for the period ending 31 August 2021. The report provided the Committee with an overview of the CCG's performance in context of the financial regime that NHSE/I has put in place during the period 1 April 2021 to 30 September 2021 (H1) in response to COVID-19.

Members also received a report which provided an update on the financial arrangements for the last six-months of the 2021/22 financial year (H2) and outlined the proposed governance in the absence of H2 planning guidance.

Long-Covid Pathway
The Committee was presented with the CCG's Long-Covid funding plan, and approval was sought from members to sign the MOU permitting the transfer of funds from GM to support the plan delivery.

Members agreed and recommended to the Governing Body that the CCG should sign the Greater Manchester (GM) Memorandum of Understanding to release the additional funding into the economy for Long-COVID support.

Integrated Performance Report
The Committee received the Integrated Performance Report which summarised the CCG's performance up to the end of July 2021. Data was provided to members on performance, service and quality and additional information was shared regarding the restoration and delivery against the final H1 plan.

Procurement Update
Members received a report which provided an update on the GM contract and procurement approach for the ICS transition, and made recommendations for contracts requiring endorsement and support with a financial value totalling £31.860m. The recommendations aligned to the GM contract principles recently adopted. The report also addressed other contractual commitments requested of the committee.

In summary, the Committee:

- Noted the GM Contract Review Group update
- Endorsed the proposals as set out for co-ordinating and co-commissioner contracts and grants requiring application of the agreed GM contract principles and recommended these to the Governing Body where applicable
- Endorsed the Direct Awards for:
    - Homeless and Healthcare Service to Mastercall Healthcare
    - The Early Help and Wellbeing Service (SHINE) to Beacon Counselling
- Endorsed and recommended to the Governing Body:
    - the proposal to commit up to £945,000 to be pooled using a s.75 agreement over the 7 year period for the Help at Home (WIN) service
    - the Direct Award for the continuation of the CURE programme (Smoking cessation) to Stockport FT
- Noted the Direct Award to Mastercall for 1 month to 30th September 2021.
- Noted the proposals of the ophthalmology contracts (SpaMedica and Optegra) to increase capacity in cataracts and endorsed the Direct Award to become co-commissioner to the SpaMedica contract.

Urgent Treatment Centre
Members were provided a report which sought their approval of the strategic direction of the Urgent

Treatment Centre service and their agreement that Stockport Foundation Trust should have lead provider status from 1 April 2022 based upon a full options appraisal and support from the Executive Board.

The Committee noted the report and recommended a two year direct award to Stockport Foundation Trust to act as lead provider for delivery of the UTC service for the local system to the Governing Body.

Care Home and Domiciliary Care Joint Frameworks
The Committee received a report which requested approval to proceed to initiate plans for a joint dynamic framework arrangement with SMBC for care home beds and to join (by variation) the existing framework arrangements for domiciliary care provision.

Members endorsed the proposal and recommended to the Governing Body the commencement of a tender process and establishment of joint framework arrangements for Care Home beds and for Domiciliary Providers.

Corporate Risk Register
Members received an update on the CCG's Corporate Risk register, relating to the risks owned by the Committee as at the end of September 2021. It was noted that there were 13 risks being monitored by the Committee, and two of those were classed as high level. Members were assured that the Finance, Performance and Delivery risks were being managed effectively.

Key Issues for the Governing Body

- That the Committee agreed and recommended to the Governing Body that the MOU to release the funding for Long-Covid support was approved by members
- procurement updates were endorsed and noted as outlined above
- That the Committee agreed and recommended to the Governing Body a two year direct award to Stockport Foundation Trust to act as lead provider for delivery of the UTC service for the local system
- That the Committee agreed and recommended to the Governing Body the commencement of a tender process and establishment of joint framework arrangements for Care Home beds and for Domiciliary Providers
- That the reports brought for assurance and information were scrutinised and noted by the Committee members

Key Information:

- **Committee Chair:** Peter Riley, Lay Member
- **CCG Lead:** Michael Cullen, Chief Finance Officer

Matters referred to the Governing Body for approval, debate or further consideration:

- Signing of the GM Long-Covid MOU
- The procurement updates
- The approval of the strategic direction of the Urgent Treatment Centre service
- The commencement of a tender process and establishment of joint framework arrangements for Care Home beds and for Domiciliary Providers.

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Planning & Commissioning Committee Report for the period to October 2021

Achievements/Decisions Made/Items to Note

Since the last written report to the Governing Body, the Committee has met once on 29 September 2021.

The meeting covered:

Update on Integrated Care System (ICS) developments

The Committee was provided with a brief update on progress surrounding the latest ICS developments from the Transition Board, including some key dates of note in the process and the commitment which has been made to staff.

Public Health Update

Members of the Committee received an update on the new vaccination programme from a public health-point of view and a forward plan for work to address the borough's inequalities through the 'Build Back Better' programme.

Winter Planning 2021/22

Members were provided an update and assurance on the progress and next steps for this year's system-wide winter resilience planning. It was noted that planning began in in June 2021 and had included all system partners and that the full winter plan would be signed off by the end of October/early November.

Care Home and Domiciliary Care - Joint Frameworks

A report was provided to the Committee with an update on progress on the proposals for framework arrangements for Care Homes and Domiciliary Care provision. Members were asked to support the proposals to put in place joint framework arrangements for Care Home beds and for Domiciliary Providers

ONE Stockport Health and Care Plan

The Committee received a report which provided members the opportunity to scrutinise the ONE Health and Care Plan, which will sit under the new Borough Plan - 'ONE Stockport'. The draft plan was agreed by members, and the paper was recommended to the Governing Body.

Long-Covid Pathway

The Committee was presented with a report, which set out the system-wide Long-Covid Steering Group's approach to Stockport's treatment and care plans, including proposed pathways, GP resources and Long-Covid Assessments.

Urgent Treatment Centre

Approval was sought from members for proposed the strategic direction of the Urgent Treatment Centre service. Members agreed that Stockport Foundation Trust should have lead provider status from 1 April 2022 based upon a full options appraisal and support from the Executive Board.

Contracts and Procurement Report

Members received a report which provided members with assurance around the CCG's planning activities. It set out the Greater Manchester (GM) contract and procurement approach and progress against the GM work programme.

Corporate Risk Register

Members received an update on the CCG's Corporate Risk register, relating to the risks owned by the Committee as at the end of September 2021. It was noted that were 8 risks in total and none of these were rated as high level risks. Members were assured that the Planning and Commissioning risks were being managed effectively.

Key Issues for the Governing Body

- That the reports brought for assurance and information were scrutinised and noted by the Committee

members
- That the Committee approved the proposed ONE Stockport Health and Care Plan
- That members endorsed the Executive Board decision to approve SFT as Lead Provider for the UTC

Key Information:
- **Committee Chair:** Phil Winrow, Lay Member
- **CCG Lead:** Mel Maguinness, Director of Integrated Commissioning

Matters referred to the Governing Body for approval, debate or further consideration:
- ONE Stockport Health and Care Plan

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Quality and Governance Committee Report for the period to October 2021

Achievements/Decisions Made/Items to Note

Since the last written report to the Governing Body, the Committee has met once on 29 September 2021.

Members received updates for assurance on items outlined below. In addition to this, Committee members approved three policies:

- Attendance Management Policy
- Non-Medical Prescribing Policy
- Policy for Writing Patient Group Directions

Corporate Risk Register

Members received an update on the CCG's Corporate Risk register, relating to the risks owned by the Committee as at the end of September 2021. It was noted that were 24 risks being monitored by the Committee, and two of those were classed as high level. Members were assured that the Quality and Governance risks were being managed effectively.

Equality Diversity and Human Rights

A report was received, which provided assurance on progress against the Equality Diversity and Human Rights Action Plan and outlined the Workforce Race Equality Standard (WRES) Data and Race Disparity Ratio plan and Six actions to improve inclusive recruitment and promotion practices plan for assurance.

Workforce Report

Workforce Information was also provided in a report which detailed potential and actual risks and positive indicators based on the CCG's current position.

CCG Staff Engagement Plan

Members also received an update on the actions within the Stockport CCG Staff Engagement Plan 2021/22 to support the delivery of the NHS People Promise.

2021 Mandatory vaccination review

A report was presented which provided assurance to the Committee of the CCG's compliance with the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 in order to ensure service continuity of Stockport CCG staff roles which require access CQC regulated care homes.

Data Security & Protection Toolkit Action Plan

Members received an update on an action plan which had been devised following the completion of an internal audit into the CCG's Data Security & Protection Toolkit.

Secondary Care Exception Report

Committee members were provided a report for assurance which summarised the information from the Trust's Integrated Performance Report and highlighted areas of concern. This included data on the A&E 4 Hour Target; 52 week RTT (specialist services/treatments); Cancer 62 Day RTT; Agency Spend and Staffing; and Falls.

SEND Update

Members received a report which provided an update on the actions taken to mitigate the impact of significant waits for CAMHS services in Stockport.

Complaints and Patient Experience update

A report was provided to the Committee outlining the Complaints and Patient Experience update for Q1. It included information regarding complaints; MP inquiries and concerns received; Regulation 28's received by HM Coroner and cases referred to the Parliamentary Ombudsman when complainants have been unhappy with the outcome or response to their complaints.

The report also contained an update on Patient Experience data and the requirements to return to pre-covid levels for data collection.

EPRR Core Standards Assurance (2021/22) and overview of updates to the NHS Stockport CCG EPRR Policy
A paper was presented to update the Committee on the EPRR Core Standards Assurance for 2021/22 and an overview of the updated NHS Stockport CCG EPRR Policy.

Key Issues for the Governing Body

- Note that the Committee approved the Attendance Management Policy; the Non-Medical Prescribing Policy and the Policy for Writing Patient Group Directions
- That the reports brought for assurance and information were scrutinised and noted by the Committee members

Key Information:

- **Committee Chair:** John Jolly, Secondary Care Consultant
- **CCG Lead:** Anita Rolfe, Executive Nurse

Matters referred to the Governing Body for approval, debate or further consideration:

None

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End of Documentation Pack