

Operational Plan

NHS
Stockport
Clinical Commissioning Group

2016/17



Our 5 Year Plans

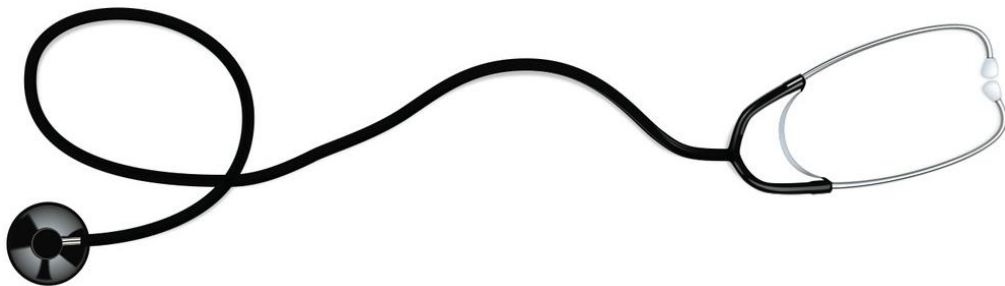
Our 5 Year Vision for Stockport

With our partners across the health and social care economy of Stockport, our vision is to provide a truly joined up, high quality, sustainable, modern and accessible health and care system.

The effective use of technology and data will help us to understand people and their health and care needs better and to provide the right advice and support to help them stay healthy for as long as possible.

Preventing disease or the impact of disease will be core to our services. When ill or experiencing one or more conditions the local services will work together with people to help them remain at home and independent without requiring a visit to or stay in hospital or residential care.

As a result of this work, people will be less likely to die young of treatable disease adding 1,000 years of life to the population of Stockport over the next five years, reducing health inequalities in the borough.



Our Strategic Aims

1. Transform the experience of children and adults with long-term and complex physical and mental health conditions
2. Increase the clinical cost effectiveness of elective treatment and prescribing
3. Ensure better prevention and early identification of disease leading to reduced inequalities and improved mortality
4. Improve the quality, safety and performance of local services in line with national and local expectations
5. Create a more sustainable primary care led and less hospitalised health care system

Our Strategic Objectives

1. Reduce unplanned hospitalisation by 17%
2. Improve the health related quality of life for people with long-term conditions to best in class
3. Improve access to mental health services, increasing IAPT services to 20% and extending young people's services up to the age of 25
4. Improve the efficiency of the elective system, including outpatients, by up to 30%
5. Reduce the number of avoidable hospital deaths
6. Increase patient satisfaction with all services to the top quartile
7. Reduce the number of years of life lost to causes amenable to healthcare by 1000
8. Narrow the gap in life expectancy across Stockport to single figures

This Operational Plan sets out our continuing efforts to deliver these aims and objectives during year 3 of our 5 year strategy.

Wider Context

Our plans sit within the wider context of changes at a national, regional and local level.

The NHS Five Year Forward View

This operational plan sets out what NHS Stockport CCG will do in 2016/17 to deliver the NHS's [five year transformation plan](#) to improve quality; standards for patients; to reduce health inequalities; to restore and maintain financial balance.

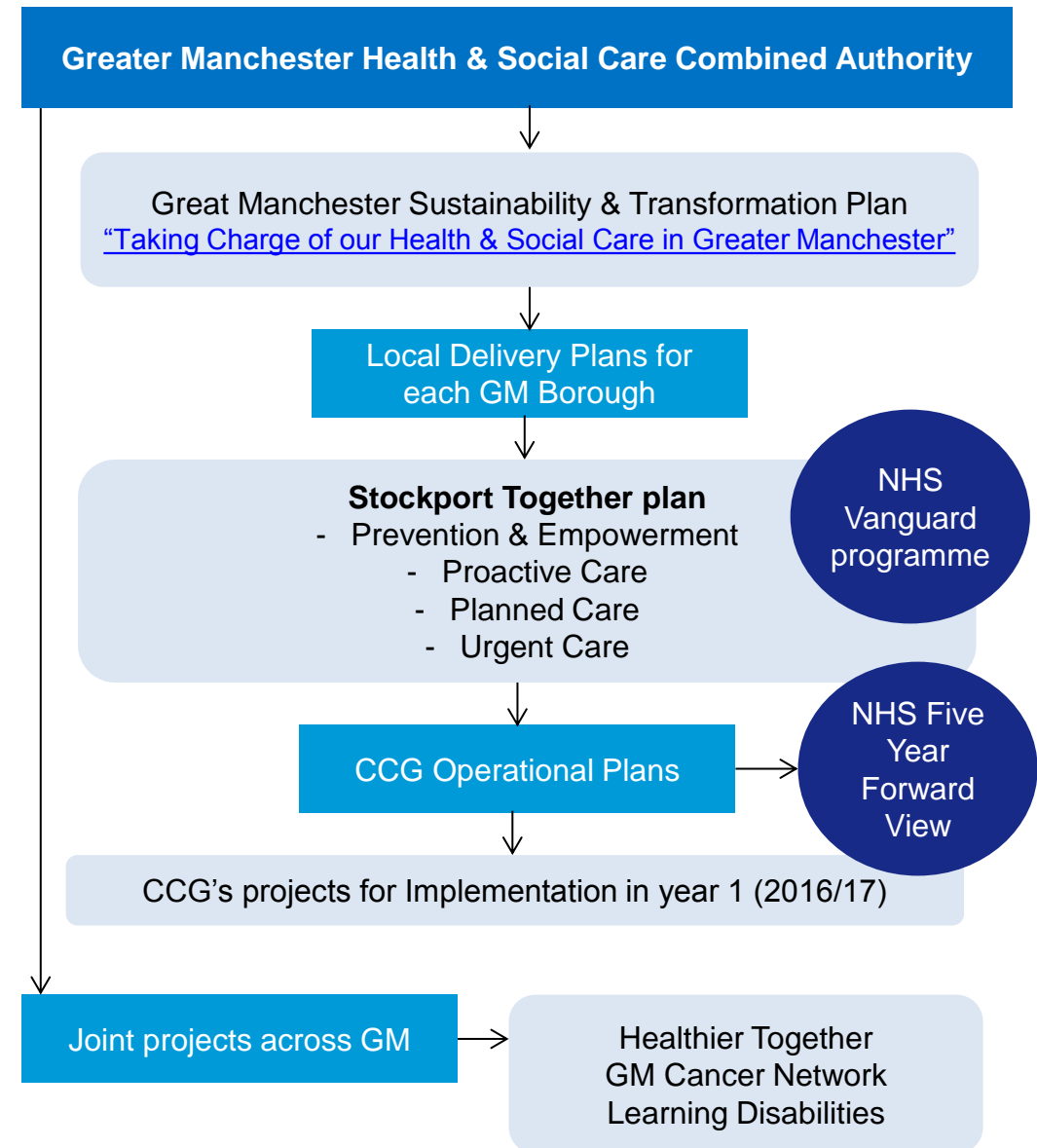
NHS Stockport CCG has been selected as a [Vanguard](#) site, to pilot a Multi- Speciality Community Provider (MCP) model of care which will help us bring about these changes at pace and offer a blueprint for other CCGs to adopt.

Stockport Together

With our partners across the health and social care economy of [Stockport](#), our vision is to provide a truly joined up, high quality, sustainable, modern and accessible health and care system. The operational plan is year one of our Stockport Together plans for this new system, under an MCP model.

Devolution in Greater Manchester

NHS Stockport CCG is an active partner in the devolved health and social care partnership for Greater Manchester, with our Chief Clinical Officer sitting on their Strategic Partnership Board. The 'Stockport Together' plan is the locality plan which will form our part of the [Greater Manchester 5 year strategy](#) – our local STP, including shared projects such as [Healthier Together](#).



Project Plans

Delivery of our strategic plans will be through the continuation of our existing projects under the CCG's eight Strategic Programmes. Project plans have been refreshed to respond to new NHS requirements and developments in the Stockport Together (Vanguard) and GM-Devo (STP) programmes. It should be noted that the CCG does not see these three elements as mutually exclusive, but as layers of one cohesive approach.

| Programme | | Project | Programme | | Project |
|------------------|---|----------------------------------|--------------------|------|--------------------------------------|
| Urgent Care | UC1 | Single Point of Access | New Models of Care | NMC1 | Stockport Together |
| | UC2 | Reform Acute ACS Pathway Project | | NMC2 | Better Care Fund |
| | UC3 | Systems Resilience Group | | NMC3 | Co-commissioning |
| Proactive Care | PRC1 | Care Planning Project | | NMC4 | Healthier Together |
| | PRC2 | Care Homes Management | | NMC5 | Estates |
| | PRC3 | Community Falls | | NMC6 | Workforce & OD |
| | PRC4 | End of Life Care | Quality | Q1 | Francis, Berwick & Winterbourne |
| | PRC5 | Modern Model of Integrated Care | | Q2 | Harm-Free Care |
| | PRC6 | Review Intermediate Tier | | Q3 | Early Diagnosis of Cancer |
| | PRC7 | Patient Education | | Q4 | Accountability & Assurance Framework |
| | PRC8 | GP Development Scheme | | Q5 | Mental Capacity Act |
| Parity of Esteem | PE1 | IAPT | | Q6 | Clinical Effectiveness |
| | PE2 | CAMHS | | Q7 | Patient Experience |
| | PE3 | ASD & ADHD | | Q8 | NICE Guidance |
| | PE4 | Dementia Care | | Q9 | Patient Choice |
| | PE5 | RAID | | Q10 | Prescribing Quality |
| | PE6 | Severe & Enduring Mental Health | | Q11 | Research & Innovation |
| | PE7 | Personal Health Budgets | Prevention | P1 | Health Chats |
| Planned Care | PLC1 | Maximise Adherence with EUR | | P2 | Access to Lifestyles |
| | PLC2 | New EUR Thresholds | | P3 | Immunisation & Vaccination Uptake |
| | PLC3 | Optimise Care Pathways | | P4 | Screening Uptake |
| | PLC4 | Reduce GP Referral Variation | | P5 | Know Your Numbers |
| | PLC5 | Improving Value for Money | Technology | T1 | Digital Services |
| | PLC6 | Long-Term Conditions Variation | | T2 | Integrated records |
| | PLC7 | Consultant-Connect | | T3 | Clinical Systems Maturity |
| QIPP / CIP | See page 13 for full list of QIPP / CIP plans | | | | |

Progress to date

Over the first two years of our Strategic Plan we saw significant progress in a number of areas, including:

Creating a more Sustainable, Primary Care-Led System

- development of the Stockport Together Partnership to transform health and social care;
- received national Vanguard status for our new model of care;
- no longer have half-day closures in any GP Practice in Stockport
- funded 145 additional opening hours each week in General Practice
- recruited 7 pharmacists to work part-time in Primary Care;
- Patient Education sessions in General Practice

Transforming the Experience of Patients with Long-Term Conditions

- tailored Care Plans for c 4,500 people with multiple healthcare needs to better manage their conditions (2% of over 18s);
- piloted an integrated neighbourhood team to help manage complex health and social care needs for the most vulnerable adults in the borough;
- real-time tests for asthma patients in Primary Care using video consultations;
- Care coordinators were recruited by 6 practices to manage LTCs

Reducing Unplanned Hospitalisation

- piloted the NWS Pathfinder Service to treat people on the spot rather than taking people to A&E unnecessarily;
- worked with local care homes to train their staff;
- reassigned GP cover to care homes to improve capacity and set up GP ward rounds, reducing unnecessary admissions to hospital of care home residents;

As a result...

- ED attendances have flat lined in Stockport compared to an increase of 2.2% nationally
- 277 less people were admitted to hospital with a Long Term Condition (LTC)
- 102 less admissions to hospital for people with COPD
- 202 less people admitted to hospital from a care home setting
- 6 practices have employed care coordinators - data suggest a reduction in readmissions within 30 days
- 7 additional pharmacists were recruited to work in Primary Care, taking the load off GPs and allowing them to spend more time with patients with long-term conditions
- over 50% of GP practices have increased LTC capacity through extended hours under the scheme
- Stockport practices are performing within the top quartile nationally for management of Long-Term Conditions

Improving Access to Mental Health Services

- increased local access to IAPT services from just 8% to the national standard of 15%;
- Stockport has already met the NHS's new NHS 18 week IAPT standard that came into force in April this year and making progress on the 6 week waiting time standards;
- extended access to CAMHS services from 16-18 years;
- set aside investment to commission additional community capacity for children and young people with eating disorders;
- has continued to invest in our Rapid Access service (RAID) to support mental health needs in urgent care services;
- worked with the Local Authority to open a residential scheme for adults with learning disabilities;
- supported the transfer of care from a hospital placement to the community for adults with learning disabilities and autism;

Ensuring Better Prevention

- over 2,000 downloads of a new Stockport health and care app;
- a successful hypertension campaign which saw 1,794 people tested and over a third referred to their GP for further action;
- trained over 30 non-clinical staff to take BP readings;
- ran a COPD awareness campaign, testing the 'lung age' of around 1,000 residents;
- invested in patient education courses for people with type 1 diabetes;
- we started training health and social care staff across Stockport to have *Health Chats* supporting healthy lifestyle changes;

Improving the Efficiency of the Elective System

- worked with our GP Practices to improve the quality of referrals, reducing the number of people referred who don't need any treatment or follow-up;
- launching a new scheme allowing GPs access to consultant advice before making referrals;
- reviewed 11 out-patient clinics and 27 pathways, resulting in the discharge of just over 1,000 patients from secondary care;
- all practices now offer online booking and access to records;
- following up from views in patient surveys, practices have reviewed phone protocols and introduced an admin email account to reduce DNAs

Improving the Quality, Safety & Performance of Local Services

- redesigned urgent surgery provision across Greater Manchester with Healthier Together;
- invested £875,000 in a new community IV service and £960,000 in Rapid Response services to support people out of hospital.

Improving Patient Experience

- an End of Life Care pilot which successfully tripled the percentage of patients (from 30-90%) who were able to die in the place of their choosing;
- improved satisfaction ratings in General practice by up to 6% on last year – with ratings above the England average

In light of these achievements and new requirements from the NHS, this document sets out our continued programme of change
1 April 2016 – 31 March 2017.

Activity Baseline

Activity Baseline

Forecast Outturn for 2015/16 is a profiled forecast based on Month 8 SUS data (November 2015). This is in line with planning at our main provider, to ensure consistency in planning figures.

Over 2015/16 the CCG has made significant progress, through a range of QIPP schemes, in reducing the rate at which demand rises. As a result, work is underway with our local foundation trust to move in 16/17 from PbR to a capitation contract based on population outcomes.

| 2015/16 Forecast Outturn by Provider | EM2: Consultant Led First Outpatient Attendances (Total activity) | EM3: Consultant Led Follow-Up Outpatient Attendances (Total activity) | EM4: Total Elective Admissions (Spells) (Total Activity) | EM5: Total Non-Elective Admissions (Spells) (Total Activity) | EM6: Total A&E Attendances |
|--------------------------------------|---|---|--|--|----------------------------|
| Central Manchester | 8977 | 28107 | 4726 | 2568 | 8540 |
| East Cheshire | 1079 | 2713 | 439 | 239 | 882 |
| IS providers – BMI | 2287 | 6430 | 1876 | | |
| IS Providers – Other | 3615 | 2919 | 398 | | |
| Other NHS Providers | 2659 | 1523 | 1160 | 1326 | 3030 |
| Pennine Acute | 229 | 507 | 68 | 97 | 546 |
| Salford Royal | 7914 | 14569 | 648 | 240 | 748 |
| South Manchester | 12641 | 34305 | 5379 | 4684 | 10263 |
| Stockport | 64856 | 151827 | 25338 | 37340 | 70945 |
| Tameside | 574 | 1169 | 177 | 229 | 947 |
| WWL | 158 | 540 | 124 | 24 | 37 |
| ALL PROVIDERS | 104,989 | 244,609 | 40,333 | 46,747 | 95,938 |

Constitutional Targets

The CCG aims to ensure that local patients benefit from the best quality care, meeting and surpassing targets set out in the NHS Constitution. Performance on these targets is monitored monthly by the Governing Body. Where standards slip, the CCG's Quality Committee works with service providers to develop improvement plans. Where issues are sustained contractual measures may be used, including financial penalties. Similarly, performance indicators and financial incentives are used to prioritise key areas for local people. The improvement programmes set out in this plan are also aimed to reduce demand on services and improve capacity to deliver high quality care.

| NHS standards | Target | Q3 | Improvement led by |
|------------------------------------|-------------------|--|------------------------------------|
| A&E waits | 95% | 82.1% | Stockport System Resilience Group |
| 12 hour trolley waits | 0 | 0 | |
| Category A ambulance calls | 75% 75% 95% | 74.7% 70.1% 92.9% | GM Urgent Care Network |
| Referral to Treatment times | 92% | 91.9% | Stockport System Resilience Group |
| Diagnostic waiting times | 99% | 97.6% | Manchester System Resilience Group |

| NHS standard | Target | Q3 | Improvement led by |
|--|--------------------------|--|-----------------------------------|
| Cancer waits (2 wks) | 93% 93% | 97.0% 94.9% | Stockport Cancer Board |
| Cancer waits (31 days) | 96% 94% 98% 94% | 98.6% 97.6% 100% 100% | Stockport Cancer Board |
| Cancer waits (62 days) | 85% 90% | 87.4% 100% | Stockport Cancer Board |
| Mental Health CPA 7 day follow up | 95% | 96.5% | Pennine Care Commissioning CCGs |
| 52 week waits | 0 | 3 | Stockport System Resilience Group |
| Mixed Sex accommodation | 0 | 0 | Quality Committee |
| Urgent ops cancelled twice | 0 | 0 | Quality Committee |
| C-Difficile | 7 | 30 | Quality Committee |
| MRSA | 0 | 3 | Quality Committee |

Improvement Trajectories

Improvement Trajectories

For our main acute service provider, Stockport NHS FT, the following improvement trajectories have been considered by the Stockport Systems Resilience Group and submitted to NHS Improvement.

Referral to Treatment Times

| | Baseline | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--------------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total pts waiting | 19,846 | 19,900 | 19,900 | 19,950 | 20,000 | 20,100 | 19,950 | 19,900 | 19,850 | 19,800 | 19,900 | 19,900 | 19,800 |
| Patients > 18 weeks wait | 1572 | 1,560 | 1,540 | 1,550 | 1,580 | 1,600 | 1,550 | 1,500 | 1,450 | 1,450 | 1,500 | 1,450 | 1,400 |
| | | | | | | | | | | | | | |
| Performance (%) | 92.1 | 92.2 | 92.3 | 92.2 | 92.1 | 92.0 | 92.2 | 92.5 | 92.7 | 92.7 | 92.5 | 92.7 | 92.9 |

Baseline data = end of January 2016 submission data

Assumptions - profile will follow previous years seasonal trend

Cancer 62 day wait

| | Baseline | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------|----------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total patients seen | 40.5 | 55 | 48 | 46 | 47 | 42 | 46 | 47 | 56 | 42 | 44 | 55 | 57 |
| > 62 day patients | 2 | 8 | 5 | 5 | 6.5 | 6 | 6 | 7 | 7 | 5 | 6.5 | 8 | 7 |
| | | | | | | | | | | | | | |
| Performance (%) | 95.1 | 85.5 | 89.6 | 89.1 | 86.2 | 85.7 | 87.0 | 85.1 | 87.5 | 88.1 | 85.2 | 85.5 | 87.7 |

Baseline data = December 2015

Assumptions - 1. Treatment values have been used as opposed to patients seen - to account for GM reallocation policy

2. Total treatment activity will match this years

Improvement Trajectories

Diagnostics

| | Baseline | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------------------|----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total pts waiting | 4,253 | 4,350 | 4,570 | 4,850 | 5,000 | 4,560 | 4,000 | 4,300 | 4,280 | 4,352 | 4,330 | 4,250 | 4,220 |
| Pts waiting < 6 weeks | 4,249 | 4,346 | 4,565 | 4,845 | 4,995 | 4,556 | 3,986 | 4,296 | 4,276 | 4,348 | 4,327 | 4,241 | 4,213 |
| | | | | | | | | | | | | | |
| Performance | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.9 | 99.7 | 99.9 | 99.9 | 99.9 | 99.9 | 99.8 | 99.8 |

Baseline data = January 2016

Assumptions - Assume similar waiting list size and performance next year.

ED – 4 hour wait

| | Baseline | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------|----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total attendances | 7,803 | 7,600 | 7,800 | 7,800 | 8,000 | 7,500 | 7,700 | 8,000 | 7,800 | 7,800 | 7,800 | 7,500 | 7,800 |
| Pts waiting < 4 hrs | 2,068 | 1,500 | 1,200 | 850 | 800 | 500 | 375 | 375 | 375 | 500 | 500 | 500 | 375 |
| | | | | | | | | | | | | | |
| Performance | 73.5 | 80.3 | 84.6 | 89.1 | 90.0 | 93.3 | 95.1 | 95.3 | 95.2 | 93.6 | 93.6 | 93.3 | 95.2 |

Financial Baseline

Financial Baseline

The table below sets out how funding was spent by sector in 2015/16 .

| Service areas | Forecast Exp 2015/16 £000s | % of Budget |
|-------------------------------------|-------------------------------|----------------|
| Hospital services | £226,238 | 59.17% |
| Mental Health | £31,394 | 8.21% |
| Community Health | £35,633 | 9.32% |
| Continuing Health Care | £16,436 | 4.30% |
| Primary Care (Incl. Prescribing) | £60,516 | 15.83% |
| Other Programmes | £6,184 | 1.62% |
| Corporate | £5,932 | 1.55% |
| Total | £382,333 | 100.00% |

The above 2015/16 forecast outturn is based on month 9 finance data which is based on the month the 8 activity (November) data as activity information is reported 1 month in arrears. The CCG is carrying forward an underlying deficit of c£8m into 2016/17.

CCG Budget 2016/17

For 2016/17 NHS Stockport CCG has received an **5.9%** uplift in funding , giving a budget of **£391.1 million**, plus the Primary Care Medical allocation £35.3m for in line with level 3 co-commissioning delegation plus running costs of £6.45m plus return of 2015/16 surplus £1.75m. Therefore in 2016/17 the CCG will receive a total allocation of £434.6 million

As a challenged health economy, with substantial financial pressures across the system, the focus of this uplift must be on meeting NHS Constitutional targets. Our financial strategy for 2016/17 is entirely aligned to the Stockport Together ambition in our Sustainability and Transformation Plan (STP).

Business Rules

In 2016/17 CCGs have a requirement under NHS England business rules to make a 1% surplus; to set aside a further 1% for non-recurrent uncommitted investment; and a 0.5% contingency fund. However, as a result of carrying forward a c£8m deficit into 2016/17 and the need to deliver against national priorities the CCG is unable to meet the 1% surplus business rule and is planning to deliver a 0.5% surplus. The CCG recognises that this will lead to a further assurance process and additional scrutiny in respect to the CCG plans.

National Priorities

In 2016/17 the CCG will invest in additional capacity to improve our performance around Mental Health; Referral to Treatment Times (RTT); Cancer; Urgent Care; and Learning Disabilities.

Investment

In 2016/17 the CCG's investments will be specifically directed at achieving national 'Must-Dos'. Further investments in our cross-economy transformation programme – Stockport Together – will be funded through our Better Care Fund; the Vanguard programme; and the Greater Manchester Transformation Fund – separate to our 2016/17 allocations.

Quality, Innovation, Productivity & Prevention

To deliver against national priorities as well as meeting the NHS business rules will result in requiring a £16.6m QIPP programme . Our QIPP plans set out measures that will deliver both recurrent (£12.4m) and non-recurrent (£4.4m) savings, allowing us to invest in lasting change and move the health economy into a recurrent surplus. The CCG will benchmark its existing spend across all services, using the Right Care approach and the Lord Carter Review to identify further opportunities for efficiencies.

NHS Requirements

In December 2015, NHS England issued new planning guidance, including a range of new challenges for CCGs. Much of this challenge has been absorbed into our existing plans:

| NHS Requirement | CCG / Stockport Together Plans | Anticipated Additional Pressure |
|---|--|---|
| <p>Seven Day Working</p> <ul style="list-style-type: none"> Consultant Cover and diagnostics access at weekends (25% of country by Mar 2017) Enhanced Primary Care Access (20% of population by March 2017) | <p>Healthier Together</p> <p>Clinical Effectiveness</p> <p>GP Development Scheme</p> <p>GM Primary Care Strategy</p> <p>GP Federation</p> | <p>HT was due to be funded from the GM risk share investment.</p> <p>The plan funds the GP Development scheme on a recurrent basis</p> <p>In-year allocation for 7 day services</p> |
| Sustainability & Transformation Plan | Stockport Together | PMO costs to be funded through Vanguard funding as detailed within the Value Proposition submitted 8 Feb |
| <p>Return system to financial balance</p> <ul style="list-style-type: none"> Lord Carter provider productivity programme Agency Spend cap Right Care Programme | <p>FT projects (CIP / Sustainability Fund)</p> <p>Clinical Effectiveness</p> <p>Francis, Berwick project</p> <p>VfM re-procurements</p> <p>GP referrals</p> <p>LTC variation</p> <p>Outpatient review</p> | <p>This is a major financial risk to Providers and their ability to access the Sustainability & Transformation Fund and, therefore, a risk to system financial balance.</p> <p>The plan assumes that the CCG receives required funding as detailed within the Vanguard value proposition.</p> |
| Plan to address the Sustainability & Quality of General practice | <p>GP Development Scheme</p> <p>GP referrals project</p> <p>LTC Variation project</p> <p>Proactive Care programme</p> <p>Workforce development projects</p> <p>Neighbourhood teams</p> <p>GP Federation</p> <p>Digital Services</p> <p>Clinical Systems Maturity</p> | <p>The plan funds the GP Development scheme on a recurrent basis</p> <p>Investment in Primary Care estate to enable delivery of schemes</p> <p>*a full break down of CCG spending on Primary Care can be found on P24</p> |

NHS Requirements

| NHS Requirement | CCG / Stockport Together Plans | Anticipated Additional Pressure |
|---|--|--|
| Urgent Care <ul style="list-style-type: none"> Access Standards for A&E Category A Ambulance waits | Systems Resilience Group ACS pathways Front end of A&E | SRG budget of £1.9m fully committed. NWS investment of £0.5m made in 2015/16. Need to ensure benefits of investment are fully realised in 2016/17 Full resource implications unknown until Stockport Together develop Urgent Care business plan. |
| Referral to Treatment | Quality projects Constitution projects Consultant connect | Will require us to commission additional capacity (c.1,500 electives) at a cost of c£1m to meet the 92% target and ensure future sustainability by reducing the growing backlog. |
| Cancer standards | Quality projects Constitution projects Early diagnosis project | Will require additional capacity for diagnostics and 2 week waits costing c£250k |
| Mental Health access <ul style="list-style-type: none"> 50% target for Early Intervention in Psychosis 95% IAPT 18 week target 75% IAPT 6 week target 66.7% dementia diagnosis rate | Early Intervention in Psychosis IAPT project Dementia Care project | investment of £2.2m in line with the Parity of Esteem business rule |
| Learning Disabilities | GM plans Winterbourne View project ASD & ADHD | Investment of £400k set aside |
| Improvements in Quality | Harm-free care project Accountability framework Clinical effectiveness project Patient Experience project | No cost implications from these projects |

Activity Forecast

Planning Assumptions

The CCG starting point assumes a maximum risk of 3% of growth across all services. This has then been adjusted for:-

- the impact of changes that are already in place (eg ED attends have reduced with a significant reduction in admissions from care homes – this is linked to our efforts in primary care, care homes, social care and community services development).
- the impact of policy, for example with regards to cancer.

We acknowledge that growth will happen, given the changing demographics and health needs in our community. But while need may increase, demand will be limited by better protocols and supply will be managed through use of the independent sector at a better cost to the taxpayer.

Over the past two years Stockport has undertaken a huge amount of work with our partners to reduce unnecessary referrals into secondary care and to create effective community services that pull people out of hospital, reducing length of stay. We are starting to see the impacts of this work at Stockport FT, with reductions in both electives and non-electives but changes to electives are primarily a result of capacity constraints.

We will continue to develop our existing deflection schemes across the health & social care economy, including:

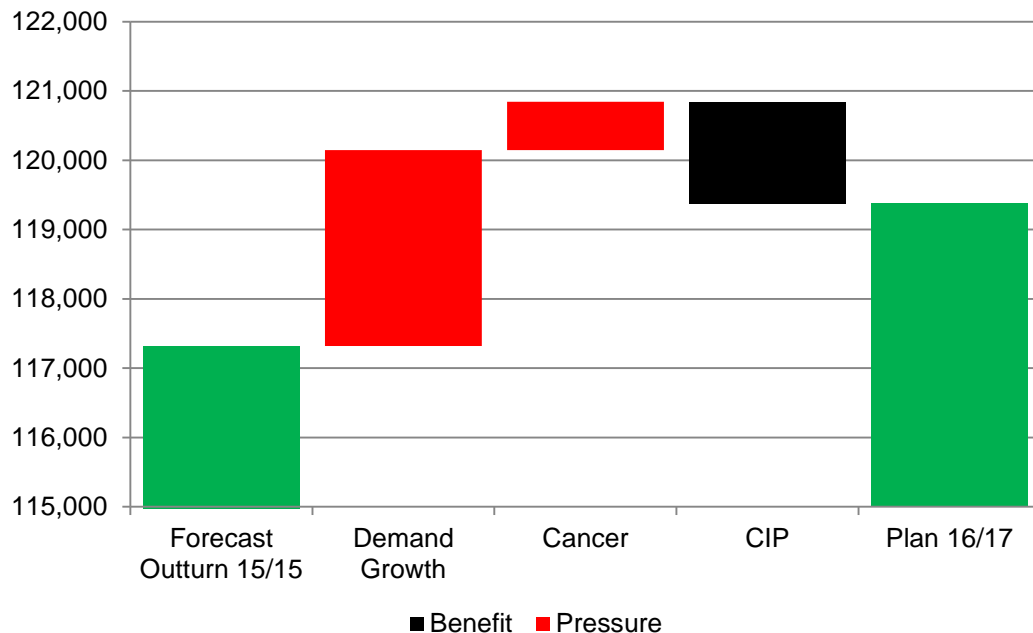
- Improved referral management
- Stronger application of 'fit for treatment' thresholds
- Increased proactive care to reduce the use of urgent care services
- Better management of emergency presentations at ED to reduce unnecessary admissions to hospital
- Reduction in prescribing waste.

| Code | Activity | 2015/16 Activity (Forecast Outturn) | 2016/17 Activity (Plan) | Growth Assumption (%) |
|--------|--|--|----------------------------|--------------------------|
| E.M.1 | Total Referrals (All Specialties) | 125,898 | 129,300 | 2.7% |
| E.M.2 | Consultant Led First Outpatient Attendances (Total Activity) | 104,085 | 106,862 | 2.7% |
| E.M.3 | Consultant Led Follow-Up Outpatient Attendances (Total Activity) | 260,270 | 266,573 | 2.4% |
| E.M.4 | Total Elective Admissions (Spells) (Total Activity) [<i>Ordinary Electives + Daycases</i>] | 40,817 | 41,835 | 2.5% |
| E.M.5 | Total Non-Elective Admissions (Spells) (Total Activity) | 46,510 | 46,797 | 0.6% |
| E.M.6 | Total A&E Attendances | 97,277 | 98,036 | 0.8% |
| E.M.13 | Endoscopy Activity | 12,486 | 13,110 | 5.0% |
| E.M.14 | Diagnostic Activity excluding Endoscopy | 142,160 | 152,111 | 7.0% |
| E.M.16 | Cancer Two Week Wait Referrals | 9,941 | 10,638 | 7.0% |
| E.M.17 | Cancer 62 Day Treatments following an Urgent GP Referral | 710 | 759 | 7.0% |

Activity Forecast

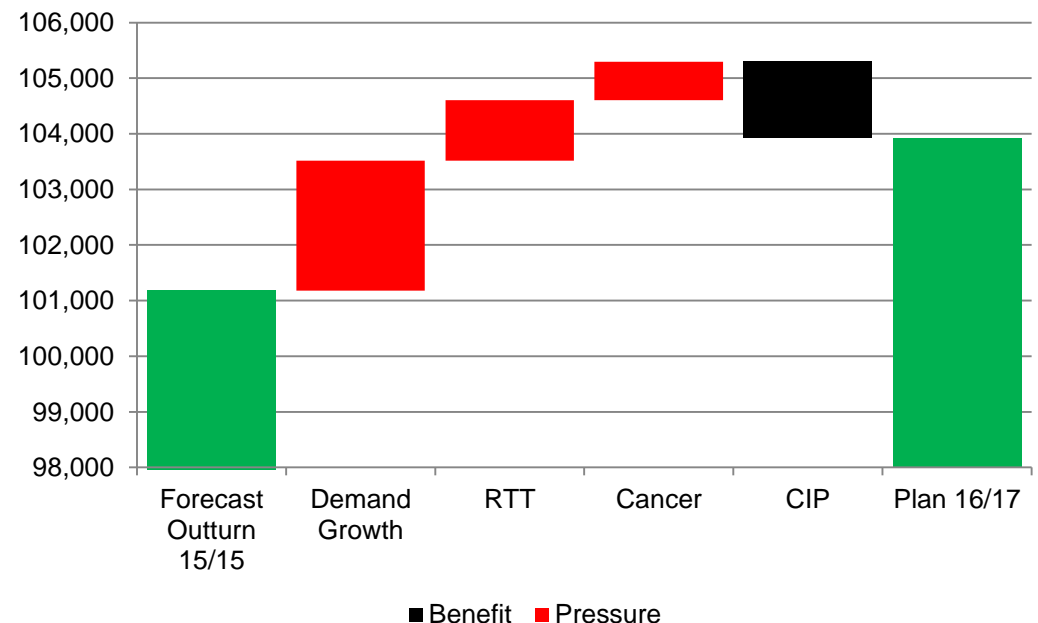
EM7: Total Referrals

As stated above, we anticipate a maximum risk of 3% growth across all providers. In line with national Must-Do policies, we are factoring in additional growth around Cancer. Our CIP reflects the difference between our plan for 16/17 and growth trends. This will be addressed through continued work in GP referral management, proactive service development through our BCF and Vanguard. We have also just piloted a consultant connect programme, which will provide access for GPs to discuss patients with consultants and make the best call re referrals. It is expected that this will remove unnecessary referrals and improve the quality of referrals, reducing consultant-consultant referrals in the acute.



EM8: Consultant-led First Outpatient Attendances

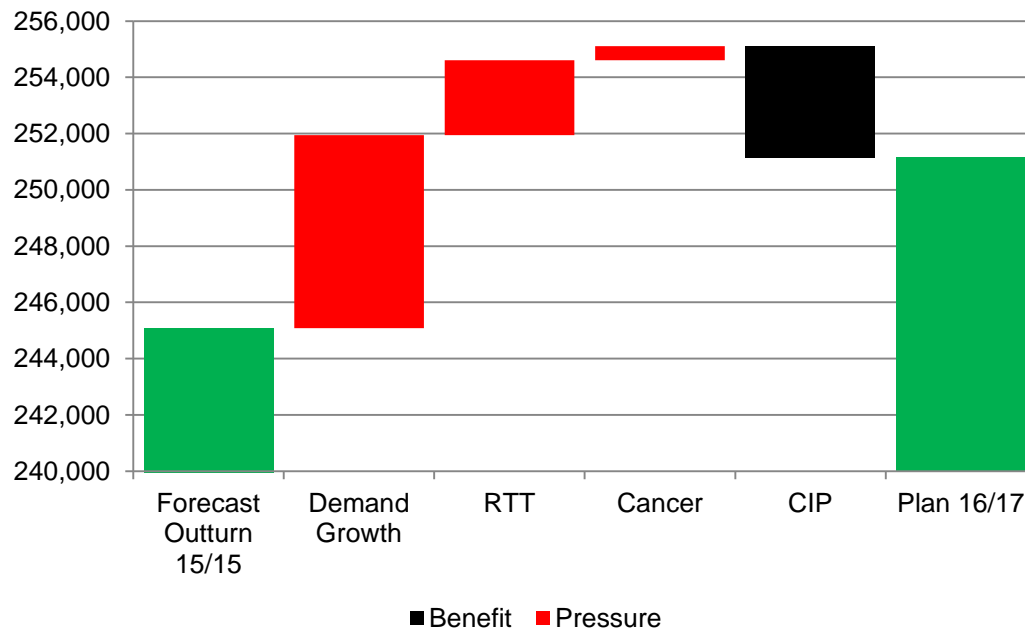
Again, we anticipate a maximum risk of 3% growth across all providers, given our negotiations with Stockport FT for a block contract based on 0% growth, which reflects local progress in referral management work with GP practices and investments in proactive community services. In line with national Must-Do policies, we are factoring in additional growth around Cancer and RtT. This would be additional commissioned work to reduce backlogs and improve performance on targets.



Activity Forecast

EM9: Consultant-led Follow-Up Outpatient Attendances

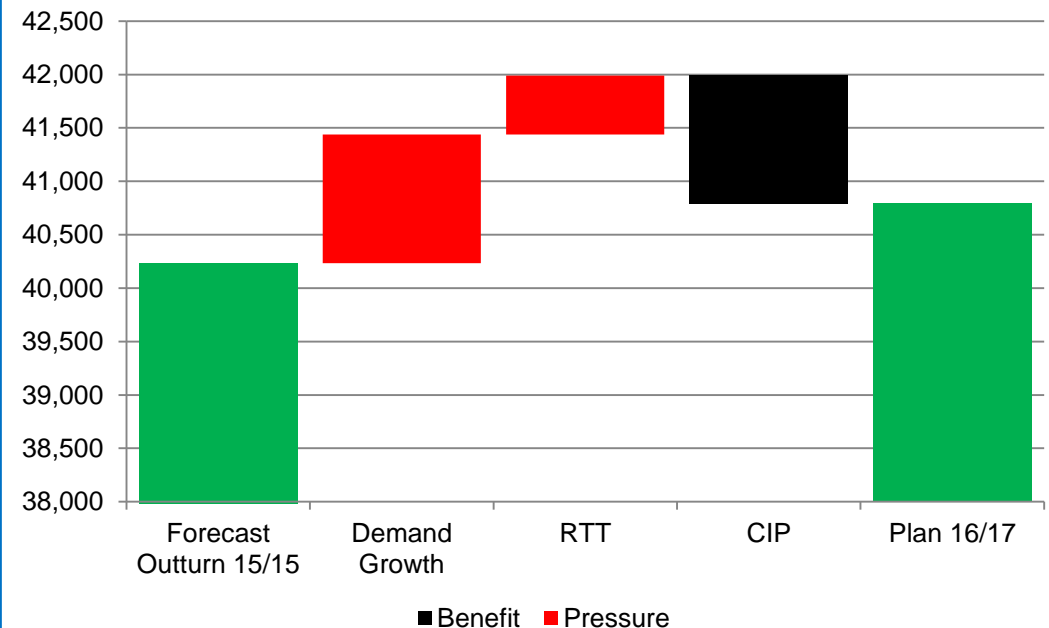
Again, we are expecting growth of 3%. We have factored in additional activity for Cancer and RtT national policy changes. Our CIP will be tackled through our investments in primary and community services to pick up follow-ups in the community. Through our Vanguard site, we have agreed with the local Trust that around 40% of follow-up appointments will be undertaken out of hospital.



EM10: Total Elective Admissions

As above, we expect around 3% growth and have budgeted for additional capacity around RtT in line with national policy.

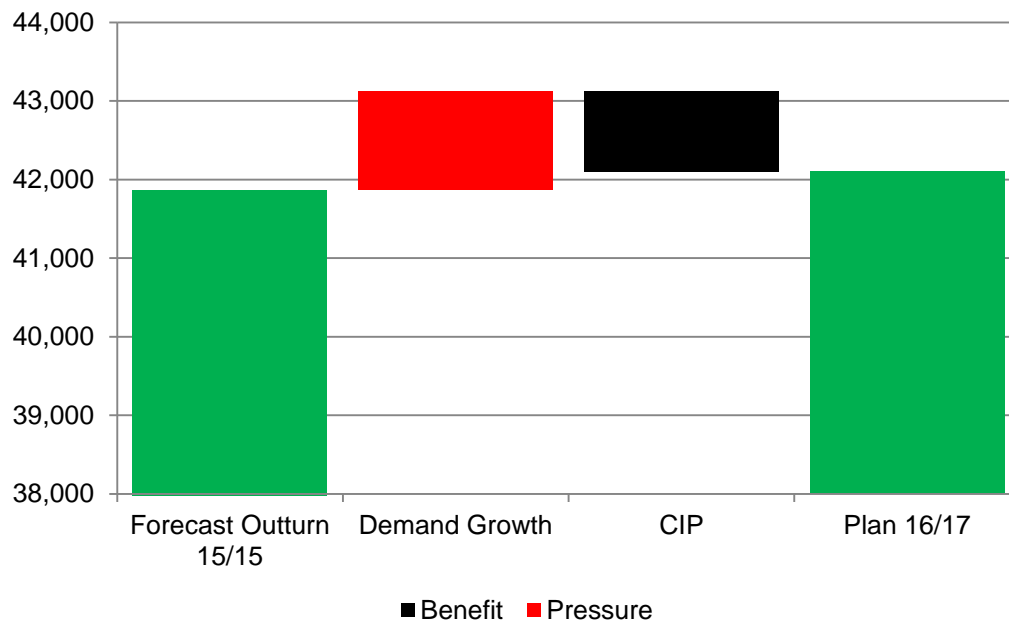
As mentioned in the narrative above, we expect the majority of growth (planned at 2.5% for electives) to happen through private providers such as the BMI and Optegra, where there is more capacity.



Activity Forecast

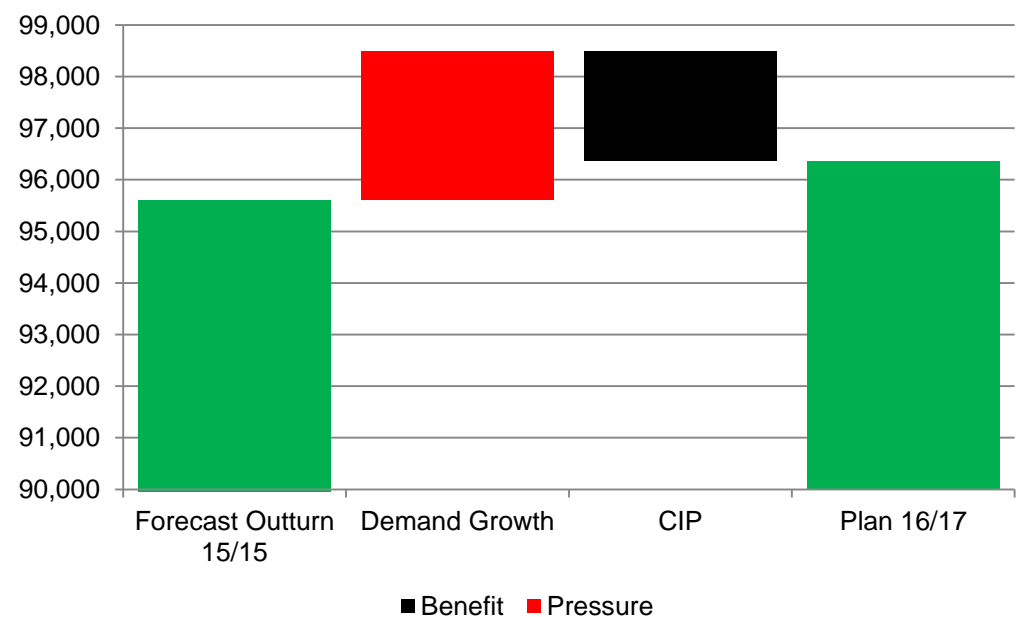
EM11: Total Non-Elective Admissions

Over the past two years investments in local transformation have started to realise a reduction in ED attendances, particularly from care homes, where patients have traditionally been more likely to be admitted. Our CIP reflects the fact that the vast majority of our patients are seen at Stockport FT, with whom we are negotiating a capitated block contract based on 15/16 activity – planning for 0.6% growth in NELs. We expect this growth to be higher at other providers, where there is no MCP in development. Work will continue in primary and community care to prevent non-elective attendances, and work will be undertaken to support the Trust to improve its internal processes and reduce the rate of admissions through the ED, where the trust is an outlier nationally.



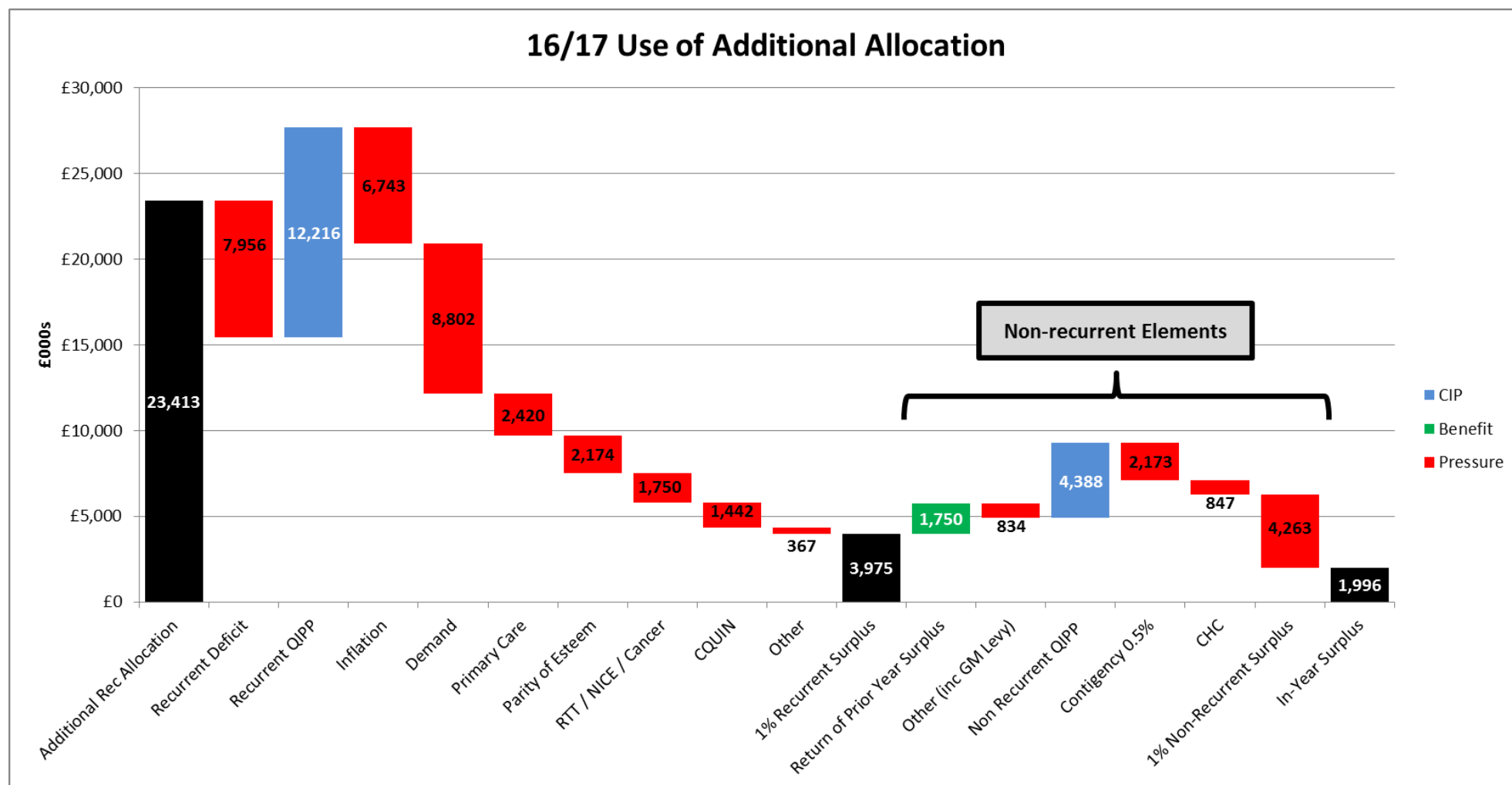
EM12: Total A&E Attendances

Again, we expect a maximum risk of 3% growth across the board. However, progress in our local schemes to improve proactive community services, develop GP care plans for vulnerable patients, support care homes with GP ward rounds and integrate the health and social care offer in the community have already resulted in reduced ED attendances at Stepping Hill Hospital from Stockport-registered patients. Our CIP reflects the fact that the vast majority of our registered patients attend the local acute, where we are negotiating a contract to flatline growth.



Use of 16/17 allocation

The waterfall chart below shows the additional allocation that the CCG will receive in 2016/17, and how our financial planning suggests it will be applied to various pressures. The blue 'QIPP' figures show the savings the CCG must make in order to deliver all of the NHS business rules and planning requirements (Must-Dos). It is estimated that this would require the CCG to make savings of £16.6m to deliver a 0.5% in-year surplus. The diagram below includes the impact of the Primary Care services which the CCG will co-commission from 2016/17 onwards.



Quality Innovation Productivity & Prevention

Given the changing demographics and health needs in Stockport, the CCG believes we must invest in long-term change that will create a sustainable system to meet local needs going forward. However, change comes at a cost.

NHS Stockport CCG has worked closely with our partners across the Stockport Health economy (Stockport NHS Foundation Trust, Stockport Council and Pennine Care) to develop a new, sustainable model of care that aims to prevent ill-health, and manage existing conditions in the community, reducing the reliance on emergency hospital care. Our joint plans take a five year approach, acknowledging that the financial benefits of this model will not be realised in the first two years.

Over the first two years, our efforts to manage referral variation and reduce unnecessary follow-up appointments have resulted in the stemming of growth. These schemes will continue to support the ongoing transformation of our health economy.

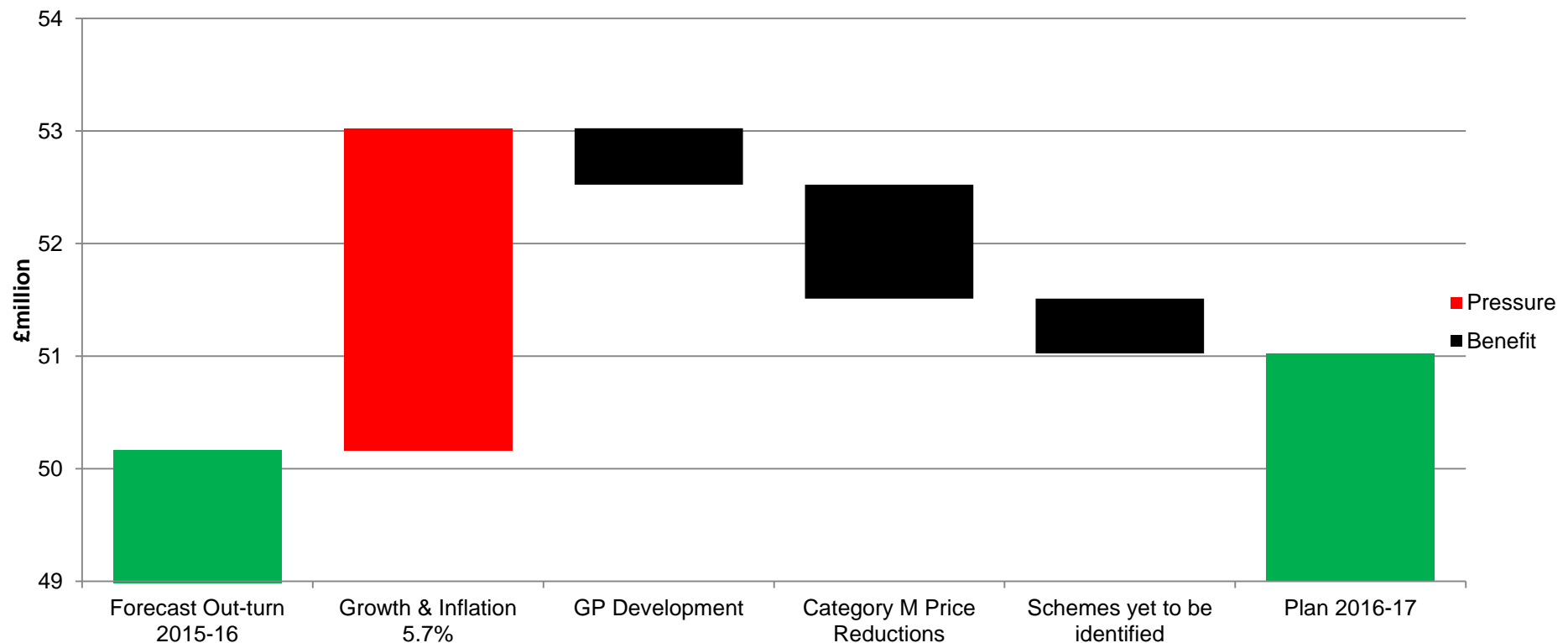
Our QIPP plans for 2016/17 include work to further reduce the cost of prescribing and financial income from last year's work on the Quality Premium.

Work will be taken to review areas of significant growth locally, such as dermatology and ophthalmology. In addition, work will be undertaken across Stockport Together to assess the recently refreshed Commissioning for Value Packs to identify further areas of efficiency and quality improvements using the Right care approach.

| Initiative | Saving | Risk Level |
|--|---------------|------------|
| Estates | £0.2m | ● |
| Prescribing | £2.0m | ● |
| Continuing Healthcare growth | £0.6m | ● |
| Stockport Together / Vanguard | £4.2m | ● |
| Re-procurements | £0.5m | ● |
| <u>Non-recurrent Income</u> | | |
| Quality Premium | £0.3m | ● |
| Balance Sheet | £0.5m | ● |
| <u>Amended Planning Assumptions</u> | | |
| BCF Risk Fund | £0.9m | ● |
| CQUIN reduced to 95% | £0.4m | ● |
| Slippage / pessimism bias | £1.5m | ● |
| Reserves w/o from 15/16 | £0.4m | ● |
| Unidentified CIP (Recurrent) | £0.9m | ● |
| Unidentified CIP (Non Recurrent) | £4.2m | ● |
| Total | £16.6m | |

QIPP Plan

Stockport has a strong record of achievement in medicines management, through work with both our GP practices and Trust colleagues. Over 2016/17 our Medicines optimisation team intend to continue this work to deliver a QIPP of £2m. £0.5m of this QIPP programme will come from our GP Development Scheme, which has started to deliver savings from the past two year's work. A further £1m will be realised through price reductions in Category M drugs. The final £0.5m QIPP saving will be delivered by schemes identified by the Medicines Optimisation team.



Schedule of Investments

Given the changing demographics and health needs in Stockport, the CCG believes we must invest in long-term change that will create a sustainable system to meet local needs going forward. However, change comes at a cost.

NHS Stockport CCG has worked closely with our partners across the Stockport Health economy (Stockport NHS Foundation Trust, Stockport Council and Pennine Care) to develop a new, sustainable model of care that aims to prevent ill-health, and manage existing conditions in the community, reducing the reliance on emergency hospital care. Our joint plans take a five year approach, acknowledging that the financial benefits of this model will not be realised in the first two years.

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| Initiative | Investment |
|------------------------------------|--------------|
| <u>Primary Care</u> | |
| GP Development Scheme | £1.5m |
| GP IM&T | £0.8m |
| GP Premises | £0.1m |
| <u>Mental Health</u> | |
| Mental health Parity of Esteem | £1.6m |
| CAMHS Transformation Plan | £0.6m |
| <u>Access</u> | |
| Additional capacity for RtT target | £1.0m |
| Additional Cancer demand | £0.3m |
| Impact of NICE guidance | £0.5m |
| <u>Other</u> | |
| St Anne's Hospice - usage | £0.2m |
| Weight Management | £0.2m |
| Greater Manchester Strategic Levy | £0.8m |
| CHC – national scheme | £0.8m |
| Total | £8.4m |

Right Care

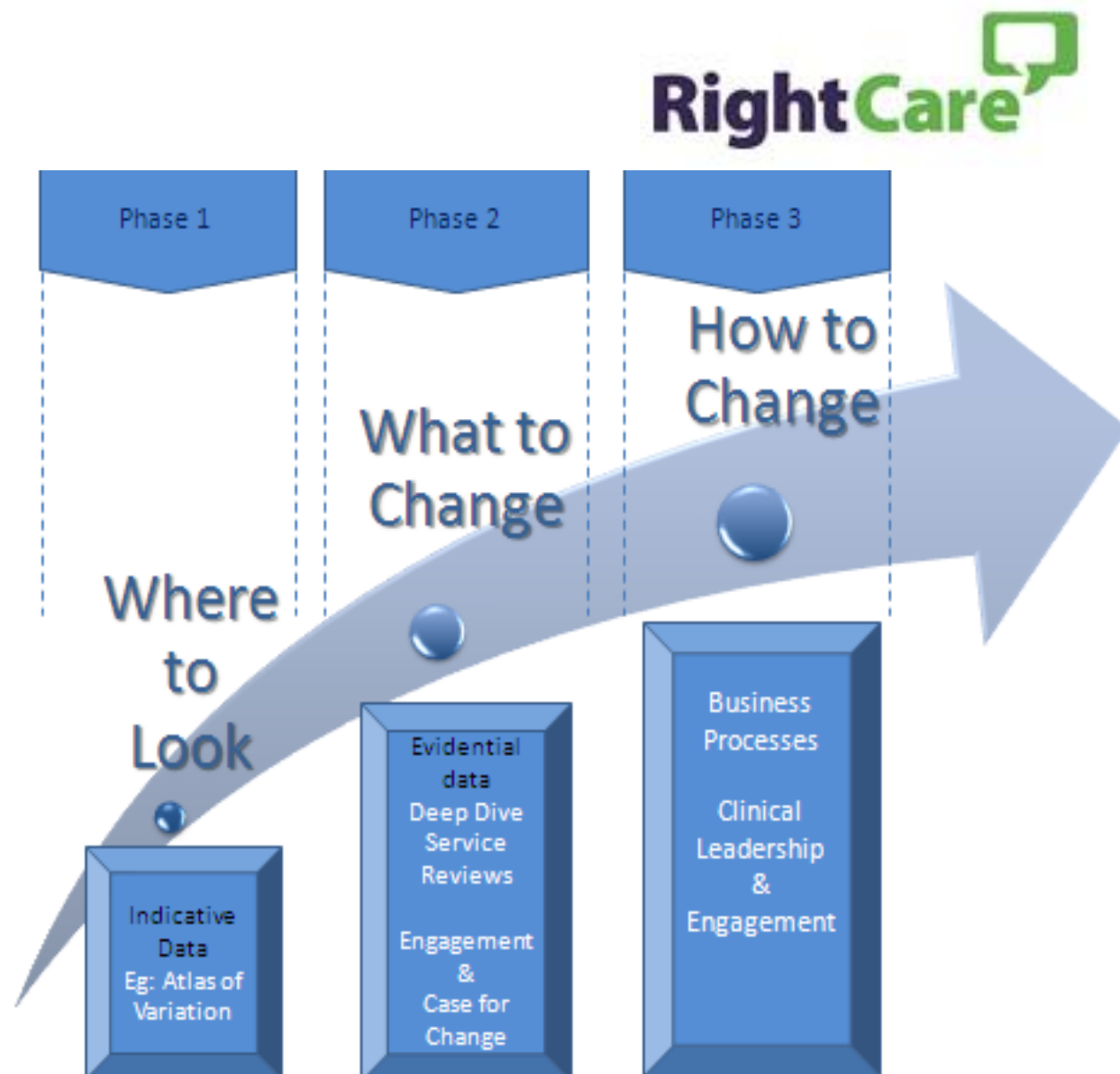
While the CCG was not part of the first wave of this programme, the Right Care approach is already embedded into the work of the CCG through:

- our clinically-led Vanguard programme – Stockport Together
- and Greater Manchester's Healthier Together Programme

both of which adopt the general principles of the Right Care approach by

- using benchmarking data to identify variation in terms of outcomes and cost (Phase 1 – where to look)
- harnessing clinical engagement as a means of identifying what to change (Phase 2 – what to change)
- Using the principles of effective quality improvement to undertake a process of change, backed by ongoing clinical engagement and strong clinical leadership (Phase 3 – How to change)

Over 2016, NHS Stockport will continue to work with partners across the local health and social care economy to assess the refreshed Commissioning for Value packs and feed any new plans or changes into our work across Stockport Together, GM-Devo and Greater Manchester's Healthier Together programme.



Commissioning for Value Packs

The NHS's Commissioning for Value packs compare the CCG with the 10 CCGs who have the most similar populations to Stockport:

- NHS Southend CCG
- NHS Wakefield CCG
- NHS Trafford CCG
- NHS St Helens CCG
- NHS Wirral CCG
- NHS Dudley CCG
- NHS North Tyneside CCG
- NHS Rotherham CCG
- NHS Solihull CCG
- NHS Warrington CCG

They then identify a range of areas where:

- the CCG spends more than its comparators
- the CCG has worse outcomes than its comparators.

This allows us to highlight the top priorities for transformation and improvement.

NHS Stockport CCG's highlighted areas for improvement are set out in the table below.

Over April and May, the CCG will work with colleagues in public health, business intelligence, finance, as well as clinicians from primary care, community services, mental health, acute care and the local authority to understand the reasons for these differences and develop transformation programmes to implement change.

| Spend & Outcomes | Outcomes | Spend |
|---------------------|---------------------|---------------------|
| Gastro-intestinal | Trauma and Injuries | Gastro-intestinal |
| Trauma and Injuries | Gastro-intestinal | Circulation |
| Neurological | Mental Health | Trauma and Injuries |
| Mental Health | Neurological | Respiratory |
| Cancer | Cancer | Neurological |

Better Care Fund

NHSE guidance indicates CCG required investment into a Better Care Fund (£19.3m for Stockport - £18.5m in 15/16) with the local authority.

The table below sets out how this funding is currently allocated.

| Better Care Fund Schedule | Value (£m) |
|----------------------------------|---------------|
| Adult Social Care Protection | 7.621 |
| Stockport Together Investment | 3.575 |
| Reablement | 1.204 |
| Rapid Response | 0.960 |
| Carers | 0.670 |
| Step Up / Step Down Beds | 0.650 |
| Complex Equipment | 0.630 |
| Care Homes | 0.500 |
| GP Enhanced Care | 0.475 |
| Mental Health – RAID | 0.400 |
| Mental Health – Adult ADHD / ASD | 0.200 |
| People Powered Health | 0.210 |
| Community Falls Service | 0.150 |
| Staff Capacity | 0.150 |
| Expanded Patient Education | 0.115 |
| Dementia | 0.050 |
| IM&T | 0.033 |
| NEL Contingency (P4P) | 0.917 |
| Total 15/16 | 18.510 |
| GP Development | 0.785 |
| Total 16/17 | 19.295 |

Section 75

In addition, Stockport CCG and our partners at Stockport Council have taken the step of increasing our integrated commissioning work through an extended Section 75 agreement which will pool our shared resources for health and social care services aimed at the over 65 population.

The purpose of this work is to increase the integration of services to deliver a seamless offer to the people of Stockport and, at the same time, reduce unnecessary waste through duplication of services and processes.

The venture will be governed by a new integrated commissioning board of 3 local Councillors and 3 CCG Board members.

In 2016/17 we will be pooling in excess of £200m through a section 75 agreement. It is intended that the CCG will host the commissioning functions and the Council will host finance.

Delegated Commissioning

As of 1 April 2016, NHS Stockport CCG will partner with NHS England to co-commission Primary Care services.

In 16/17 the Primary Medical allocation is £35.3m inclusive of a 3.6% uplift. As with the CCG budget, we must set aside 1% for non-recurrent investment held as uncommitted and a 0.5% contingency.

The table below sets out the proposed Primary Care budget 2016/17

| Primary Care Budget 16/17 | £000's | £000's |
|--|--------|----------|
| Allocation | | |
| Allocation including 3.6% uplift | | (35,279) |
| | | |
| Less Commitments | | |
| Contract Baseline 15/16 | 33,962 | |
| Uplift (2.8%) | 950 | |
| Premises Investment | 50 | |
| 1% Non Recurrent Investment* | 352 | |
| 0.5% Contingency* | 176 | 35,490 |
| | | |
| Primary Care Planned (Surplus) / Deficit | | 211 |

- NHS England Business Rules

Transformation

Our Strategic Aim is to shift provision of care in Stockport from the current, reactive system which is dominated by secondary care services, to a preventative and proactive approach supporting people to live well and manage their health in the community. To do this, we have recognised that we will need to build capacity in Primary Care. Since the CCG's creation on 1st April 2013 considerable investment has been made into Primary Care and the table below sets out the investment the CCG has made, and is planning to make to date. Primary Care investment will be made through Stockport Together programmes subject to receiving the funding requested within the Vanguard value proposition.

| Additional Primary Care Investment 2013/14 – 2016/17 | £000's |
|--|--------------|
| GP Development Scheme (£10 per patient) | 3,000 |
| Includes | |
| - Pharmacy Advisors in Practices | |
| - Care Homes Ward Rounds | |
| - Intermediate Care GP contracts | |
| - Capacity to target LTC, COPD, Asthma, Hypertension etc | |
| GP IM&T | 870 |
| GP Premises | 50 |
| GP Referral Management | 300 |
| Primary Care 7 Day Access | 701 |
| Neighbourhood GPs | 200 |
| | |
| Total | 5,121 |

Parity of Esteem

Achieving parity of esteem between services for mental and physical health has been a key programme of the CCG's 5 year strategy. In order to deliver parity of esteem the CCG will be investing £2.5m into mental health services.

The CCG intends to use this investment to tackle growing demand for services; to meet the new national targets; and to improve the quality of local services. The table below sets out how this uplift in Mental health spending has been factored into our plans.

| Proposed Investments | £000's |
|---|--------------|
| Inflation | 330 |
| LD Investment | 400 |
| IAPT | 173 |
| Early Intervention in Psychosis | 435 |
| Comprehensive MH Liaison Service / RAID | 238 |
| Crisis Care | 144 |
| 1:1 observations (safer staffing) | 200 |
| CAMHS | 584 |
| Total Proposed Investments | 2,504 |

Mental Health Targets

Over the past two years significant investment has gone into improving our mental health access.

During 2016/17 additional processes will be developed with our mental health provider Pennine Care to support the achievement of our access targets for IAPT services, including effective waiting list management processes. In particular, an emphasis will be placed on the effectiveness of the service by looking not only at access into the service, but their achievement of recovery rate targets and improvements in patient experience of the service.

Progress on our targets for Early Intervention in Psychosis will be supported through additional investment into the required NICE care packages and increased capacity in the core team.

Further Investment

Work will continue to improve staffing levels, Child and Adolescent Mental Health Services, Crisis Care and Learning Disability services.

A full break down of our work can be found on the following slides.

| Objective | Issue | Quality Impact | Plans | Investment | Priority Level |
|--|--|--|---|---------------------|----------------|
| Safer Staffing | Lack of funding for 1:1 observations. General improvements in ward-based care Female PICU capacity in area | Increased morbidity and acuity on inpatient wards. Increased risk for patients and staff. Female patients requiring PICU sometimes transferred out of area, resulting in poorer experience | Undertake review of acute care pathway to address safer staffing requirements and improve quality and patient experience | £200,000 | High |
| Improve Crisis Care | Lack of skills and capacity to deliver the right care in a crisis. Commission Street Triage and Sanctuary. | Poor patient experience | Recruit 2.0 WTE mental health practitioners (Band 6) Commission Sanctuary | £109,000 £35,000 | High Medium |
| CMHT | New care model in process of being implemented. | Managed through implementation. | (a) monitor quality impact of the new care model (b) support recovery through partnership working with LA & 3rd sector | £- | Medium |
| Dementia diagnosis rates | Prevalence has been maintained but Stockport's performance has deteriorated slightly based on data received in September | Delayed diagnosis will result in delayed treatment, which will impact on a person's outcomes | Continue to deliver dementia plans | No new investment | Medium |
| Transformation of CAMHS | Local CAMHS transformation plan has been approved by NHS England | Improvements in child and adult mental health services | Deliver transformation plan with ring-fenced NHSE funding | £584,466* | High |
| Improvements in Learning Disability & challenging behaviour services | Absence of local 'at risk' register. Lack of specialise residential accommodation for people with LD and challenging behaviour. | Patient safety for people with a Learning disability. Ongoing support not always provided in right setting | GM Fast Track Plan Short-term acute LD beds in GM Specialist residential accommodation | £400,000 | High |

| Objective | Issue | Quality Impact | Plans | Investment | Priority Level |
|--|--|---|--|------------|----------------|
| IAPT improvements: • Achieve recovery rates | Additional processes required | Effectiveness of the service is not being realised due to under achievement of the recovery target | Work with Pennine Care to develop processes | N/A | High |
| • Achieve IAPT access standards | Need to establish effective waiting list management process and patient tracking. Capacity to maintain a sustainable waiting list position of approximately 4 weeks | Poor patient experience. Risk of people's condition deteriorating while waiting to access treatment | Recruit 3.0 WTE | £173,000 | High |
| Early Intervention Psychosis – achievement of national targets | Lack of dedicated medical in-put Lack of capacity for CBT for psychosis More capacity required in the core team | Poorer outcomes for people with severe mental illness as all NICE compliant components are not available | Enhance team to deliver targets with: 1.5WTE CBT 5.0 Care co-ordinators 1.0 Consultant 1.0 Medical secretary 0.5 Team admin. Includes non-pay and overheads | £435,000 | High |
| Comprehensive MHLS | Low staffing numbers covering the ED Capacity of the team to respond to post-overdose/self-harm presentations limited Limited medical in-put to the team Cover for additional acute wards | Poor patient experience while waiting in ED and on the ward for assessment Inequitable position as MHLS is not available across the acute hospital Availability of skilled staff to undertake robust assessment at earliest opportunity | 4.0 WTE Mental health practitioners Band 6 0.5 medical input 1.0 Administration | £238,000 | High |

CCG Assessment Framework

New Framework for CCGs

NHS Stockport CCG is committed to being an open and accountable organisation.

The new Assessment Framework for CCGs sits well with our own plans to transform the local health and care system to improve local health outcomes, to reduce inequalities, to improve quality of our care services and to develop a sustainable system that delivers better value for taxpayers.

In addition, the framework acknowledges our leadership role in the local health and social care economy, with measures to assess areas where we do not have contractual responsibility but are working closely with colleagues in social care and public health to build an integrated system that understands the overlap between services and creates services that meet the holistic needs of our shared service users.

The CCG Assessment Framework will form a strong basis for measuring our progress through this period of transformation. This high level picture will support us in determining the impacts – both planned and unintended – of our change agenda so that we can ensure continuous improvement for the people of Stockport.

A range of improvement and transformation projects are already underway through our operational plans; our cross-economy Stockport Together programmes; and our work as part of a devolved health and care system in Greater Manchester, which speak to the improvements we want to see under the Framework. These projects have been mapped to the domains of the Assessment Framework and its clinical priority areas in the table opposite.

| Domains | Projects |
|-----------------------|---|
| Better Health | Prevention & Empowerment Proactive Care Planned Care Urgent Care |
| Better Care | Quality projects Healthier Together Better Care Fund |
| Sustainability | QIPP & CIP plans Stockport Together's Capitated contracting approach |
| Leadership | Stockport Together programme Workforce development Collaborative Leadership Development programme |
| Clinical Areas | Projects |
| Mental Health | IAPT CAMHS RAID Early Intervention in Psychosis Mental Health Liaison in Neighbourhoods |
| Dementia | Dementia diagnosis project Proactive Care & Care planning Carers support |
| Learning Disabilities | Heys Court Out of Area Placements Personal Health Budgets |
| Cancer | Early Diagnosis Screening programmes RtT improvement projects GM Cancer Board |
| Diabetes | Expert patients Proactive Care |
| Maternity | Smoking cessation Breast feeding initiation Patient Experience & Contract KPIs |

Contracting Round

Stockport's Health and Social Care Partners have been working over the past year as part of Stockport Together to develop a new Multi-Speciality Community Provider model of care. This model involves a radical change not only in our provider model (the MCP) but in how we as commissioners contract.

The CCG and its partners recognise that the old payment system focussed too much on activity and cost, rather than rewarding quality and outcome achievement. Our aim is to move towards an integrated health and social care commissioning function that contracts for outcomes with an integrated provider, or MCP.

In 2016/17 we intend to move from the current Payments by Results to a capitation based agreement with each of those providers who are expected to form the MCP going forward. Our contracting objectives for 16/17 are to minimise economy deficit through a focus on reducing costs not redistributing them; and to maximise progress towards a full MCP and outcomes framework.

Negotiations are based on a continuation of the level of activity in 2015/16, recognising the impact of our ongoing QIPP schemes, aimed at reducing unwarranted variation and demand.

The longer-term aim is to move to a single outcome-based contract with a single MCP provider operating as a *single entity*. The future contract will use weighted capitation to take a whole-population approach to commissioning services for Stockport people. Over 2016/17 the CCG and its delivery partners will further develop our Outcomes Framework.

2016/17 CQUIN

Through the Commissioning for Quality and Innovation payment framework (CQUIN) we will offer acute providers the opportunity to earn up to 2.5% of their annual contract value by achieving improvements in:

- Lessons learned – promoting a safety culture
- identification and early treatment of sepsis
- care of patients with acute kidney injury
- care bundles
- effective discharge management
- Outcomes framework .

Our community services contract will focus on rewarding progress towards the development of our Multi-Speciality Community provider (MCP). As such, the Community CQUIN will prioritise:

- Clinically led expert reference groups
- Data collection to support evidence-based improvement and data sharing among MCP partners.

Key Performance Indicators

The following KPIs will be prioritised within the contract:

- Urgent care
- Stroke
- Safeguarding
- Serious Incidents
- Discharge
- Access.

Approach

A comprehensive risk management process plays a crucial role in the successful management of the CCG's portfolio of activities. All projects have been risk assessed and linked to the CCG's Board Assurance Framework and Operational Risk Register by themes.

Risks are assessed monthly and reported to the CCG's executive team, with regular reporting of the Strategic Risks to the Governing Body in its Board Assurance Framework.

Where the risk can be valued in financial terms this will be done. Appropriate mitigation strategies will be developed to minimise the impact of the individual risk or maximise opportunity.

The risk assurance framework will cover a range of risks relating to delivering the programme but also the operational risks inherent within the solutions themselves.

Given the overlap of projects between the CCG's operational plans and the joint-transformation programmes across Stockport Together, work has been undertaken to map all CCG and Stockport Together risks and ensure a common understanding across the patch.

The CCG recognises that the key risk is that of deliverability: work will be undertaken to prioritise teams to focus on the delivery of change set out in this plan.

Risk Themes

To provide for a holistic and cross cutting approach to the management of risk and opportunity within the CCG, risks are grouped by theme and include both potential risks and opportunities for the organisation. management of risk and opportunity.

| Theme | Risk Appetite | Rationale |
|----------------------------|---------------|---|
| Quality | Moderate | We will ensure the provision of high quality services to our patients and will only rarely accept risks which threaten that goal. |
| Safety | Low | We hold patient and staff safety in the highest regard and will seek to minimise any risks |
| Financial Resilience | Moderate | We will stay within set financial limits and will accept risks that may cause financial loss only where the benefits merit the risk |
| Compliance | Low | We will comply with all legislation relevant to NHS Stockport CCG and will not accept any risk that would result in non-compliance |
| Reputation | Moderate | We will maintain high standards of conduct and will accept only risks where the benefits merit the risk |
| Innovation | High | We encourage a culture of innovation within NHS Stockport CCG |
| Partnerships | High | We will work with other organisations to ensure the best outcome for patients and are willing to accept the risks associated with a collaborative approach |
| Organisational Development | Moderate | We will work to ensure that the CCG continues to develop in terms of its workforce, culture, governance and structure to meet the requirement to be an agile organisation able to work at pace and will accept the risks associated with this approach. |

Sustainability & Transformation Plan

In 2016/17 all NHS organisations are required to develop a Sustainability and Transformation Plan (STP), setting out how we will address:

- The health & wellbeing gap
- The care and quality gap
- The funding and efficiency gap.

The geographic footprint for our STP is that of Greater Manchester. “Taking Charge of our Health & Social Care in Greater Manchester” - GM’s five year plan for sustainability and transformation - can be found at: <http://www.gmhealthandsocialcaredevo.org.uk/assets/GM-Strategic-Plan-Final.pdf>

The Plan is backed by ten locality plans – one for each borough of Greater Manchester. In Stockport, the Stockport Together plan is the locality plan for the economy and the Multispecialty Community Provider (MCP) element (Vanguard) is an element of the Stockport Together Plan.

Stockport Together is a change programme designed to deliver better outcomes and more sustainable services across the local health and social care economy. It will achieve its aims by focusing on neighbourhoods: building on an analysis of the capacity, resilience and needs of the local population to create a radically improved range of clinical and social interventions. The programme will bring health and care professionals into a new set of relationships with each other and with local people, removing inappropriate boundaries between primary and secondary care and between community providers. It will place much of the control of resources in the hands of those best placed to use them to greatest effect: clinicians, professionals and the community.

Programmes of Change

To address the outcomes, quality and sustainability challenge effectively we must change the way in which services are delivered. We have undertaken this work to date under 4 programme areas:

- Prevention & Empowerment
- Proactive Care
- Planned Care
- and Urgent Care.



Together, these transformation programmes will allow us to shift the emphasis from hospital care after a person becomes unwell, to preventing ill-health and supporting people to live well, managing their health as close to home as possible, taking the burden off the specialist acute sector to deliver high quality, once-in-a-lifetime care when necessary.

As such, Healthier Together will deliver improvements in health and wellbeing, improve the quality of care and ultimately tackle the funding and efficiency gap by delivering a sustainable model of healthcare to meet the growing and changing needs of our population.

As part of the Greater Manchester Plan, we will work across the area to reduce variation and improve quality across the acute and specialist commissioning sectors, contributing to the triple aim outlined above of better health and better quality within our financial resources.