NHS
Stockport
Clinical Commissioning Group

STRATEGIC PLAN

2019-2024

Working Together:
Your Health - Our Goal

NHS
Stockport
Clinical Commissioning Group

Document Title:	Strategic Plan 2019-2024
Author:	NHS Stockport Clinical Commissioning Group
Document Purpose:	5 Year Plans
Publication Date:	October 2019
Signed Off By:	CCG Governing Body & Council of Members
Target Audience:	Health and social care professionals Patients and carers Public
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What is a strategic plan?

In January 2019, NHS England launched its Long-Term Plan, setting out expectations for health care over the next ten years. Stockport Metropolitan Borough Council have set out the local ambition that by 2035, Stockport will be one of the best places to live in the UK.

This document explains what NHS Stockport Clinical Commissioning Group will do over the next 5 years to help deliver the NHS and local plans to achieve our vision for health and care in Stockport.

Contents

Foreword

Our population is growing and people are living longer, which is a testament to the success of the NHS over the past 70 years. But as our population changes, people are not necessarily living longer, healthier lives and more of our population are experiencing long-term conditions, needing access to a range of health and social care services. Across the country, services are struggling to reform to meet the changing demands, both in terms of workforce and funding. In light of these challenges, we recognise that providing the same services in the same way will not only add to the issues we face - it is not the right thing for local people.

We believe that services need to work together to meet the increasingly complex needs of our population and focus on delivering improved outcomes. This will require a whole-scale change in our current structures, from commissioning methods and payments systems to how teams of different professionals work together to focus on the needs of the individual.

The good news is that in Stockport, we have been at the forefront of change in the NHS, working to re-shape our local community care offer to better meet local needs. This, along with the wealth of work undertaken through our local transformation programme Stockport Together, Stockport's Joint Health and Wellbeing Strategy, and the Greater Manchester Health and Social Care Partnership, places us in a great position to tackle the change.

This Strategy builds on the work already done and sets out how we intend to continue to reform the health and care system to meet the growing and changing needs of our population within the available budget. Local people - patients, carers, health and care professionals - have helped us to understand needs, to identify what works and what could be improved, and to design our model for the future.

At the heart of these plans is the pivotal role of General Practice as the main point of entry into the health and care system and the navigator of what are often complex and confusing pathways of care. GPs support people through their entire journey: from maternity and infant healthcare; through prevention; identification and management of conditions; referrals into specialist care and managing recovery; to end of life care. With our re-focused neighbourhood approach and Primary Care Networks, GPs will lead multi-disciplinary teams to manage each stage of the journey and focus on improving health and wellbeing in Stockport.

As a local GP and Chair of NHS Stockport Clinical Commissioning Group, I am proud to present this strategic plan, setting out what the CCG will do over the next five years to build a sustainable health and social care system for local people.

Dr. Cath Briggs
Clinical Chair of NHS Stockport CCG

Strategy on a Page

NHS Stockport Clinical Commissioning Group

Our mission is to fundamentally improve health and wellbeing in Stockport

Our vision is to achieve a sustainable, person-centred health and care system, where everyone has the best possible start in life and is supported to live well, age well and die well.

Strategic Aims:

- Start Well
- Live Well
- Age Well
- Die Well
- Lead Well

values — *principles*

Strategic Objectives:

Start Well	Live Well	Age Well	Die Well	Lead Well
Improve the quality and safety of maternity services Commission comprehensive physical and mental health services for children and young people, including those with special educational needs & disabilities	Empower people to look after themselves & make good choices that prevent ill health Improve early identification of health conditions Reduce health inequalities faster Empower people to live well & proactively manage long-term conditions	Support people to remain healthy and independent as long as possible Ensure people can access safe, high quality care when necessary	Patients and their families will receive high quality support at the end of life Support more people to die in the place of their choosing	Improve quality & safety of care Financial balance across the system Co-produce services with patients Implement new & sustainable model of care Highly skilled workforce

Person-Centred · Quality Focused · Collaborative · Professional

Inequalities · Co-Production · GP-Led · Digital First

Strategic Improvement Measures:

Start Well	Live Well	Age Well	Die Well	Lead Well
• More choice in maternity services • Better Births standards • SEND standards • Reduce emergency hospitalisation for asthma, diabetes and epilepsy in under 19s • Better access to children's mental health care	• Reduce inequality in life expectancy • Better antimicrobial resistance • Reduce alcohol related illness • Identify cancer earlier • Increase screening uptake • Reduce emergency admissions for chronic conditions • Reduce length of stay in hospital • Reduce early deaths in people with serious mental illness	• Fewer injuries from falls among over 65s • Reduce delayed transfers of care • Increase uptake of Personal Health Budgets • Reduce early deaths from cancer and liver disease	• Fewer emergency hospital admissions during last weeks of life • More timely palliative care registrations • More people supported to die in the place of their choosing	• All Providers rated 'good' or 'outstanding' • Balance the books across Stockport • Fewer procedures of limited clinical value • Outcomes Framework • Providers fully digitised • Full delivery of NHS standards • Consistently high patient and staff satisfaction levels

Delivery Programmes:

- Primary & Community Care
- Maternity & Children
- Mental Health, LD & ASD
- Planned Care (incl. Cancer)
- Urgent Care
- Enablers

Your Health. Our Goal.

Context

2.1 About NHS Stockport CCG

NHS Stockport Clinical Commissioning Group (CCG) was formed on 1st April 2013. We are an NHS organisation made up of the thirty-seven GP practices in Stockport (see appendix 1). Our role is to commission health and care services on behalf of patients registered with Stockport GPs. The services that we are responsible for include:

- Primary Care;
- Community Health services;
- Mental Health and Learning Disability services;
- Planned Hospital care;
- Urgent and Emergency care;
- Rehabilitation;
- Continuing & Complex Healthcare; and
- Palliative Care.

We work closely with health and social care partners to ensure that local services meet the needs of Stockport's population, delivering Stockport's Health & Wellbeing Strategy.

2.2 Background and context in which we are working

Stockport, like other areas across the country, faces a number of challenges and risks in the delivery of existing health and care services. These include:

- the success of an ageing population leading to increasingly complex care needs;
- a higher than average proportion of older people in our population;
- higher than average birth rates, especially in areas of deprivation, leading to more children and young people living in low income households where health outcomes are poorer;
- growth in the number of people with one or more long-term health conditions, more and more of whom will require complex packages of care;
- a period of economic challenge, affecting incomes and the support available to the most vulnerable people in Stockport;
- significant health inequalities which affect both life expectancy and healthy life expectancy;
- fragmented services which are complicated to access, have duplications and are not as focussed as they could be on the individual's needs;
- a system where too many people are admitted to hospital when many could be better cared for at home; and
- increasing financial pressures in the NHS, with deficits forecast for Stockport as demand for healthcare continues to grow.

As a leader of the local health and care system, we want to ensure that our services can meet these changing needs and are fit for the future, but we recognise that this cannot be done in isolation. This Strategy reflects the fact that Stockport CCG also has role in delivering national, regional and local plans.

a) NHS Vanguards
In 2015 Stockport became an NHS Vanguard[1] site, selected to develop the Multi-Speciality Community Provider (MCP) model, which has helped pave the way for NHS England's new models of care.

b) The NHS Long Term Plan
The NHS Long Term Plan[2], published in January 2019, outlined a bold direction for the health service to ensure that as health needs change and society develops, the NHS can continually move forward with services that are fit for the future. An overview of how we will deliver the NHS plans can be found in appendix 2.

c) GM Devolution
NHS Stockport CCG is a partner in the Greater Manchester Health and Social Care Partnership (GMHSCP). In April 2016, Greater Manchester took charge of its health and care system as one partnership spanning NHS and local government, commissioners and providers of both physical and mental health. In doing so, we embarked upon the most radical health and care transformation programme in the country[3]. The CCG's GP Chair and Accountable Officer represent our interests at the Greater Manchester Joint Commissioning Board.

d) Stockport Health & Wellbeing Strategy
Across Stockport, health and care partners work together through our Health & Wellbeing Board to set the direction for local care. Stockport's joint Health and Wellbeing Strategy[4] drives the work of the board and requires members to collaborate to make improvements.

e) Stockport Together transformation programme
In 2015 health and social care partners in Stockport came together to address some of the challenges noted above. Together, the partners developed a 5-year transformation plan[5] aimed at changing the way in which health and social care services are delivered to improve outcomes. A series of business cases were developed to map our changes. To date a range of changes have been made including investment in primary and community care, the integration of intermediate care services and changes to hospital services.

f) Purpose of this plan
In this context, and in response to the NHS long term plan, all CCGs are required to refresh their local plans and set out clearly how we will deliver the improvements required.

We will do this adopting the common goals agreed across Stockport of:

- reforming the way services are delivered to make them fit for changing populations;
- integrating health and social care services to provide person-centred care;
- more care provided out of hospital, close to where people live;
- focussing on prevention and proactive management of health conditions;
- reducing health inequalities;
- and delivering financial balance.

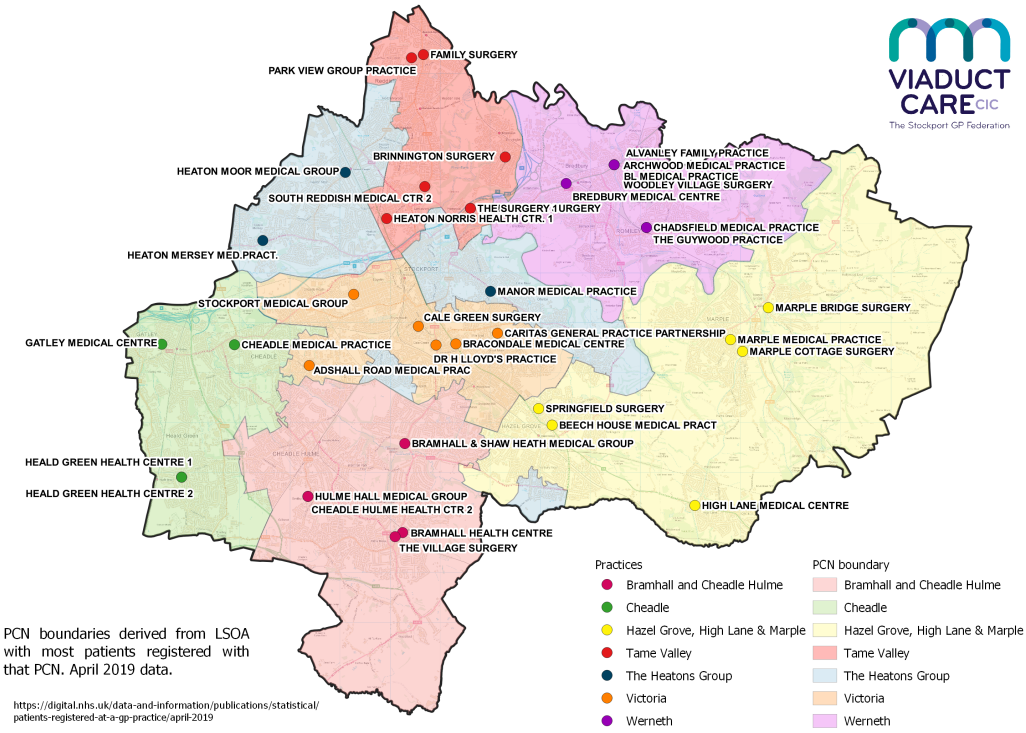
This strategy sets out how we intend to reform the health and care system to meet the growing and changing needs of our population within the available budget.

[1] https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf
[2] https://www.england.nhs.uk/long-term-plan/
[3] http://www.gmhsc.org.uk/our-plans/
[4] http://www.stockportccg.nhs.uk/stockport-joint-health-and-wellbeing-strategy-2017-2020/
[5] http://www.stockportccg.nhs.uk/have-your-say/stockport-together-plan/key-documents/business-cases-and-summaries/

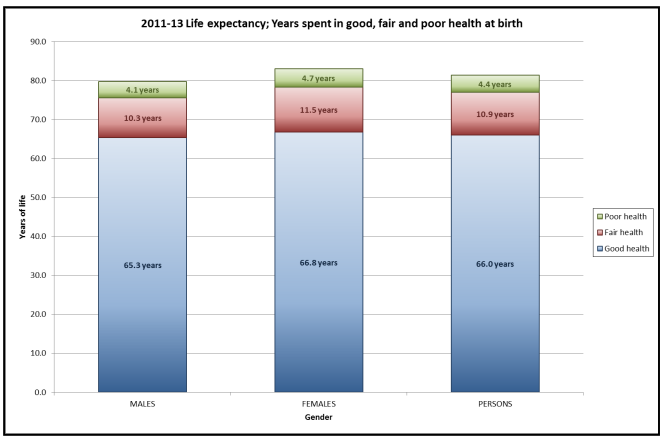
Context (cont.)

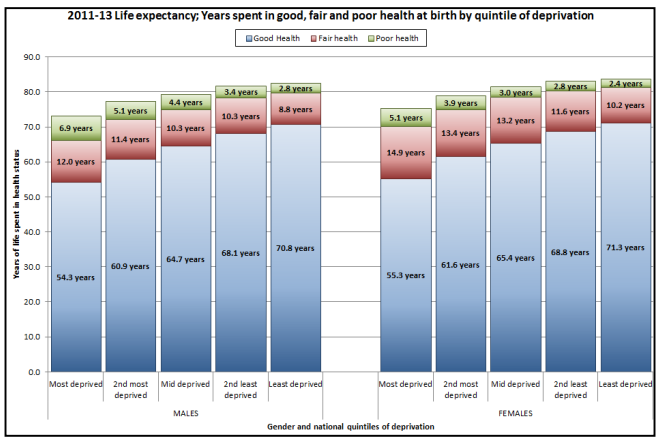
2.3 Our Population

Stockport sits in the South East of Greater Manchester, bordering on the city to the North and on the countryside of Cheshire to the South. Stockport has a population of **291,045** residents, with **313,610**[6] people registered at one of Stockport's 37 GP Practices (see appendix 1). Our population is growing by around 1,000 people a year and is expected to continue to grow at this rate over the life-span of this Strategy.



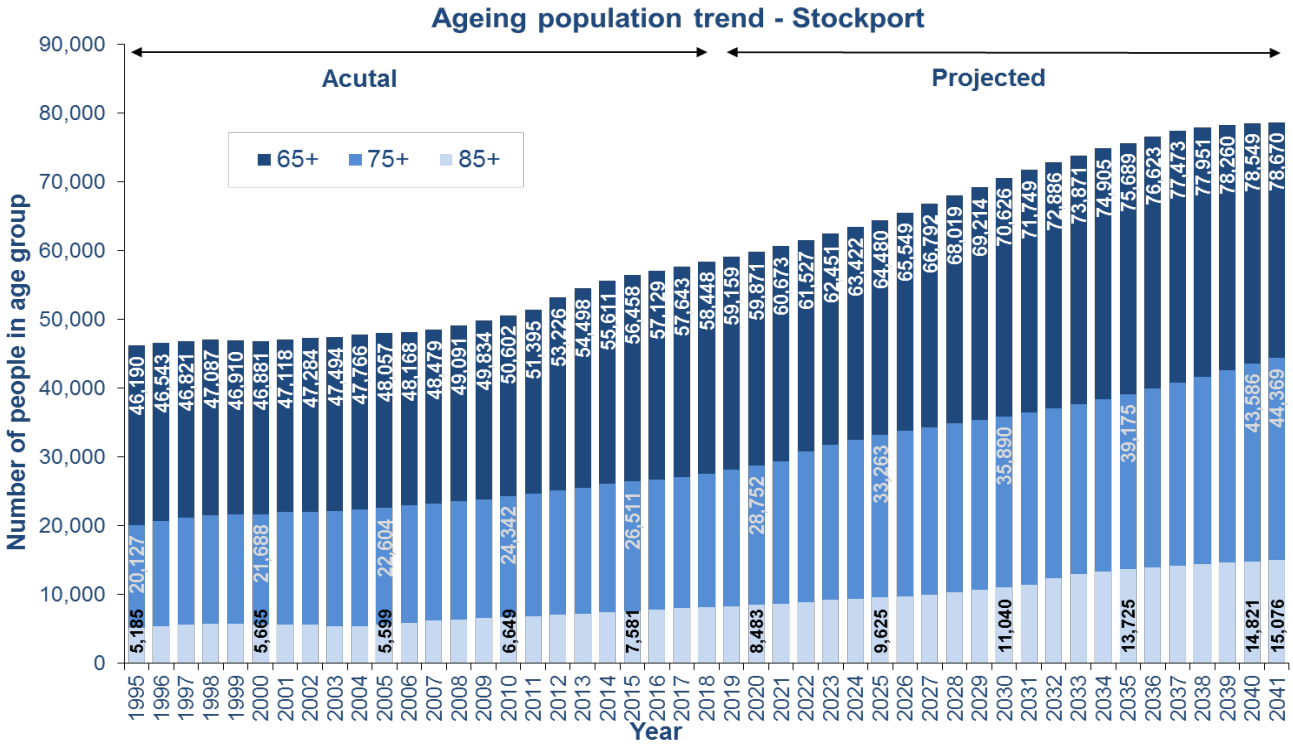
Stockport continues to be one of the healthiest places to live in the North West, with health outcomes similar to the national average. Life expectancy is high, at 83.3 for women and 79.8 for men. Within the borough, however, there is a significant difference in health outcomes between Stockport's more affluent and deprived areas, with men in Bramhall South living 11 years longer than those in Brinnington & Central. Perhaps more significantly, in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.



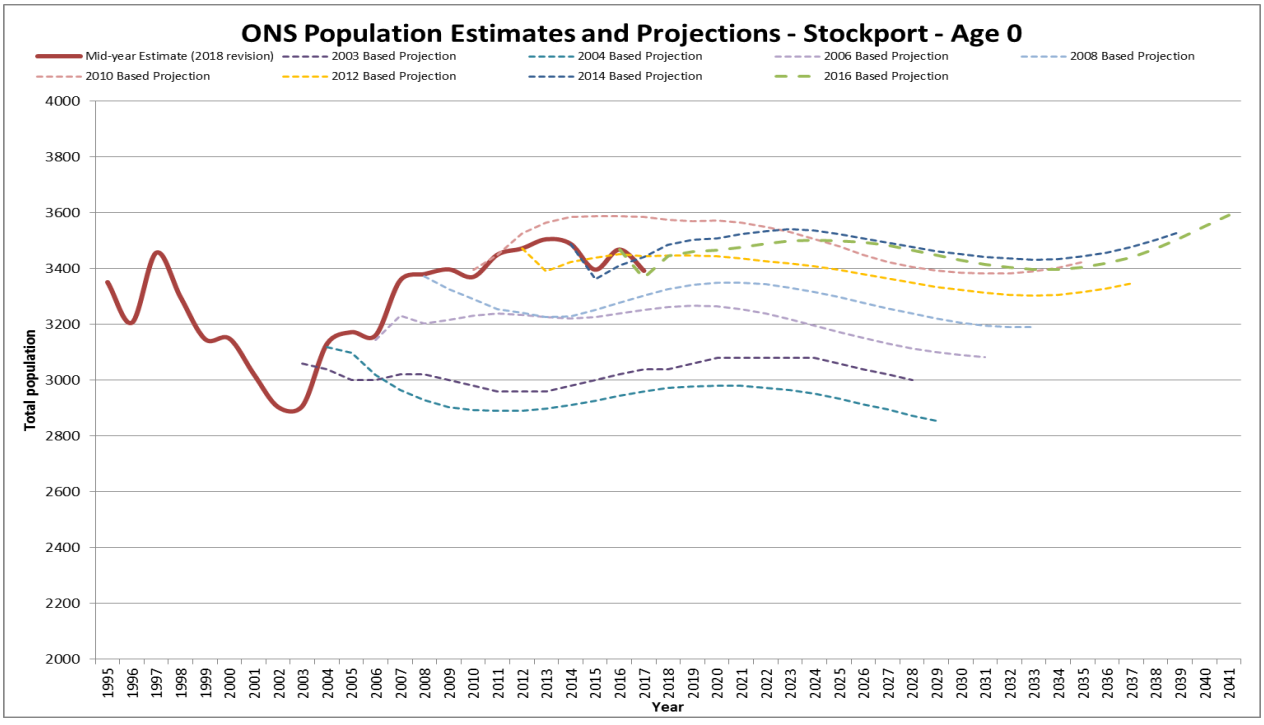


[6] GP registers vary from the resident population as they may include patients who live in a neighbouring borough or students who have gone to university but want to remain registered with their family GP.

Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently 19.8% of people are aged 65+ and this is likely to rise to 21% by 2024, with an additional 5,800 people aged 65 or over.

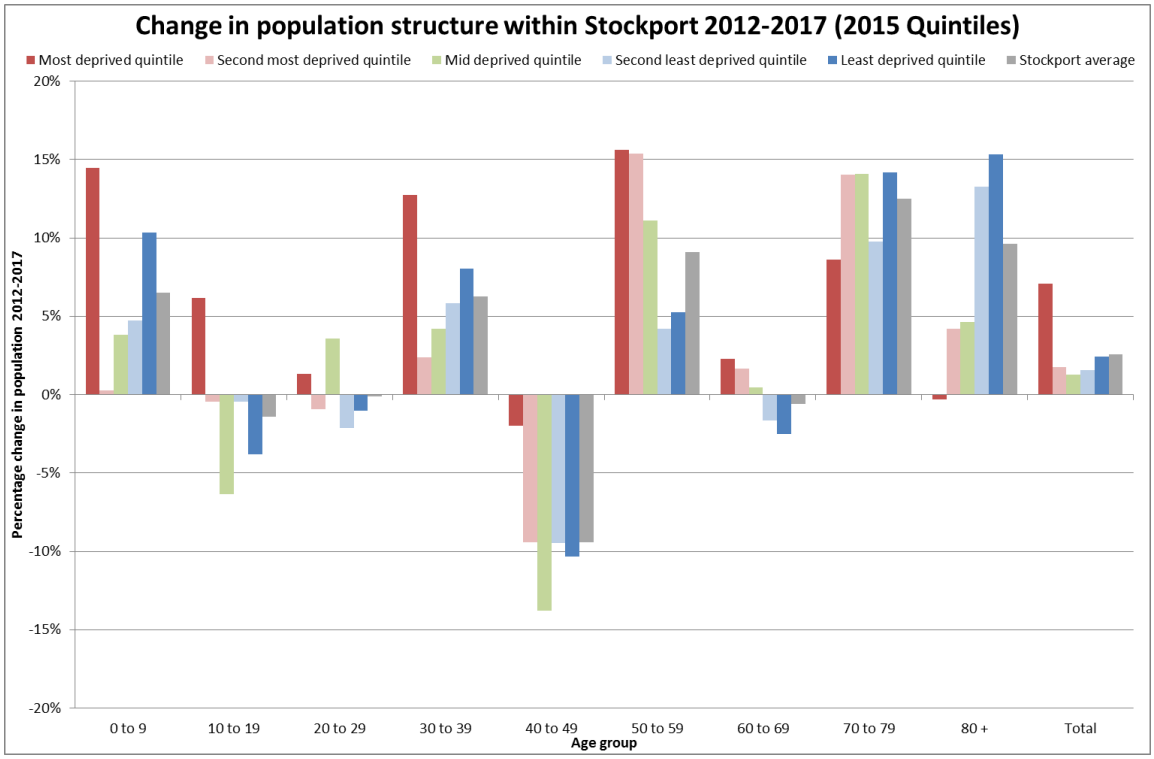


The number of children and young people in Stockport is also rising - though at a lower rate than our older population. There are currently more births than deaths each year, so the population is expected to continue to grow.

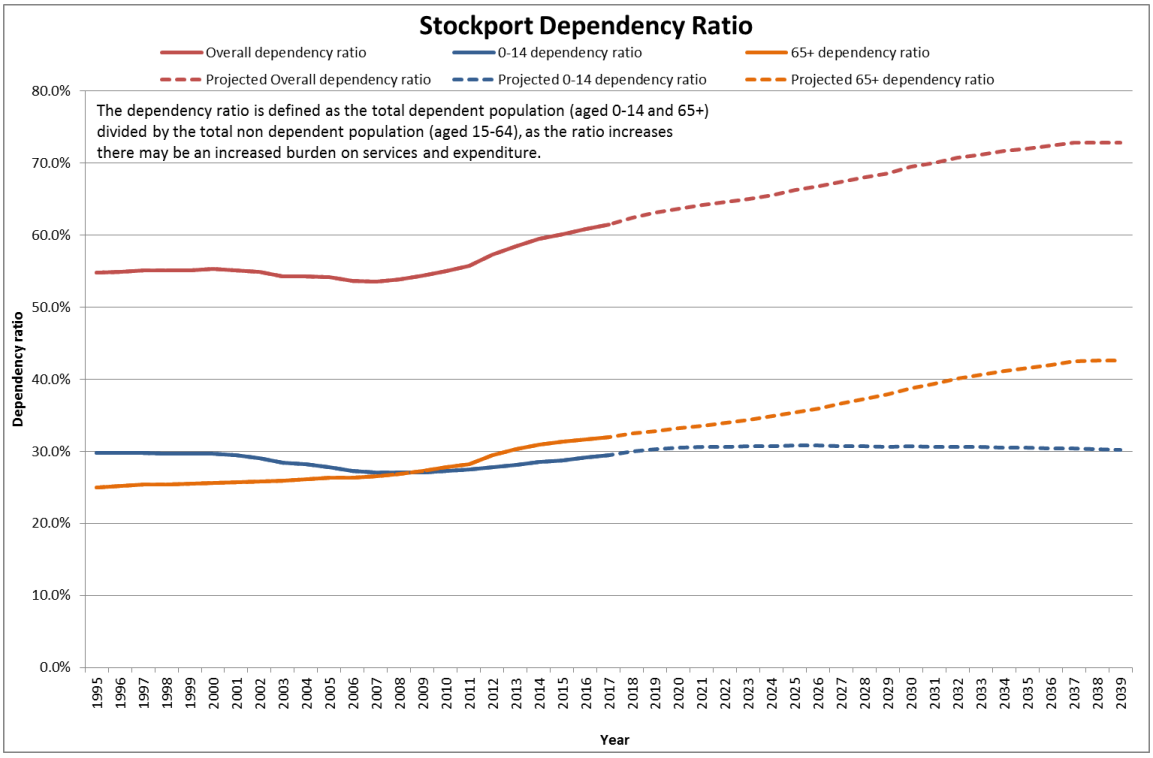


Context (cont.)

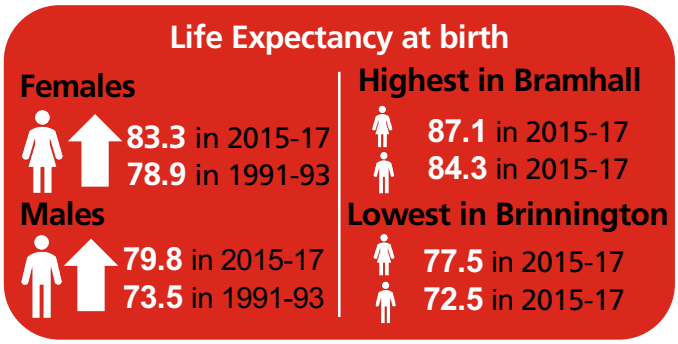
Birth rates and population growth are higher in the most deprived populations and, as a result, the level of need for services is rising, with particular growth experienced by better awareness and identification of children and young people with autism and with special educational needs and disabilities (SEND).

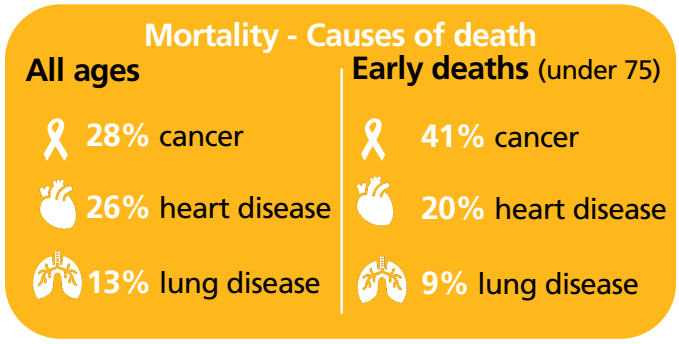


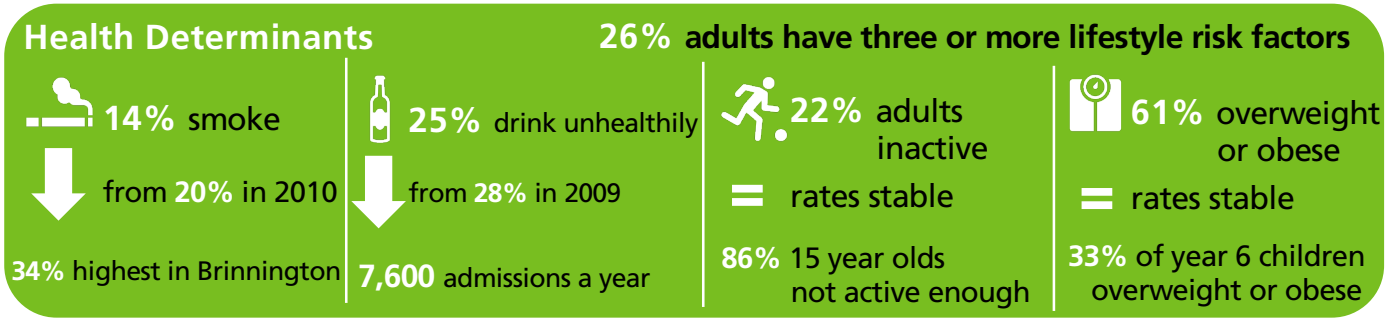
These trends - growth in older and younger population groups - act together to mean that the levels of dependency in Stockport are rising. This has a significant impact of health and care services as these are the population groups that tend to have more healthcare needs.

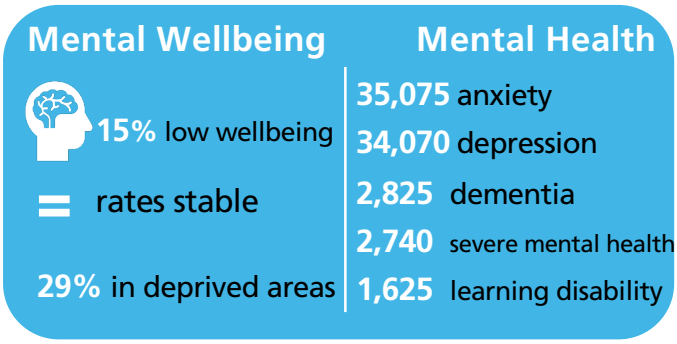


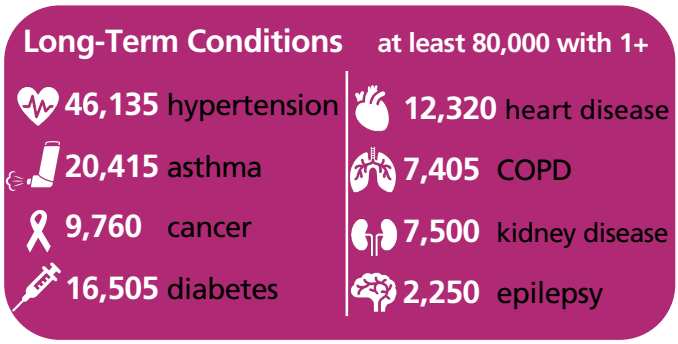
Stockport's population has a wide range of health needs.











Cancer is the main cause of death in Stockport, but 40% of cancers are preventable as a result of lifestyle choices such as improved diet and exercise. Liver disease is the only area where mortality rates in Stockport are significantly worse than the national or peer average, making alcohol consumption a key issue for the borough.

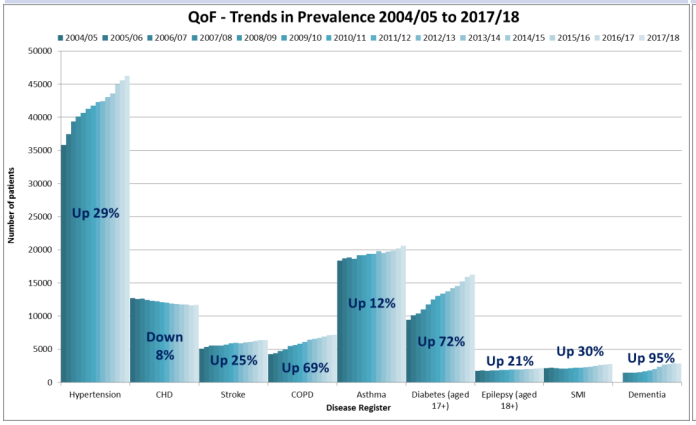
40% of people registered with a Stockport GP have one or more long-term health conditions - this is associated with increasing complexity of care co-ordination needs in the borough (see full list in appendix 3). Hypertension is the most common condition, affecting 46,135 people. Asthma is the major condition affecting school aged children with more than 2,000 cases - and anxiety is the major long-term condition among young adults, the latter affecting over 3,000 people between the ages of 15 and 24.

Prevalence of long-term conditions continues to increase, and at a level more rapid than the population increase. Dementia, Diabetes and Chronic Obstructive Pulmonary Disease (COPD) are the fastest growing long-term and life-limiting conditions in Stockport. Both the number and prevalence of long-term and life-limiting conditions have grown, the former slightly more than the later due to population growth.

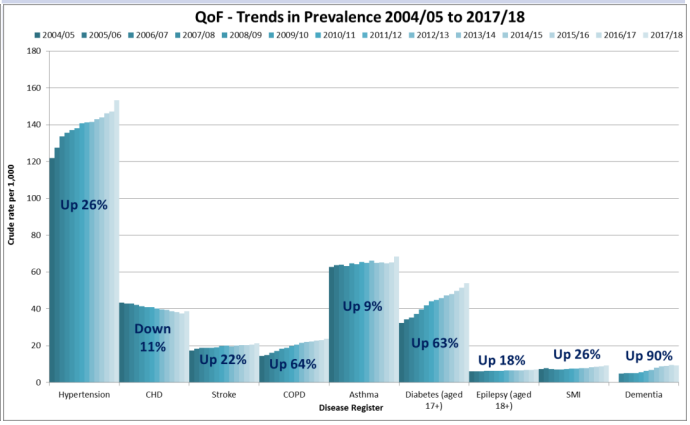
Context (cont.)

Long-Term Conditions Trends 2004/05 - 2017/18

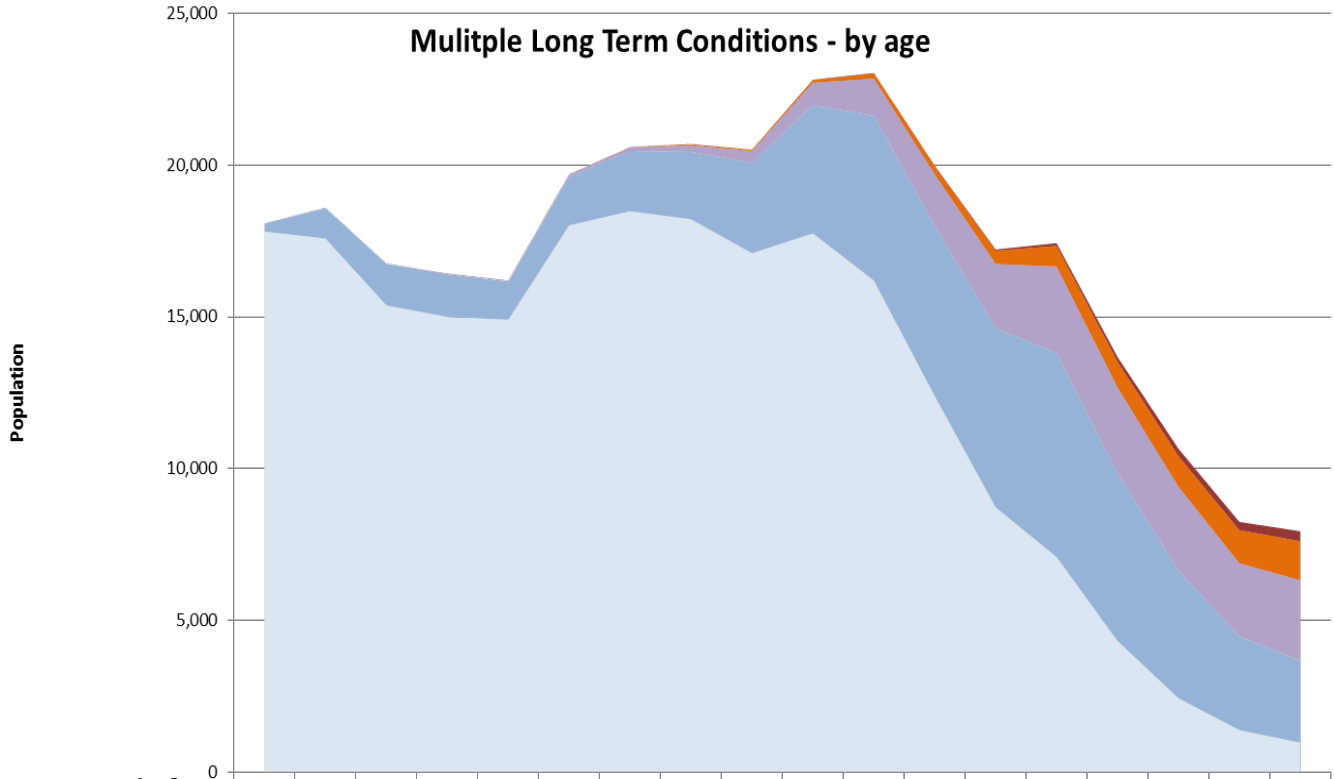
Number



Crude rate per 1,000 population



In line with national trends, long-term conditions are more common among older population groups and as they age, people are more likely to have more than one condition. By the age of 55, half of the population has at least one long-term condition.



Age Group	0 - 4	'05 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+
4+ of 8 key conditions	0	0	0	0	0	0	0	3	5	13	16	23	41	93	157	246	272	326
3 of 8 key conditions	0	0	0	1	1	3	6	31	37	83	171	266	436	680	845	1010	1094	1287
2 of 8 key conditions	2	9	10	22	44	76	119	223	383	738	1216	1697	2121	2852	2829	2764	2412	2649
1 of 8 key conditions	264	1002	1365	1405	1241	1601	1985	2217	2983	4223	5430	5601	5892	6711	5516	4198	3077	2700
None of 8 key conditions	17816	17583	15383	15004	14909	18019	18485	18218	17099	17754	16202	12396	8730	7095	4333	2445	1396	979

More information about our population and local health needs can be found on Stockport's Joint Strategic Needs Assessment website - www.stockportjsna.org.uk .

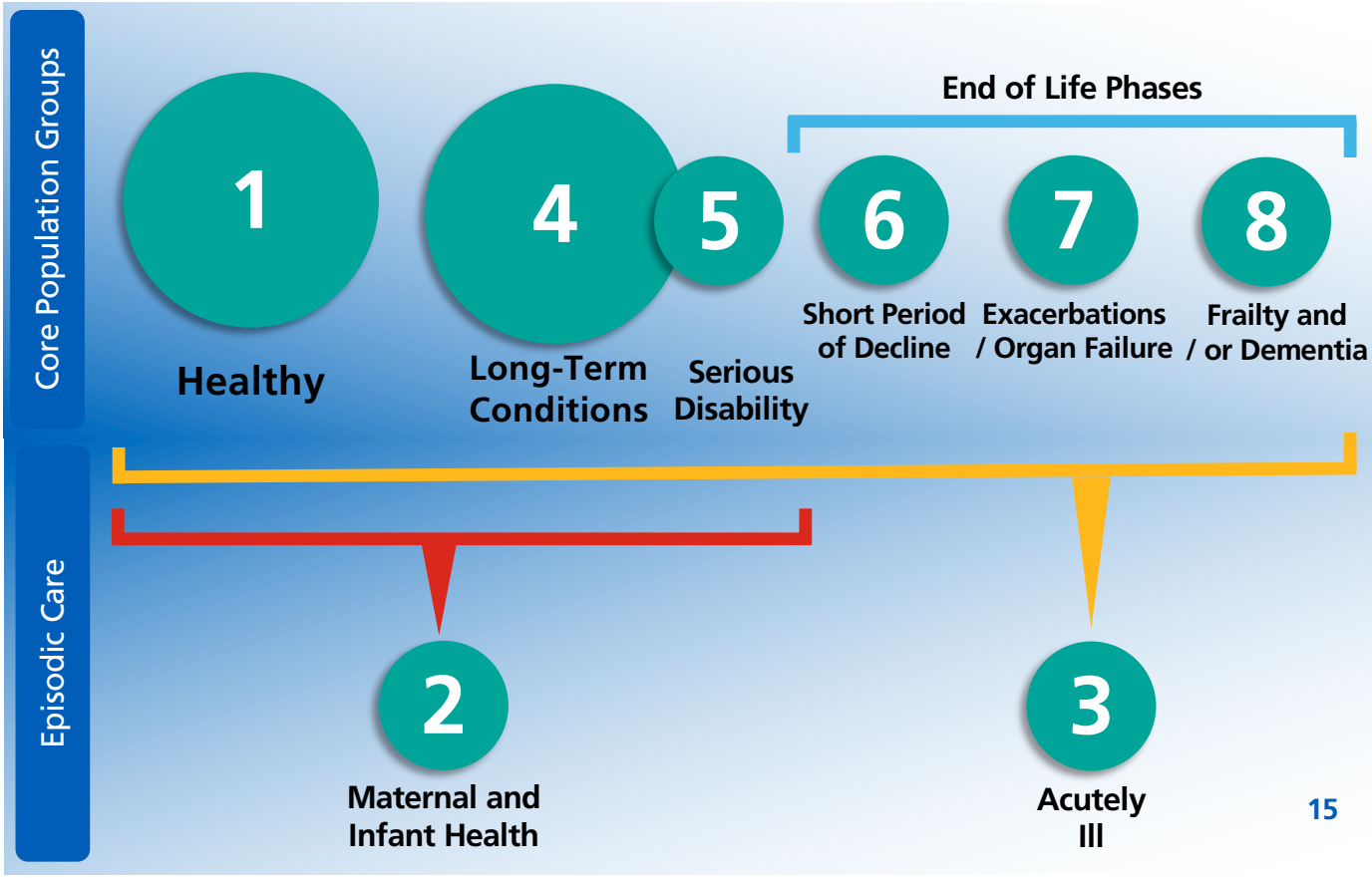
2.4 How will care be organised

In the past, the NHS has been organised by service or specific health conditions. As a result, services only treated a single condition and patients with multiple conditions had to navigate a range of services that did not "talk" to each other. This has led to wasted time for patients and carers; duplication in assessments and tests; potentially conflicting advice from healthcare professionals looking only at their area; different services prescribing various treatments or medications that may not work well together; and our most vulnerable patients or their carers being left with the responsibility of coordinating their care.

We recognise that people are more than just their health condition and that within our population there are differences in ability to participate in care. To improve health outcomes, patient experience and efficiency, we need services that can be more responsive to the individual's needs and ability to participate. To support this, a fundamental part of our strategy is to put patients at the heart of our services and tailor care to their individual needs by asking services and professionals to work together. This includes professionals working in fields outside of the NHS that have a major impact on health, such as housing, benefits and local community groups.

At a commissioning level, we intend to identify population need through the eight segments of the 'Bridges to Health' model (Lynn et al, 2007), so that services can be designed to better meet these needs.

Population segments using the 'Bridges to Health' Model:



Context (cont.)

We intend to reform the incentives and payments made to healthcare providers to support the design and delivery of new models of care, shifting the focus of care onto the delivery of improved outcomes.

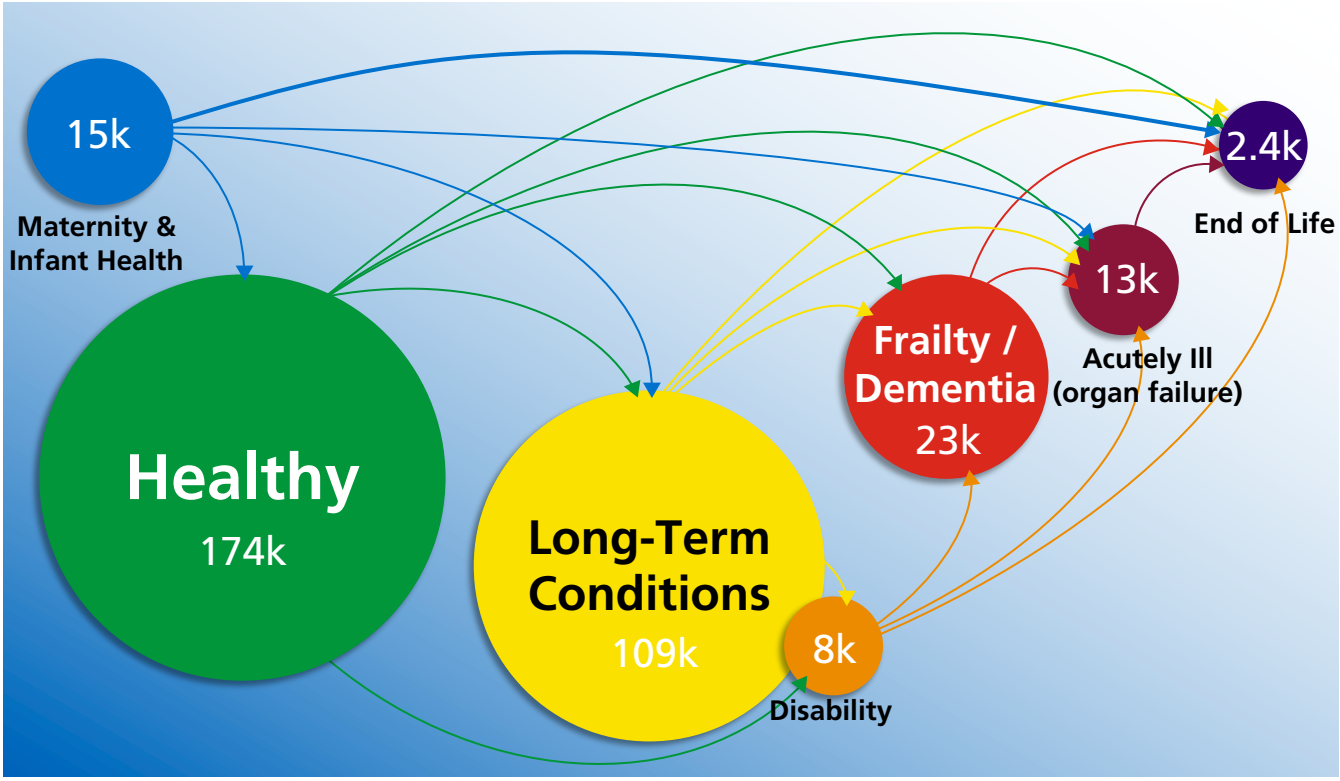
By grouping our population, we can:

- understand the distinctive needs of different parts of the population;
- prioritise the services that are most important to our population;
- define the combinations of care people might need;
- understand the strengths and assets in our communities;
- bring services and professionals together to coordinate and deliver the care needed;
- assign relevant budgets to population groups, changing the payment system to incentivise services to work together and deliver outcomes for the local population (BCF, 2014).

Throughout their life course, people tend to move through segments of increasing acuity as depicted below. Not everyone will go through all segments in their life course and some may cross over into more than one segment at a time.

The numbers on the figure below illustrating flows between population segment provide an estimation of the number of people in each segment in Stockport. The figures reflect the fact that many people will fall into more than one population group at any given time.

Flows between population groups:



Collaborating with local service users, Stockport has led the way in developing a framework against which to specify outcomes. This brings together what is important to people in each of these groups and identifies the clinical, social and personal outcomes they would like to see. The framework will be embedded into our future contracts and used to incentivise delivery of positive health and wellbeing outcomes (see appendix 4).

2.5 Our Services

NHS Stockport CCG manages 149 contracts with a wide range of local providers to deliver the following services:

- *Primary Care* (including: GP practices & Federation; pharmacy; dentistry; ophthalmology)
- *Community Healthcare* (including district nursing; podiatry; diabetic clinics)
- *Intermediate Care* (including: crisis response; community beds; rehabilitation at home)
- *Continuing and Complex Healthcare* (including: case management; nursing care; rehab)
- *Mental Health* (including: all age services for severe mental illness; access to talking therapies; eating disorders; dementia care and treatment)
- *Planned Hospital Care* (including: diagnostics; outpatient clinics; surgery; cancer care; maternity)
- *Urgent Care* (including: out-of-hours GPs; ambulance service; Emergency Department).

On average, each year in Stockport there are around:

- **1,000,000** GP Practice consultations
- **350,000** outpatient consultations
- **508,000** community healthcare contacts
- **141,000** contacts with mental health services
- **105,000** A&E attendances
- **92,000** inpatient admissions
- **39,700** emergency admissions
- **8,500** adult social care clients
- **1,300** people receiving Continuing Healthcare

Context (cont.)

All of Stockport's 37 GP Practices have been rated as 'Good' or 'Outstanding' by the Care Quality Commission. The main hospital provider - Stockport NHS Foundation Trust - was rated as requiring improvement, with examples of good practice in community services, end of life care and caring for patients. The trust also received an outstanding rating for the community health services provided for children and young people. Our main mental health service provider - Pennine Care - was rated overall as requiring improvement, with an acknowledgement of significant improvements. 81.3% of local nursing homes and 74.9% of residential care homes were also rated as 'Good' or 'Outstanding'.

Nationally, CCG performance is rated on a range of measures through the CCG Improvement & Assessment Framework (IAF)[7]. Stockport has been rated as 'outstanding' on two clinical areas - cancer and dementia - and seen significant improvements in diabetes and mental health.

CCG Improvement & Assessment Framework - Clinical Ratings				
Area	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Cancer	Top Performing	Outstanding	Outstanding	No assessment
Dementia	Top Performing	Outstanding	No assessment	Outstanding
Diabetes	Greatest need for Improvement	Requires improvement	No assessment	Requires improvement
Learning Disabilities	Needs improvement	No assessment	No assessment	Requires improvement
Maternity	Needs improvement	No assessment	Requires improvement	No assessment
Mental Health	Greatest need for Improvement	Requires improvement	No assessment	Good

The CCG is in the top performance quartile nationally for 12 measures, including those related to primary care, child health, dementia and cancer. 6 measures remain where the CCG performs in the worst quartile nationally, these relate mainly to urgent care and health inequalities. From 2019/20 onwards, CCGs will be rated through the NHS Oversight Framework[8].

Compared to other areas, Stockport's health and care system relies heavily on hospital care, with high rates of hospital admissions for conditions which could normally be treated out of hospital. While the number of people going to A&E is below the national average, patients are less likely to be treated within the 4 hour target and are more likely to be admitted to a hospital bed.

Over recent years, transformation work and investment in community services has allowed Stockport to stem the growth in non-elective hospital admissions, going against the national trend, whilst planned care has continued to grow.

[7] https://www.england.nhs.uk/commissioning/regulation/ccg-assess/
[8] https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

There are considerable opportunities to improve productivity in cardiology and respiratory services, where Stockport spends significantly more than peers. Across all specialisms, reducing the high rate of hospital admissions could realise significant savings for the economy to reinvest in care outside of hospital[9].

In respect of patient experience of care, Stockport performs very well. With the exception of ambulance services, which are rated across all of Greater Manchester, over 85% of patients rate local services positively.

Patient Experience in Stockport		
Service	***Source***	***% rated positively***
GP Practices	GP Patient Survey[10] (Aug 2018) Friends & Family Test[11] (GM Apr 2019)	88% 90%
Community Services	Friends & Family Test (SFT Apr 2019)	93%
A&E	Friends & Family Test (SFT Apr 2019)	87%
Ambulance	Friends & Family Test (GM Apr 2019)	69%
Cancer	CCG IAF - cancer patient survey	89%
Inpatients	Friends & Family Test (SFT Apr 2019)	95%
Outpatients	Friends & Family Test (SFT Apr 2019)	91%
Maternity	Friends & Family Test (SFT Apr 2019)	99%
Mental Health	Friends & Family Test (Pennine Apr 2019)	88%

2.6 Local Views

NHS Stockport CCG is committed to working with local people to improve health and secure high-quality healthcare for the people of Stockport, now and for future generations. We want everyone to have greater control of their health and wellbeing, and to be supported to live longer, healthier lives with high quality health and care services that are compassionate, inclusive and constantly improving.

We recognise that our decisions, policies and services have a major impact on the lives and wellbeing of the local people and we actively seek to engage with all sectors of the community to ensure that everyone has an equal chance to voice their views before any major decisions are made.

Public involvement helps us to understand local needs and to prioritise those people who experience the poorest health outcomes, enabling us to improve access and reduce health inequalities.

[9] https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/cfv-stockport-jan17.pdf
[10] https://www.gp-patient.co.uk/
[11] https://www.england.nhs.uk/publication/friends-and-family-test-data-april-2019/

Context (cont.)

Local involvement provides opportunities to see things differently and to be innovative, leading to a better use of our limited resources. A number of ways in which we have involved and engaged local people and communities include:

- Briefings, presentations and workshops at Healthwatch Stockport;
- Stockport Citizens Panel;
- Stockport Partnership Involvement Network
- South East Sector Healthier Together Public Voice;
- Online engagement through our 'Have Your Say' website[12];
- Public meetings;
- Presentations at local groups;
- Focus groups; Community forums; Workshops
- Prevention and screening events;
- Digital channels (including blogs, websites, social media surveys and polls)
- Print Media (including press releases, paid media and advertising campaigns)
- Patient story podcasts; and
- Healthwatch attendance at Governing Body and CCG Committee meetings.

The CCG and our partners used co-production to involve patients, carers and frontline staff in developing detailed pathways and designing our new models of care. This was followed by a full consultation[13] on the Stockport Together business cases, which form the basis of our plans.

The main themes emerging from our on-going conversations include:

- strong support for health and social care services working together to support patients;
- the need to share data so that patients don't have to repeat their story to multiple services;
- where appropriate, delivering more care closer to home - this included a clear preference to die at home rather than in an institutional setting;
- focussing on keeping people well, rather than fixing them when they become ill;
- better access to primary care 7 days a week, with a wider range of services;
- a willingness to use technology to improve services and for the provision of information;
- investment in mental health services, including dementia care, and support for carers;
- improvements in the support for younger people;
- and improved choice, including expanding our integrated offer to include third sector services.

These views were used to help construct our plans, which were then discussed with: CCG staff; GP member practices; Stockport's Clinical Reference Forum; Public Health; Healthwatch Stockport; and Stockport's Citizens Reference Panel.

Feedback from all of these events has been used to help develop this Strategy. A full write up on patient and public involvement can be found in appendix 5.

[12] https://stockport-haveyoursay.citizenspace.com/
[13] http://www.stockportccg.nhs.uk/have-your-say/stockport-together-plan/

Our Mission

Our mission is to fundamentally improve health and wellbeing in Stockport

NHS Stockport Clinical Commissioning Group was established in 2013 to manage the local healthcare budget and contract with healthcare providers to deliver services meeting the health needs of the 313,000 patients registered with a Stockport GP. We are a membership organisation, made up of our 37 GP Practices. We buy health and care services on behalf of patients registered with Stockport GPs. The services that we are responsible for include:

- GP care;
- planned hospital care;
- urgent and emergency care;
- rehabilitation;
- community health services;
- mental health;
- learning disability services;
- packages of care at home or in a care home.

We also work closely with patients, their carers, health and social care partners to ensure services meet local health needs.

Our core purpose is to understand local needs; to prioritise and effectively commission services with our partners that meet those needs within the available budget; to work with our members and communities to continuously improve outcomes; and empower people to make healthy life choices that promote independence, and manage their conditions.

Our Vision

Our vision is to achieve a person-centred health and care system, where everyone has the best possible start in life and is supported to live well, age well and die well

Our vision underpins the organisation's approach to everything it does to help improve health and care services across the borough and achieve better outcomes for all of Stockport's residents, reducing health inequalities between different groups in our community.

The CCG recognises that our vision requires a collaborative approach to deliver the best outcomes for local people. We are an active partner in Greater Manchester's devolved Health and Social Care Partnership, working with partners across Stockport and the city region to improve health and re-shape services around the needs of our communities.

The CCG strongly believes that place-based reform (GMCA, 2018) is the right approach for Stockport, integrating services within our neighbourhoods to deliver care designed around local needs that focuses on prevention and reduces dependence on specialist care.

To deliver this, we will transform the health and care system over the next five years to create:

- **streamlined strategic commissioning;**
- **enhanced self-care, promoting independence and active prevention;**
- **proactive, person-centred care for those who need it, delivered though integrated service provision;**
- **reformed specialist services in hospitals and other settings;**
- **facilitated by appropriately aligned payments and incentives to improve outcomes for our population.**

Local change will be delivered collaboratively with colleagues, not just across health and social care, but through the wider public sector, including transport, housing, town planning, as well as voluntary organisations and community groups. We will also deliver change across the city region through the Greater Manchester Health & Social Care Partnership.

Our Values

We care about what we do and believe our work matters for local people. In the work we do we will be:

person-centred

caring, compassionate, valuing people and communities

quality focussed

ensuring care delivers outcomes, adopting innovative ways of working and embracing technology

collaborative

involving patients, our members, partners, and the public and removing organisational boundaries to deliver care

professional

fair, respectful, trustworthy, systematic and evidence based, providing high levels of challenge to the system, supported by trust and mutual respect

The CCG's values inspire the organisation to co-design and commission high quality services with patients, families and their carers. The organisation aims to meet local needs, deliver improved health outcomes and demonstrate best practice with partners.

This same spirit is driving the organisation to continue to widen our partnership working, with the goal of transforming the whole health and care system in Stockport as part of devolution across Greater Manchester.

In doing this, the driving principles in how we deliver changes are:

- **Reducing Inequalities** between different groups in our community
- **Co-Production** of services, designed with patients and professionals.
- **GP-Led Care** delivered through our new neighbourhood model
- **Digital First** as a means of improving access, services and efficiency.

As public servants, we work to the Nolan Principles[14] of public life:

 **selflessness**	act solely in terms of the public interest
 **integrity**	do the right thing and avoid conflicts of interest
 **objectivity**	act and take decisions impartially, fairly and on merit, using the best evidence, without discrimination or bias
 **accountability**	accountable to the public for decisions and actions
 **openness**	act and take decisions in an open and transparent manner
 **honesty**	be truthful
 **leadership**	exhibit these values in own behaviour; actively promote the principles; challenge poor behaviour wherever it occurs

[14] https://www.gov.uk/government/publications/the-7-principles-of-public-life

Strategic Aims & Objectives

The CCG exists to improve local health and care for people in Stockport, and we have a role in co-ordinating and leading the health care system to achieve this. On behalf of our population we must balance four critical requirements:

- improving local population health;
- ensuring the best quality care;
- optimising experience of care; and
- providing value for tax payers.

Strategic Aims		Strategic Objectives
	**Start Well** We will ensure that everyone in Stockport has the best possible start in life	• improve the quality and safety of maternity services
		• commission comprehensive physical and mental health services for children and young people, including those with special educational needs and disabilities
	**Live Well** We will support everyone to live well, make healthy choices, prevent ill health and proactively manage health conditions as close to home as possible	• empower people to look after themselves and make good choices that prevent ill health
		• improve early identification of health conditions
		• reduce health inequalities faster
		• empower people to live well and proactively manage long-term conditions
	**Age Well** We will support everyone to age well and remain independent for as long as possible	• support people to remain healthy and independent as long as possible
		• ensure that people can access high quality care when necessary
	**Die Well** We will support patients and their families at the end of life	• patients and their families will receive high quality support at the end of life
		• support more people to die in the place of their choosing
	**Lead Well** We will reform the health and care system in Stockport to build a sustainable system for future generations	• ensure financial balance across the system
		• co-produce services with patients & professionals
		• implement new and sustainable models of care
		• continuously improve the quality & safety of care
		• build a sustainable, highly skilled and supported workforce

These objectives will ensure that NHS Stockport CCG focuses on improving services across Stockport so that residents receive integrated health and social care that is designed to keep them well, rather than focusing on treating their symptoms when they become ill.

Strategic Improvement Measures

These improvements will ultimately deliver:

- Improved health and wellbeing with an emphasis on prevention, self-care and independence;
- A reduction in premature mortality from preventable causes, with healthy life expectancy increasing fastest in the most deprived areas of Stockport;
- More people feeling supported to manage their condition;
- High quality services working together to deliver improved outcomes;
- More people who would recommend local services;
- More people at end of life supported to die in their preferred place;
- A financially sustainable health and care system;
- Delivery of the NHS constitutional standards.

Progress will be measured through the Strategic Improvement Measures set out below.

Measures have been selected to deliver on those priority areas where we hope to see significant improvements as a result of our efforts.

Further measures can be found in the Delivery Programmes, allowing the CCG to track progress on delivery of a wider range of national and local standards. Detailed trajectories will follow in the Locality's response to the Long Term Plan Implementation Framework[15].

The Strategy will also support progress against the new NHS Oversight Framework[16].

[15] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf
[16] https://improvement.nhs.uk/resources/nhs-oversight-framework-201920/

Strategic Improvement Measures				
Aim	**Objective**	**Measure**	**Baseline**	**Target**
Start Well	Improve the quality and safety of maternity services	Increase choice in maternity services to the national standard	56.64%	60.4%
		Full implementation of the Better Births standards	Compliant with 5 standards	All 10 standards delivered
	Commission comprehensive physical and mental health services for children and young people, including those with special educational needs and disabilities	Full implementation of SEND standards	Ofsted recommendations	Full delivery
		Reduce emergency hospitalisation for asthma, diabetes and epilepsy in under 19s to under 400	556.4 per 100,000	Under 400 (national level 272.7)
		Improve access to children's mental health services above the national target levels	37.4% in 18/19	50% (national target 35%)
Live Well	Empower people to look after themselves and make good choices that prevent ill health	Uptake of patient education courses		
		Improve antimicrobial resistance to the national average	1.097	0.965
		Reduce alcohol-related hospital admissions to the national level	689 per 100,000	632
	Improve early identification of health conditions	Increase uptake of breast cancer screening to national average	72.9%	74.9%
		Increase uptake of bowel cancer screening in deprived areas to the Stockport average	53.8%	62.5%
	Reduce health inequalities faster	Reduce inequalities in life expectancy to under 10 years	11 years	under 10 years
		Reduce inequalities in healthy life expectancy to under 15 years	17.3 years	15 (out of worst performance quartile)
	Empower people to live well and proactively manage long-term conditions	Reduce unplanned hospitalisation for chronic conditions to the national average	1,150 per 100,000	822 per 100,000
		Reduce population use of hospital beds following an emergency admission to the national average	601.73 per 1000	499 per 1000
		Increase access to personal health budgets – doubling uptake	17.96 per 100,000	40 (national average 60)
		Reduce early deaths among people with serious mental illness by 150	334.2	200 (Stockport rate for people without SMI 100)

Aim	Objective	Measure	Baseline	Target
Age Well	Support people to remain healthy and independent as long as possible	Reduce the rate of injuries from falls among over 65s to the national level	2624 per 100,000	2051
		Reduce delayed transfers of care to the national average	11.85	10.4
		Continue to reduce early deaths from cancer	136.7	134.6 nationally
		Reduce early deaths from liver disease to the national level	25.0	18.5 nationally
	Ensure that people can access high quality care when necessary	Full delivery of NHS access standards	Full year delivery of 11/30 constitutional standards in 18/19	Full compliance with all standards
Die Well	Patients and their families will receive high quality support at the end of life	Reduce emergency hospital admissions during last weeks of life to the national average	5.99%	5.4%
	Support more people to die in the place of their choosing	Maintain our above average rate of people dying in their usual place of residence	47.6%	Maintain above national levels (46.6%)
Lead Well	Continuously improve the quality and safety of care	All providers rated as 'good' or 'outstanding' by the CQC	SFT – requires improvement PCFT – requires improvement 100% GPs 81.3% nursing homes 74.9% residential care	All 'Good' or 'Outstanding'
	Ensure financial balance across the system	Balance the books across the economy	£156m deficit of by 2021 if do nothing	Surplus levels
		Reduce spend on EUR procedures to the GM average	£15.39 per head of population	£12.17
	Implement new and sustainable model of care	Outcomes Framework in all contracts	0 contracts	149 contracts
	Continuously improve the quality and safety of care in Stockport	Full delivery of NHS standards	Full year delivery of 11/30 constitutional standards in 18/19	Full compliance with all standards
		Secondary care providers that are fully digitised	None	All secondary care providers by 2024
	Build a sustainable, highly skilled & supported workforce	Consistently high staff satisfaction levels	SFT 69% 2017	Consistently high

Delivery Programmes

Delivery of our Strategic Plans will be undertaken through the six key work programmes, set out below, which reflect how individuals move through population segments in the Bridges to Health model.

Detailed 3-year plans will be developed for each delivery programme and feed into the CCG's annual operational plans.

Central to each delivery programme are the common strands of:

- Prevention and self-care;
- Proactive management of conditions when they arise;
- Reducing health inequalities;

This can only be achieved through collaborative working across a range of partner organisations to fully implement Stockport's new model of care.

Primary & Community Care

Maternity & Children

Mental Health, Learning Disabilities & Autism

Planned Care, including Cancer

Urgent Care

Enablers

Primary & Community Care

Overview

Stockport has long benefited from a high quality Primary Care service. Our 37 GP Practices have the best patient satisfaction levels in Greater Manchester and all have been rated as *Good* or *Outstanding* by the CQC.

There have been significant changes in the way people access care since the NHS was established more than seventy years ago. Many people now work long or irregular hours and may not have the same support structures in place as previous generations to look after loved ones if they become unwell. More people now use technology to get answers about health or access appointments and test results via phones or email and by using apps to help manage health and other aspects of life.

These societal changes mean that the traditional model of how health and care is provided has become less relevant. More focus and resources need to be directed towards preventing ill health, keeping people out of hospital and in their homes, maintaining independence and adapting services for a growing, ageing and technology enabled population. As a Vanguard site, Stockport piloted the MCP model of care, putting our strong GP practices at the heart of our integrated service. Over the past year, we have launched a number of community-based services to help keep people safe and independent by providing services at home or close to home.

Where we are now?

Stockport's Primary Care services are rated in the top performance quartile nationally for: provision of high-quality care; appropriate prescribing of broad-spectrum antibiotics in primary care; patient experience of GP services; and primary care access.

Stockport was ranked first nationally in 2018 for the hard work and dedication of GPs, nurses, pharmacies and the public health team in immunising people against flu with 97,134 residents vaccinated. Nationally, Stockport is in the top performance quartile for delivery of diabetes treatment targets and for our screening work, resulting in high one year survival rates from cancer. However, Stockport is in the worst performance quartile nationally for Injuries from falls in people aged 65 and over.

Over recent years the CCG has supported practices through the 'Time for Care' programme that has helped practice teams manage their workload, adopt and spread innovations that free-up clinical time and develop the skills and confidence to lead local improvement. In 2019, after the launch of the NHS Long Term Plan, Stockport's GP Practices came together to for 7 Primary Care Networks (appendix 1). The establishment of Viaduct Care, our GP Federation, has pushed forward our offer of 'Primary Care at Scale' by developing teams of pharmacists, advanced nurse practitioners, social prescribers and physiotherapists to work in our Primary Care Networks, releasing GP time to focus on patients with complex care needs and prevent unnecessary hospital admissions.

Our GP Federation, Stockport NHS Foundation Trust, Pennine Care, Stockport Metropolitan Borough Council and colleagues across the third sector have come together in a Local Care Organisation called Stockport Neighbourhood Care to build multi-disciplinary teams working together in Stockport's neighbourhoods to deliver services that meet the needs of local people 7-days a week.

Where do we want to get to?

We aim to provide a truly integrated health and social care service outside of hospital, led by our GPs. Over the next five years, the CCG will work closely with our partners to strengthen our new Primary Care Networks and align them to our neighbourhood teams, providing a comprehensive multidisciplinary service outside of hospital.

Our integrated teams will Find and Prevent disease and support people to self-care and improve their wellbeing, providing a better quality of life for patients and their families and increasing healthy life expectancy to close the health and wellbeing gap.

Neighbourhood teams will effectively manage long-term conditions outside of hospital, working seamlessly with our Intermediate Tier to provide essential community crisis response, intermediate care, reablement and home care services, 24/7, avoiding unnecessary admissions to hospital and supporting sustainable early discharge.

We will continue to work with our providers to ensure that only the most clinically cost-effective medications are prescribed and reduce medical waste.

We will fully implement the new Liberty of Protection Safeguards, which come into force in October 2020, taking responsibility for the safeguarding of any patient over 16 receiving Continuing Healthcare funding, regardless of whether their care is managed in an NHS provider, at home, or in a private provider.

In line with the NHS 10 Year Plan, we will continue to fully implement:

- a digital first primary care offer by 2023/24;
- trained social prescribing link workers;
- direct access to MSK First Contact Practitioners;
- extension of the lung health checks model;
- Enhanced Health in Care Homes model;
- HPV vaccination for all boys aged 12 and 13;
- HPV primary screening for cervical cancer;
- glucose monitors for patients with type 1 diabetes;
- specialist Alcohol Care Teams ;
- and set up an acute frailty service at least 70 hours a week, achieving clinical frailty assessments within 30 minutes.

Working in collaboration with Local Authority colleagues, we will also support our GPs to continue to deliver vital Public Health services, including NHS Health Checks, contraception, immunisation, cancer screening and lifestyle support.

How we will know we have arrived?

Start Well	• Maintain high rates of immunisation, reducing variation • All boys aged 12 and 13 offered HPV vaccination
Live Well	• Improved access to primary and community care • Increased use of community pharmacy services • Reduction in avoidable emergency admissions for ACS conditions • Maintain high rates of vaccination, with improvements in areas of deprivation • Increase uptake of screening, particularly in deprived areas and for breast cancer • Reduced inequality in life expectancy and healthy life expectancy • Fewer years of life lost to causes amenable to healthcare • Improve primary care prescribing of antibiotics • More adults physically active • Fewer adults overweight or obese • Fewer adults smoking, particularly in deprived areas • More people with a long-term condition feeling supported to manage their condition • Reduction in diabetes complications • Increased number of diabetes patients that have achieved all the NICE-recommended treatment targets • Increased attendance at diabetes education courses • Greater access to Personal Health Budgets • Increased use of telehealth options • Glucose monitors for patients with type 1 diabetes • Specialist Alcohol Care Teams. • Reduce stroke in people with diabetes and / or circulatory conditions • Ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke
Age Well	• Maintain high uptake of flu vaccinations by over 65s • Adoption of carers' passports • Improved quality of life for carers • Reduction in injuries from falls • Integrated frailty care in hospital and community • Acute frailty service 70+ hours a week • Reduction in pressure ulcers, chest infections and UTIs • Reduction in delirium • Fewer people requiring repeat emergency care within 30 days of discharge • Reduction in delayed transfers of care and stranded patients • Reduction in excess winter deaths among over 65s • Fewer early deaths from cancer • Fewer early deaths from liver disease • Reduced risk of sight loss • Delivery of constitutional standards on infection control
Die Well	• Reduction in emergency hospital admissions during the last weeks of life • More timely palliative care registrations in people expected to die • More people dying in the place of their choosing
Lead Well	• Integrated Care System at full maturity • 11,016 fewer 1st outpatient appointments • 19,018 fewer outpatient follow-ups • 1,620 fewer non-elective spells • Better use of the NHS e-referral service to enable choice at referral • More digital interactions between primary and secondary care

Maternity & Children

Overview

Providing a good start in life and supporting children to achieve their full potential is vital to improving population health. Only by focussing on the health and wellbeing of children can we start to reduce prevalence of long-term conditions and deliver a sustainable health and care system into the future.

Stockport's maternity services are well regarded locally with high patient satisfaction levels. However, Stockport's older than average population has meant that services for children and young people have not always been the priority they should be.

In September 2018, a Special Educational Needs and Disabilities (SEND) review was undertaken by Ofsted and the CQC. The report recognised the hard work and commitment of staff involved in providing support within education, health and social care and the real difference that they are able to make for local families. However, the report also resulted in a requirement to submit a Written Statement of Action, documenting how we will work in partnership with children, young people and their families to improve local services through joint commissioning, needs assessment and outcomes monitoring.

Where we are now?

Since the SEND report was published a series of co-production and engagement activities have taken place. Around 300 local families and carers have shared their experiences of supporting children and young people with SEND in accessing local services. There is a clear need for Stockport's health, care, education and school services to be more aligned and responsive to the needs of children and young people with SEND. This valuable feedback of experience has provided the foundation for Stockport's improvement work.

Stockport is in the worst performance quartile nationally for Choices in maternity care, but performs well with regard to smoking during pregnancy and neonatal mortality / stillbirth.

In terms of children and young people's health, Stockport performs well nationally, with below average levels of children aged -11 classified as overweight or obese.

Stockport Family has led the way in the borough in pioneering an integrated service for children, young people and their families, bringing together health, social care, education and community assets.

Where do we want to get to?

Our aim is to give every child in Stockport the best possible start in life and support young people to achieve their full potential. This begins not just with the newborn child, but with the mother's experience of pregnancy and birth.

We will improve the quality and safety of maternity services in Stockport, improving choice and fully implementing the Better Births standards and Saving Babies Lives care bundles. In doing so, we will continue to reduce neonatal mortality and stillbirth rates.

We will work with colleagues across Greater Manchester to reduce instances of Foetal Alcohol Syndrome Disorder and improve outcomes for those affected by FASD.

We will commission comprehensive physical and mental health services for children and young people, with supportive transitions to adult services.

We will fully implement the SEND recommendations and continue to improve children and young people's mental health services.

We will deliver quality and timely services to Looked after Children and to remove any unwarranted variation in accessing services.

We will take on joint responsibility for safeguarding children with the Local Authority and Police in line with the Children and Social Work Act (2017), improving outcomes for children.

We will work collaboratively with public sector partners across education, public health and social care to promote health and wellbeing.

We will support Public Health to improve key early years outcomes, including: reducing smoking in pregnancy; increasing breastfeeding rates; reducing child obesity levels; and childhood accident rates.

In line with the NHS Plan, we will implement:
- improved access to postnatal psychological therapies;
- continuous glucose monitoring to all pregnant women with type 1 diabetes;
- access to maternity notes through smart phones or other devices;
- designated keyworkers for children and young people with a learning disability, autism or both with the most complex needs ;
- vaccination against HPV-related diseases, such as oral, throat and anal cancer for all boys aged 12 and 13;
- faster growth in funding for children and young people's mental health services;
- full access to specialist community-based mental health services for people up to 25 and 24/7 access to crisis care via NHS 111.

How we will know we have arrived?

Start Well	• Improved choice in maternity services • Continued reduction in neonatal mortality and stillbirths • Maintain positive patient experience of maternity services • Improved access to perinatal psychological therapies • Implementation of the new Local Safeguarding Children Board • Promotion of the GMHSCP campaign to make every trimester a #drymester • Reduced smoking in pregnancy • Increased breastfeeding
Live Well	• Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy <19 • Maintain high rates of vaccination, with improvements in areas of deprivation • Increase uptake of screening, particularly in deprived areas • More physically active children • Fewer children overweight or obese • Improved access to children's mental health services • Achievement of national standards for eating disorders • Reduction in hospital admissions as a result of self harm (10-24 years) • Support for young carers
Die Well	• Reduction in emergency hospital admissions during the last weeks of life • Support for families around still birth and sudden infant death
Lead Well	• Maternity digital care records available through smart phones and devices • Digital Red Books for children's immunisations • Full implementation of SEND improvement plan

Mental Health, Learning Disabilities & Autism

Overview

Over the past few years, Stockport has made significant investments into Mental Health services. As a result, the CCG's national rating for mental health services has improved from the 'greatest need for improvement' to 'good'.

Where we are now?

Nationally, the CCG is rated as 'good' for mental health services and 'outstanding' for dementia care. Stockport is in the top performance quartile nationally for IAPT recovery rates and the estimated diagnosis rate for people with dementia.

Over 2018/19 the CCG achieved the national mental health performance standards.

Measure		Target	Q1	Q2	Q3	Q4
E.A.3	IAPT access (target is 4.75% per quarter with an annual target of 19%)	19%	5.0%	4.8%	4.9%	5.0%
E.A.S.2	IAPT Recovery rate - the percentage of people who are moving to recovery during the reporting period.	50%	57.7%	55.8%	57.1%	56.3%
E.H.1	Percentage of people finishing course of IAPT treatment who are treated within 6 weeks of referral	75%	88.6%	82.4%	80.1%	87.3%
E.H.2	Percentage of people finishing course of IAPT treatment who are treated within 18 weeks of referral	95%	100%	99.3%	100%	99.4%
E.H.4	Percentage of people experiencing first episode of psychosis accessing treatment within two weeks.	50%	66.7%	81.0%	100%	100%
MH01a	Care Programme Approach - % of people followed up within 7 days of discharge from psychiatric inpatient care	95%	97.8%	98.4%	94.9%	89.3%

Pennine Care NHS Foundation Trust, the local provider of many mental health services, received a CQC rating of 'Requires Improvement' although it was highlighted that a number of improvements had been made since the previous inspection. The Trust has made the proactive decision to transfer their community services to other providers in order to consolidate their position as a main provider of mental health services across Greater Manchester.

Where do we want to get to?

Our aim is to increase access to mental health services and improve outcomes for local people.

- We will continue to invest in IAPT services for anxiety and depression and extend the offer to people with long term conditions;
- We will continue to reduce out of area placements for acute mental health and reliance on specialist inpatient care for people with a learning disability and / or autism;
- We will continue to work with our mental health providers and other CCG areas to develop new models of care and improve the quality of mental health services;
- We will continue to roll out our new pathways for ASD and ADHD;
- We will increase support for people with severe and enduring mental illness, addressing often-neglected physical health needs and reducing the gap in life expectancy;

- We will continue to address the physical health needs of people with learning disabilities by ensuring that they access annual physical health checks and access other healthcare support, e.g. access to dentistry, optometry and cancer screening;
- We will continue to improve our dementia services and support for carers;
- We will continue to develop mental health liaison in hospital, including the emergency department;
- And we will continue to increase investment in mental health services, in line with the Mental Health Investment Standard.

We will continue to work with Public Health to understand and prevent suicides and promote and support mental wellbeing.

In line with the NHS 10 Year Plan, we will implement:
- full access to specialist community-based mental health services
- 24/7 access to mental health crisis care and improve pathways via NHS 111 and ambulance services;
- smoking cessation for long-term users of specialist mental health and / or learning disability services.

How we will know we have arrived?

Start Well	• Improved access to perinatal psychological therapies • improved access to children's mental health services • Achievement of national standards for eating disorders • Fewer hospital admissions as a result of self harm (10-24 years)
Live Well	• Continued delivery of the NHS Standards for mental health • Full access to specialist community-based mental health services for people • 24/7 access to crisis care via NHS 111 • By 2023/24, 70% of MH liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter • Achieve standard for addressing physical health checks and interventions for people with severe mental illness • Implement a new universal smoking cessation offer for long-term users of specialist mental health and / or learning disability services • Reduced out of area placements for acute mental health • Increase proportion of people with a learning disability on the GP register receiving an annual health check • Reduced reliance on specialist inpatient care for people with a learning disability and/or autism • Reduce self-harm / injury in people with depression and / or SMI
Age Well	• Improve life expectancy in adults with serious mental illness • Reduction in the dementia prevalence gap
Die Well	• Reduction in emergency hospital admissions during the last weeks of life. • Reduction in suicide
Lead Well	• 1,620 fewer non-elective spells • Mental health will receive a growing share of the NHS budget • Faster growth in funding for children and young people's mental health services • Improve quality of mental health data submitted to NHS Digital

Planned Care, including Cancer

Overview

Since 2008, demand for planned care has grown by 26% nationally. This trend is likely to be magnified by the growing and ageing population. In our current model, people are referred to hospital to receive specialist advice and support, often followed by recurring follow-up appointments. Around 40-50% of outpatient appointments in Stockport result in advice or a prescription, meaning that the patient did not need to physically visit the hospital. Alternative approaches could deliver more effective solutions outside of hospital, using technology to enable communications, advice and treatment between patients, GPs, and specialists.

Where we are now?

As demand for elective care grows, performance standards have slipped. In 2018/19 Stockport achieved just 2 out of the 5 elective care standards. Improvements are required in 18-week referral to treatment time standard, the 28 day cancelled operations standard and people waiting over 52 weeks for treatment. Over 2018/19 the CCG's focus has been on reducing waiting lists through additional investment in planned care.

Cancer care is rated as outstanding in Stockport, with high rates of early diagnosis and 1 year survival rates. An increase in GP referrals has meant that more patients with cancer are being identified and treated. Stockport achieved six of nine cancer standards for 2018/19. Improvements are required in two-week waits and the 62-day treatment standards.

Standard		Target	Q1	Q2	Q3	Q4
E.B.3	Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral	92%	88.6%	84.8%	84.3%	85.6%
E.B.4	Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral	99%	98.8%	99.1%	99.1%	98.9%
E.B.6	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	94.0%	89.8%	91.4%	88.3%
E.B.7	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	92.0%	76.4%	61.3%	54.2%
E.B.8	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	98.8%	98.4%	98.6%	99.3%
E.B.9	Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	100.0%	97.5%	98.9%	97.5%
E.B.10	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100.0%	100.0%	100.0%	100.0%
E.B.11	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	99.2%	100.0%	100.0%	100.0%
E.B.12	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	85.7%	83.4%	81.5%	84.9%
E.B.13	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.0%	91.4%	94.1%	76.9%
E.B.14	Maximum 62-day wait for first definitive treatment following consultants decision to upgrade priority	N/A	84.4%	81.6%	83.9%	74.6%
E.B.S.2	Number of patients not treated within 28 days of last minute elective cancellation (provider) (Quarterly Measure)	0	16	6	9	10
E.B.S.4	Zero tolerance of over 52 week waiters	0	31	8	11	8
E.B.S.6	Urgent operations cancelled a second time (provider)	0	0	0	0	0

Where do we want to get to?

Our aim is to improve the quality of planned care, including cancer care, in Stockport.

We will manage demand for elective care by diagnosing, treating and managing follow-ups for more people out of hospital, where clinically appropriate. The resulting reduction in pressure on hospital services would allow us to reduce waiting times and meet all NHS Constitutional Standards.

We will continue to implement Greater Manchester's Improving Specialist Care programme to reduce variation in specialist care and improve quality.

The CCG's Chair and the Chief Executive of the local Trust will continue to lead Greater Manchester's elective care reform programme across the city region.

We will continue to work with Public Health to develop self-care support and resources for our population.

In line with the NHS 10 Year Plan, we will implement:

- glucose monitors for patients with type 1 diabetes
- an acute frailty service for at least 70 hours a week, achieving clinical frailty assessment within 30 minutes of arrival.

How we will know we have arrived?

Live Well	• Delivery of the NHS Standards for Planned Care • Continued increase in cancers diagnosed at an early stage, particularly in deprived areas • Continued improvement in one-year survival from all cancers • Maintain positive cancer patient experience • Ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke • Reduce stroke in people with diabetes and / or circulatory conditions • Reduction in surgery waiting lists
Age Well	• Fewer early deaths from cancer • Reduction in procedures of limited clinical value
Lead Well	• Reduce the number of EUR procedures undertaken to GM average • Transform outpatient pathways to improve the efficiency of the elective system by up to 30% • 11,016 fewer 1st outpatient appointments • 19,018 fewer outpatient follow-ups • Digital and phone outpatient appointments

Urgent Care

Overview

The Stockport health and care economy has struggled with urgent care pressures for some time now. While the number of attendances at A&E is below the national average, the hospital struggles to treat and discharge or admit patients to a hospital bed within the national 4 hour timeframe. Root cause analysis suggests that the main issues include: complexity of patient needs; a lack of senior staff able to take decisions quickly and avoid hospital admissions; and a lack of beds on hospital wards for those patients who need to be admitted.

Where we are now?

In 2018/19 Stockport only achieved one of the 8 urgent care standards in the NHS constitution. The CCG is in the worst performance quartile nationally for emergency hospital admissions for chronic ambulatory care sensitive conditions and population use of hospital beds following an emergency admission.

Standard		Target	Q1	Q2	Q3	Q4
ARP.01	Category 1 (life-threatening) calls - 90th centile appropriate response time (NWAS)	15:00	13:49	13:21	13:02	13:04
ARP.02	Category 1 (life-threatening) calls - mean time taken for a response to arrive (NWAS)	7:00	8:06	7:56	7:48	7:47
ARP.03	Category 2 (emergency) calls - 90th centile appropriate response time (NWAS)	40:00	52:43	50:38	52:03	54:12
ARP.04	Category 2 (emergency) calls - mean time taken for an appropriate response to arrive (NWAS)	18:00	23:53	23:24	24:14	25:17
ARP.05	Category 3 (urgent) calls - 90th centile appropriate response time (NWAS)	120:00	149:22	158:11	173:27	171:30
ARP.06	Category 4 (non-urgent "assess, treat, transport" calls only) - 90th centile appropriate response time (NWAS)	180:00	181:52	188:53	197:52	204:04
E.B.5	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	85.6%	79.5%	74.0%	75.4%
E.B.S.5	Number of waits from decision to admit to admission (trolley waits) over 12 hours	0	7	8	34	16

In response to the continued performance issues regarding urgent care, the CCG has provided clear and visible leadership by ensuring senior staff presence at the Trust on a daily basis as well as continuing to work in partnership with providers to ensure that pathways are clear and services are resilient.

In 2018/19 we introduced a GP streaming service into A&E, which has helped reduce some of the non-urgent waiting times we are continuing to work with partners to improve the admission and discharge flow. Outside of the hospital, Stockport partners have delivered a range of new services to support management of long-term conditions across our neighbourhoods, including routine evening and weekend GP appointments, a community falls service, GP home visiting service, community active recovery team, crisis response team and a new mental health and wellbeing service in every neighbourhood. All of these services help to support patients either at home or closer to home and reduce pressure on the busy A&E service at Stepping Hill hospital.

Where do we want to get to?

Our aim is to radically improve urgent care in Stockport and deliver the standards set out in the NHS Constitution.

Stockport's Urgent and Emergency Care Delivery Board has developed a robust improvement plan for Urgent Care that focuses on:

- bed occupancy and reducing the number of patients awaiting transfers of care or discharge;
- reducing unnecessary A&E attendances by ensuring there are appropriate alternatives in the community; and
- reducing unnecessary admissions by having appropriate interventions and diagnostics in the right place at the right time.

In line with the NHS 10 Year Plan, we will also implement:

- an Urgent Treatment Centre in Stockport; and
- agreed clinical care plans for patients within 14 hours of admission, including an expected date of discharge.

How we will know we have arrived?

Start Well	• Reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Live Well	• Delivery of the NHS Standards for Urgent Care (ambulance and ED waits) • Reduction in avoidable emergency admissions for ACS conditions • Reduced length of stay in hospital after an emergency admission • Reduction in Delayed Transfers of Care and Stranded Patients
Age Well	
Die Well	• Reduction in emergency hospital admissions during the last 90 days of life.
Lead Well	• 1,620 fewer non-elective spells • Same Day Emergency Care • Integrated Urgent Care Services.

Enablers

Overview

As one of the leaders of the local health and care economy, the CCG understands the need to work with our partners to deliver the changes needed to improve lives in Stockport.

Across Greater Manchester's city region, devolution has offered the opportunity for public services to work together, reducing waste and achieving outcomes that no service can deliver alone. The "Greater Manchester Model" of public service delivery places health and wellbeing at the centre of public policy, bringing together not just health and social care, but recognising the vital impacts of education, transport, housing, environment, business and security on the work we do.

Consequently, our Strategy takes a broad approach to change, looking at the role of the NHS as an 'anchor institution' with a significant influence over our community's health and wellbeing (Reed et al, 2019). To 'lead well', the CCG must use the influence of the CCG as an employer and a commissioner of a wide range of services in the borough to make positive changes in our community, such as: purchasing more locally to support employment; widening access to high quality work; and taking responsibility for the environmental impact of public services.

Delivery of our Strategic Aims will require input from a range of enabling services, including:

- Finance
- Estates
- Workforce
- Commissioning & Procurement
- Communications & Engagement
- IM&T.

Where do we want to get to?

The purpose of our Enablers Delivery Programme is to support the CCG's aim to 'lead well'. In line with the GMHSCP, we want to deliver 'social value' by ensuring that the taxpayers' money we spend delivers the greatest possible economic, social and environmental benefits to our communities.

We will work collaboratively with health and care partners to reduce waste and share costs, ensuring financial balance across the economy. And we will meet the 5 financial tests.

We will effectively manage estates to support integrated working in buildings that are fit for the future and able to respond to changing needs. We will ensure that the services we commission deliver the greatest possible environmental benefits to our communities.

We will support parity of esteem, by investing more in mental health, with faster growth in children's mental health services.

We will invest in our workforce, increasing cross-organisational and multi-disciplinary learning to develop a cohesive end engaged workforce with the right skills. And we will make Stockport a place where people want to come to work and stay.

We will implement new models of care by integrating commissioning across health and social care and contracting with providers to work together and deliver outcomes for local people. All contracts will include our Outcomes Framework, incentivising providers to collaborate and deliver real improvements for people. And we will reform the payment system to move away from payments by results and ensure a majority of funding is population-based.

We will effectively communicate with local people, giving access to information and tools, empowering them to manage their own care. And we will embed co-production as our method of designing services and pathways. Working across the economy with partners, we will ensure that patients have easy access to localised self-care information for common long-term conditions.

We will work together to understand our changing population and health and care needs, delivering a review of Stockport's Joint Strategic Needs Assessment (JSNA) with our partners in 2020.

We aim to embrace technology to improve the efficiency, access, and quality of our services. We will take an innovative and solution-focussed approach to IM&T that enables our workforce to access the information they need, when and where they need it. We will offer online and mobile options for healthcare, enabling greater access to services while reducing the burden of growing demand.

In line with the NHS 10 Year Plan, we will implement:

- maternity digital care records so all women will be able to access their maternity notes and information through their smart phones or other devices;
- online 'digital' GP consultations;
- access to care plans and communications from care professionals via the NHS App;
- home-based and wearable monitoring equipment connected to health records;
- fully digitised secondary care by 2024; and
- a robust IT infrastructure and cyber security to capture, stored and transmit data electronically.

How we will know we have arrived?

Start Well	• digital maternity care records • faster growth in funding for children and young people's mental health services
Live Well	• every patient will have the right to online 'digital' GP consultations • care plan access via NHS App • home-based and wearable monitoring equipment connected to health records • mental health will receive a growing share of the NHS budget • Summary care record rolled-out
Age Well	• accessible services in neighbourhood locations
Die Well	• Roll-out of the Electronic Palliative Care Coordination system (EPaCCS), including the palliative care outcomes scale (IPOS)
Lead Well	• integration of strategic commissioning functions • Local Care Organisation delivering shared outcomes and system benefits • financial balance across the economy • increased utilisation of the NHS e-referral service • increased digital interactions between primary and secondary care • all core transactional services, such as processing invoice payments, automated over the next five years • consistently high staff satisfaction levels • full recruitment across the system • 2% improvement in staff retention rates

Financial Plan

Financial Assumptions

Over the lifecycle of this Strategic Plan, we anticipate that:

- ***Growth*** - demand for services will grow by 2.2% a year
- ***Inflation*** - the cost of delivering those services will grow by 2% a year

As in previous years, the CCG is committed to meeting the NHS financial rules:

- requirement to break even in-year
- maintain a cumulative underspend of at least 1%
- Plan for a minimum 0.5% local contingency
- mental health investment to grow at least at a rate with allocation uplift.

Financial Plans

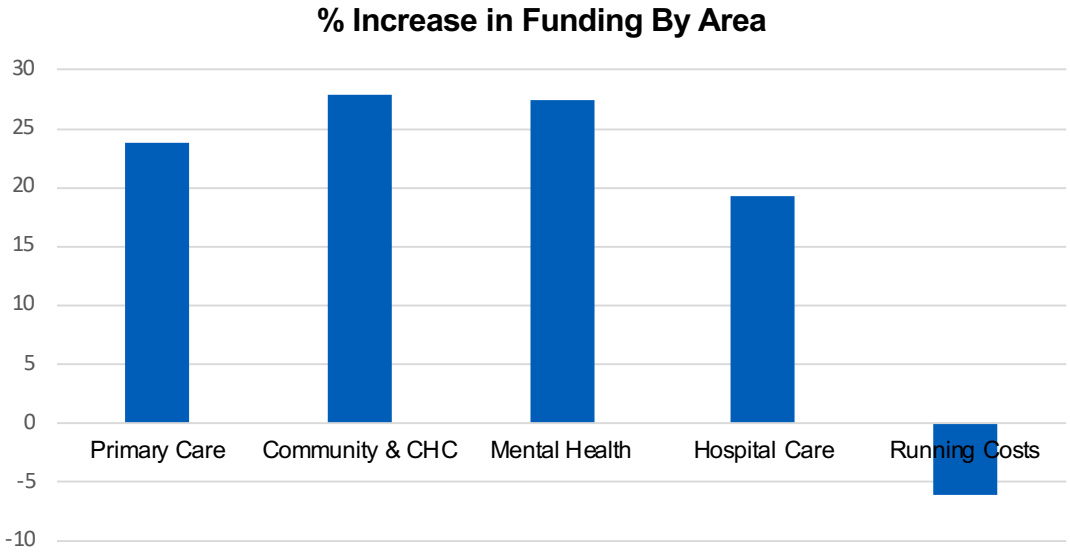
To support CCGs to plan over the long-term, NHS England has set out indicative allocations for the next five years.

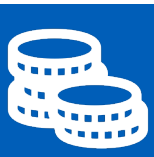
Year	2019/20	2020/21	2021/22	2022/23	2023/24
Budget	£482.44m	£501.18m	£521.41m	£540.89m	£559.88m
Year on Year Growth	5.1%	3.9%	4.0%	3.7%	3.5%

The CCG's budget is expected to grow by around 22% over the next five years, though running costs will be cut in 2020/21 by £0.76m (11.81%) and then remain static.

Our goal is to rebalance the use of resources, with more spending on preventing people from becoming ill and proactively managing conditions outside of hospital, reducing the need for higher-cost hospital services. Over the next five years, we forecast that:

- spending on Continuing Care and Community services will increase by 27. 9%
- spending on Mental Health will increase by at least 27.3%
- spending on Primary Care (excluding prescribing) will increase by 23.7%
- spending on Hospital Care will increase, but at a slower rate of 19.3%
- with spending on running costs decreasing by 6.0%.





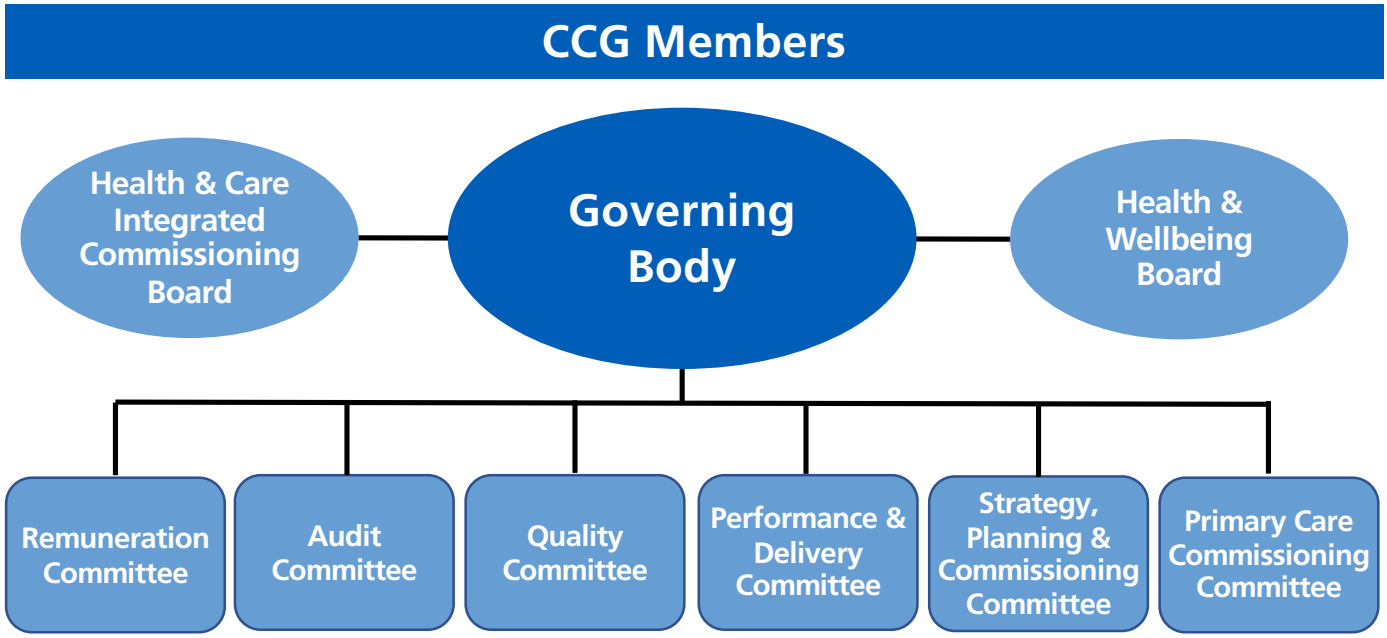
A detailed, 5-year financial plan will be developed collaboratively with our partners across Stockport. This plan will detail spending, activity and workforce assumptions over the next five years to deliver this Strategy and ensure that Stockport meets the Government's 5 financial tests set out in the Long-Term Plan.

- **Test 1:** The NHS (including providers) will return to financial balance;
- **Test 2:** The NHS will achieve cash-releasing productivity growth of at least 1.1% per year;
- **Test 3:** The NHS will reduce the growth in demand for care through better integration and prevention;
- **Test 4:** The NHS will reduce unjustified variation in performance;
- **Test 5:** The NHS will make better use of capital investment and its existing assets to drive transformation.

Governance

Clinical oversight and accountability

The CCG is a membership organisation, with member Practices nominating a representative to sit on the Council of Members. The Council has delegated power to the CCG Governing Body to conduct the overall management of the CCG through regular public meetings and sub-committees to undertake detailed work.



Development of the Strategy was led by the Strategy, Planning and Commissioning Committee - a sub-committee of the Governing Body. The strategy has been shaped from the on-going engagement with our population, then developed by clinicians, executives, staff and lay members.

Drafts were reviewed by the committee alongside a full report of local involvement undertaken. The Committee recommended the final draft to the Council of Members, where it was approved at the CCG's Annual General Meeting, before formal ratification by the Governing Body in October 2019.

Delivery Approach

Strategic planning is a core component of the CCG's annual business cycle. The purpose of this Strategy is to set the direction of the organisation, which will influence commissioning intentions, service design, and our operational plans.

Delivery of our plans will take a collaborative approach across health and social care organisations.

Progress will be monitored by the CCG's Programme Management Office (PMO) and reported bi-monthly to the Performance and Delivery Committee, which holds members of the CCG's Leadership Team to account for delivery of plans and achievement of outcomes, providing assurance to the Governing Body.

Risk Management

NHS Stockport Clinical Commissioning Group (Stockport CCG) endeavours to minimise risks to all its stakeholders through a comprehensive system of internal controls whilst providing maximum potential for flexibility, innovation and best practice in the delivery of its strategic programmes.

It is clear, however, that the future sustainability of the NHS and its founding values will require creative solutions to ensure that risk and innovation are not perceived as mutually exclusive.

The CCG has developed this Strategy and its supporting Delivery Programmes to mitigate these future risks and to support the wider system in terms of financial and operational performance.

Through the development of the Governing Body Assurance Framework the CCG documents the risks to the achievement of the CCG's objectives. This framework provides a structure by which the Governing Body and its Committees identify their assurance requirements and through regular review ensures that the risks are mitigated.

Equality Impact Assessment

As a publicly funded organisation, NHS Stockport CCG is subject to legal duties to give due regard to the impact of our plans on groups protected under the Equality Act (2010).

An equality impact assessment can be found in appendix 6.

Local Input into the Strategy

A full report of local involvement in the Strategy can be found in appendix 5.

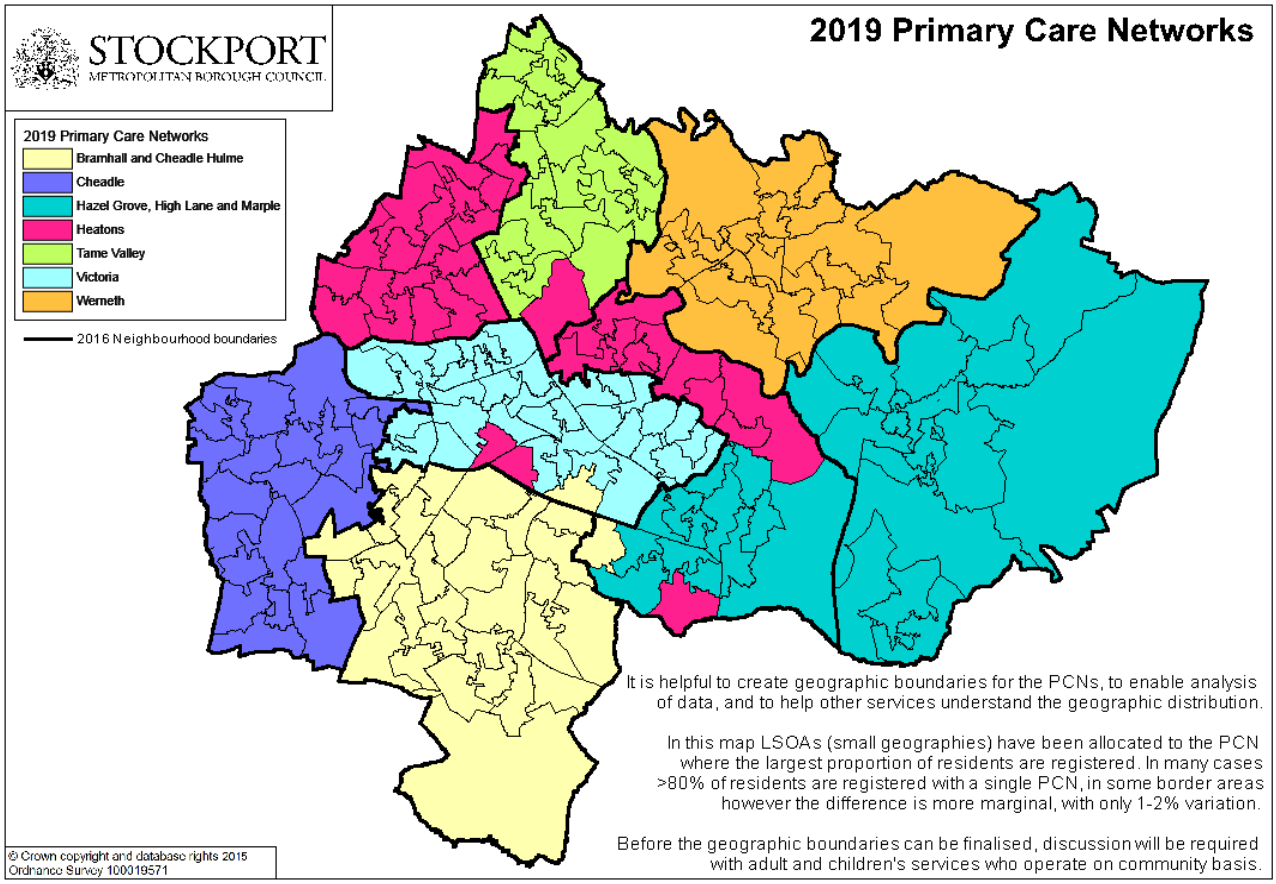
Appendices

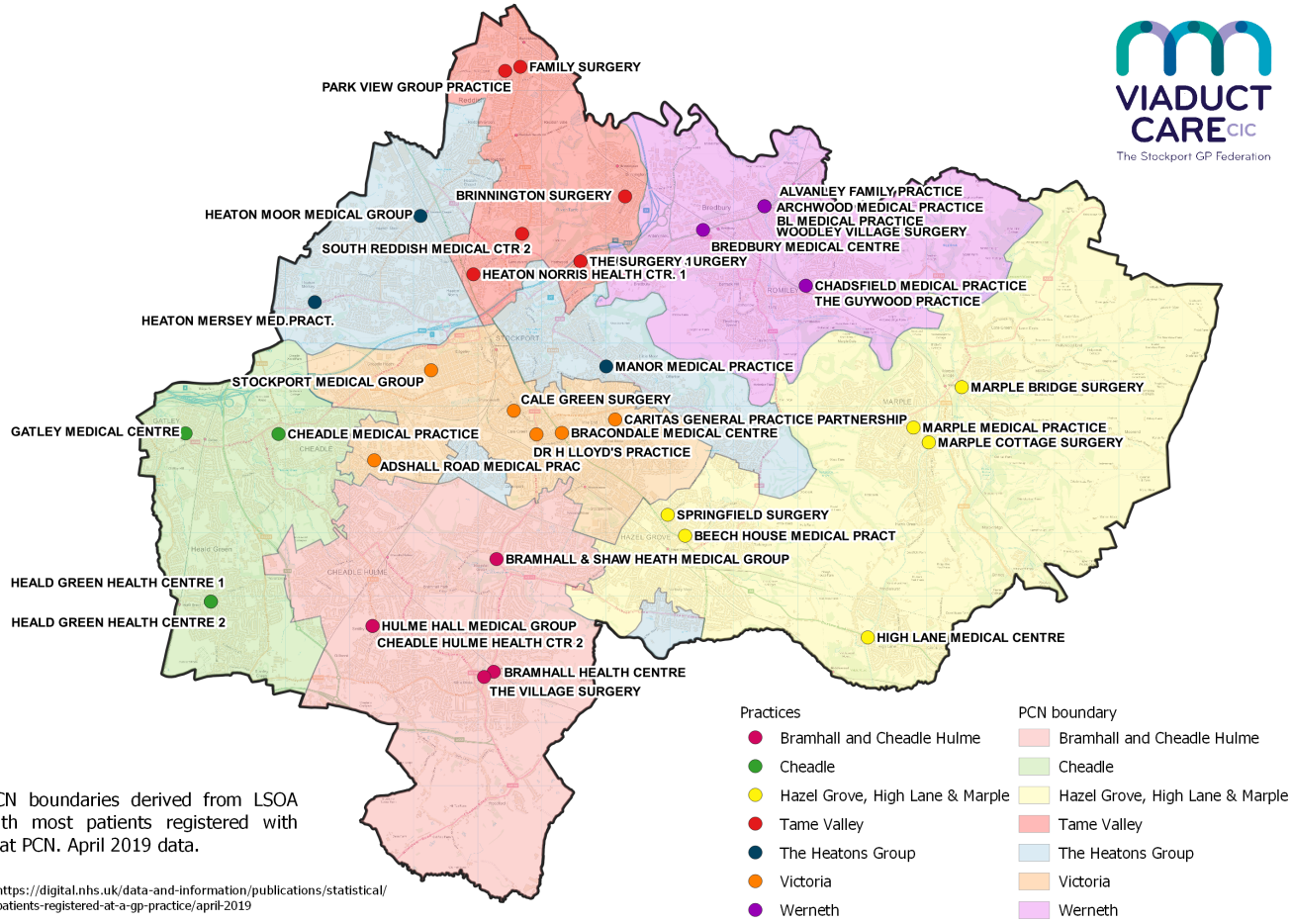
1. NHS Stockport CCG's Member GP Practices & Primary Care Networks
2. Implementation of the NHS Long Term Plan
3. Long-Term Conditions Prevalence in Stockport
4. Draft Outcomes Framework
5. Local Input into the Strategy
6. Equality Impact Assessment
7. Glossary of Terms
8. References

Appendix 1

NHS Stockport CCG's Member GP Practices & Primary Care Networks

Primary Care Network	GP Practice	Partners	Registered Patients
Bramhall & Cheadle Hulme (57,249 patients) Clinical Director: Dr. Louise Monk	Bramhall & Shaw Heath Medical Group	Dr A Bayes & Partners	14,378
	Bramhall Health Centre	Dr L Pozzoni & Partners	12,816
	Cheadle Hulme Health Centre	Dr RJ Seabrook & Partners	12,974
	Hulme Hall Medical Group	Dr AM Shipston & Partners	11,069
	The Village Surgery	Dr D Goldspink & Partners	6,012
Cheadle Network (34,514 patients) Clinical Director: Dr. Viren Mehta	Cheadle Medical Practice	Dr V Mehta & Partners	12,023
	Gatley Medical Centre	Dr AJ Davison & Partners	9,462
	Heald Green Health Centre (1)	Dr P Owen & Partners	6,581
	Heald Green Health Centre (2)	Dr C Morris & Partners	6,448
Hazel Grove, High Lane & Marple (40,598 patients) Clinical Director: Dr. Howard Sunderland	Beech House Medical Practice	Dr S Woodworth & Partners	8,173
	High Lane Medical Centre	Dr RCL Mathewson & Partners	6,006
	Marple Bridge Surgery	Dr MJ Needham & Partners	6,430
	Marple Cottage Surgery	Dr A Johnson & Partners	7,275
	Marple Medical Practice	Dr M Valluri & Partners	7,135
	Springfield Surgery	Dr Aldabbagh & Partners	5,579
Heatons Group (60,119 patients) Clinical Director: Dr. Rebecca Locke	Heaton Mersey Medical Practice	Dr J Wynn & Partners	8,197
	Heaton Moor Medical Centre	Dr DL Dawson & Partners	42,934
	Manor Medical Practice	Dr M Leahy	8,989
Tame Valley (44,108 patients) Clinical Director: Dr. James Higgins	Brinnington Surgery	Dr AR Gilman & Partner	8,940
	Family Surgery, Reddish	Dr IW Dickie & Partners	11,870
	Heaton Norris Health Centre	Dr C Marshall & Partners	7,346
	Park View Group Practice	Dr N Hussain & Partners	9,061
	South Reddish Medical Centre	Dr G Gupta	3,595
	The Surgery	Dr HH Azmy	1,759
	Vernon Park Surgery	Dr S Chatterjee	1,537
Victoria (45,910 patients) Clinical Director: Dr. Paul McGuigan	Adshall Road Medical Practice	Dr Gillott & Partners	4,811
	Bracondale Medical Centre	Dr C Briggs & Partners	5,326
	Cale Green Surgery	Dr R Tomalin	3,809
	Caritas General Practice	Dr Jane Whittaker & Partners	13,066
	Cedar House	Dr H Lloyd	2,230
	Stockport Medical Group	Dr RS Gill & Partners	16,587
Werneth (31,116 patients) Clinical Director: Dr. Abdul Ghafoor	Alvanley Family Practice	Dr M Gallagher & Partner	5,345
	Archwood Medical Practice	Dr G Parker & Partners	8,228
	Bredbury Medical Centre	Dr R Beardsell & Partners	4,547
	Chadsfield Medical Practice	Dr M Mather & Partners	6,964
	The Guywood Practice	Dr R Patel & Partner	2,907
	Woodley Health Centre	Dr A Choudry	3,161
NHS Stockport Clinical Commissioning Group		**37 GP Practices**	**313,610 patients**





PCN boundaries derived from LSOA with most patients registered with that PCN. April 2019 data.

https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/april-2019

Implementation of the NHS Long Term Plan

It is our intention with this Strategy to deliver all the commitments within the NHS Long Term Plan. Delivery will be phased across the 5 years of this strategy, prioritising local need and those areas where Stockport does not perform as well as other areas.

The table below maps the headline metrics in the Long Term Plan (LTP) to the key delivery plans and measures in the CCG Strategy.

No.	LTP Headline Metrics	CCG plans	Page
A new service model for the 21st century			
1.	Primary and community services: • annual implementation milestones for 5-year GP contract • new community services response times and teams.	GP-led care is one of the principles of this Strategy We will continue to invest in primary and community services Primary & Community delivery programme sets out our plans and measures	P23 P43-44 P30-32
2.	Comprehensive ICS coverage including a partnership board, drawn from and representing commissioners, trusts, primary care networks, and - with the clear expectation that they will wish to participate - local authorities, the voluntary and community sector and other partners.	Primary & Community delivery programme sets out our plans and measures for an ICS	P30-32
3.	Emergency care: on agreed trajectory for Same Day Emergency Care and Integrated Urgent Care Services	Urgent Care Delivery Programme	P39-40
More NHS action on prevention and health inequalities			
4.	Prevention (1): increase uptake of screening and immunisation	Primary & Community delivery programme	P30-32
5.	Inequalities: inequalities reduction trajectory	Primary & Community delivery programme	P30-32
6.	Prevention (2): alcohol care teams, tobacco treatment services, and diabetes prevention programme	Primary & Community delivery programme Planned Care delivery programme	P30-32 P37-38
Further progress on care quality, access and outcomes			
7.	Maternal and children's health: on agreed trajectory for 50% reduction in stillbirth, neonatal and maternal deaths and brain injury by 2025	Maternity & Children Delivery Programme	P33-34
8.	Improve cancer survival: Improve one and five-year cancer survival; on agreed trajectory so that 75% of cancer patients diagnosed at stage 1 or 2 by 2028	Primary & Community delivery programme Planned Care delivery programme	P30-32 P37-38
9.	Learning disability and autism: on agreed trajectory for halving inpatient rate by 2023/24 and increasing learning disability physical health checks to 75% of people aged over 14	Mental Health & Specialist Groups delivery programme	P35-36

A new service model for the 21st century			
No.	**LTP Headline Metrics**	**CCG plans**	**Page**
10.	Mental health: on track for locally agreed service expansion, and increase in investment for mental health services as a share of the NHS budget over the next five years by 2023/24	Mental Health & Specialist Groups delivery programme Financial Plan	P35-36 P43-44
11.	Implementation of agreed waiting times/clinical standards for urgent and emergency care, elective care, cancer and mental health, from April 2020, and the maintenance and improvement of performance for cancer treatment and A&E until that point.	Urgent Care Delivery Programme Planned Care delivery programme Mental Health & Specialist Groups delivery programme	P39-40 P37-38 P35-36
NHS staff will get the backing they need			
12.	Workforce metrics will be agreed through development of the NHS People Plan but will include: • Staff retention: retention rate to improve by at least 2% • Leadership: CQC well led indicator, and staff engagement indicator • Diversity/inclusion: BME representation, gender, bullying/harassment	Enablers Delivery Programme	P41-42
Digitally enabled care will go mainstream across the NHS			
13.	Outpatient reform: 30% reduction trajectory, outpatient digital role out	Planned Care delivery programme Enablers Delivery Programme	P37-38 P41-42
14.	Empowering people: Summary care record roll out.	Enablers Delivery Programme	P41-42
15.	Access to online/telephone consultations in primary care.	Enablers Delivery Programme	P41-42
Taxpayers' investment will be used to maximum effect			
16.	Test 1: The NHS will return to financial balance	Enablers Delivery Programme Financial Plan	P41-42 P43-44
17.	Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year	Financial Plan	P43-44
18.	Test 3: The NHS will reduce growth in demand for care through better integration and prevention	Primary & Community delivery programme	P30-33
19.	Test 4: The NHS will reduce variation in performance across the health system	Primary & Community delivery programme Maternity & Children Delivery Programme	P30-33 P33-34
20.	Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation	Enablers Delivery Programme Financial Plan	P41-42 P43-44

Appendix 3

Long-Term Conditions Prevalence in Stockport

Long-Term Condition	Number (Jul 2018)	Demographic trends		
		Gender	Age	Deprivation
Hypertension	46,135		Highest 45+	Increase with dep.
Anxiety (last 10 years)	35,075	Higher in women	Highest 25-49	Increase with dep.
Depression	34,070	Higher in women	Highest 40-59	Increase with dep.
Asthma	20,415			Increase with dep.
Pre-Diabetes	17,565		Highest 45+	Increase with dep.
Diabetes	16,505		Highest 45+	Increase with dep.
History of Fall	13,430	Higher in women	Highest 75+	Increase with dep.
Coronary Heart Disease (CHD)	12,320	Higher in men	Highest 50+	Increase with dep.
Cancer	9,760		Highest 50+	Decrease with dep.
Chronic Kidney Disease (CKD)	7,500		Highest 50+	Increase with dep.
Chronic Obstructive Pulmonary Disease (COPD)	7,405		Highest 45+	Increase with dep.
Atrial Fibrillation (AF)	6,745		Highest 50+	
Stroke or Transient Ischaemic Attack (TIA)	6,645		Highest 55+	Increase with dep.
Osteoporosis	6,355	Higher in women	Highest 50+	Increase with dep.
Heart Failure (HF)	3,625	Higher in men	Highest 60+	Increase with dep.
Self-harm	3,155	Higher in women	Highest 15-34	Increase with dep.
Dementia	2,825	Higher in women	Highest 65+	Increase with dep.
Severe mental health	2,740		Highest 30-59	Increase with dep.
Rickets (last 10 years)	2,725	Higher in women		
Glaucoma	2,520		Highest 55+	Decrease with dep.
Peripheral Arterial Disease (PAD)	2,270	Higher in men		Increase with dep.
Epilepsy	2,250			Increase with dep.
Acute Macular Degeneration (AMD)	1,675	Higher in women	Highest 65+	Decrease with dep.
Learning disability	1,625	Higher in men		Increase with dep.
Rheumatoid Arthritis	1,595	Higher in women	Highest 45+	Increase with dep.
Autism	1,585	Higher in men		Increase with dep.
Crohn's disease	1,075			
Cerebral palsy	285			
Down's syndrome	230	Higher in women		
Motor neurone disease	30			

Appendix 4 - Draft Outcomes Framework

Population Segment	Who's in this group?	What's important to them?	Clinical & Social Outcomes	Personal Outcomes
Maternity & Infant Health	Children and young people under 18 Pregnant women	To be developed	To be developed	Independence Proactive and confidence in managing health Able to maintain usual lifestyle and activities, having a full life Time with friends and family, not being alone Well-informed Feeling supported and reassured Feeling safe and secure In control, involved, listened to Dignity and respect Anxiety / depression Pain and symptom control Nutrition Disability / functions of daily living Mental wellbeing Carers' health and wellbeing
Healthy	Adults in the general population Not in contact with health services No diagnosed conditions May have underlying conditions / risk factors May have unhealthy behaviours	Staying healthy and avoiding developing a disease / condition Convenient access to services when unwell Longevity Maintaining independence, usual lifestyle and activities Quality of life and social interaction	Reduce avoidable hospital admissions Increase physical activity Reduce obesity Reduce smoking Reduce alcohol consumption	
Long-Term Conditions	People ages 18 and over with a long-term condition May have stable / normal function managed by medication, treatment or therapy May have serious long-term physical or learning disability May have limited reserve, serious exacerbations, progressive deteriorating conditions	Effective self-management Preventing / limiting disease progression Maintaining autonomy Confidence to manage their condition Avoiding exacerbations or complications Avoiding developing more health conditions Minimal disruption to life Coordinated care in the most appropriate place	Reduce premature mortality in people with serious mental illness Reduce smoking Reduce obesity Reduce episodes of ill health requiring emergency admission Reduce days disrupted by care Reduce stroke in people with diabetes and / or circulatory conditions Reduce diabetes complications Reduce exacerbations requiring emergency admissions in people with organ failure Increase cancers diagnosed at an early stage Reduce self-harm / injury in people with depression and / or SMI Increase employment for those in secondary mental health services Increase adults in contact with secondary mental health services living in stable and appropriate accommodation	
Frailty and / or Dementia	People who are frail and / or have dementia Likely to have comorbidities Often vulnerable and dependent on others	Avoid disruption to life / time away from home Independence Prevention of falls or distress (e.g. pressure ulcers) Stronger recovery following falls, fractures of hospital admission Timely diagnosis of dementia at an early stage Quality of life and social interaction	Increase the proportion of days spent at home Reduce pressure ulcers Reduce falls Reduce delirium Reduce emergency admissions for UTI, constipation and incontinence Reduce the dementia prevalence gap Reduce people requiring repeat emergency care within 30 days of discharge Increase people back to previous level of mobility following a hip fracture	
End of Life	People with a terminal illness or advanced progressive deterioration People identified to be in their last 6-12 months of life	Control over their care and place of death Early conversations and planning Support to live as actively as possible Dignity and respect Psychological support to themselves and their family	Increase people dying in their preferred place Increase palliative care registrations in people expected to die Reduce the proportion of days disrupted by emergency care for people in their last days of life	

Appendix 5

Local Input into the Strategy

1. Overview

In January 2019, NHS England launched its Long-Term Plan, setting out expectations for the health sector over the next ten years. All CCGs are required to refresh their Strategic Plans by the Summer to set out how we will deliver the NHS Long-Term Plan.

NHS Stockport CCG's Strategic Plan will set out the CCG's vision for the next 5 years and prioritise our work to deliver the NHS plan.

2. Why Engage?

We recognise that our decisions, policies and services have a major impact on the lives and wellbeing of local people. NHS Stockport CCG is committed to working with local people to improve health and secure high-quality healthcare for the people of Stockport, now and for future generations. We want everyone to have greater control of their health and wellbeing, and to be supported to live longer, healthier lives with high quality health and care services that are compassionate, inclusive and constantly improving.

Public involvement helps us to understand local needs and to prioritise those people who experience the poorest health outcomes, enabling us to improve access and reduce health inequalities. Local involvement provides opportunities to see things differently and to be innovative, leading to a better use of our limited resources.
Level of Involvement

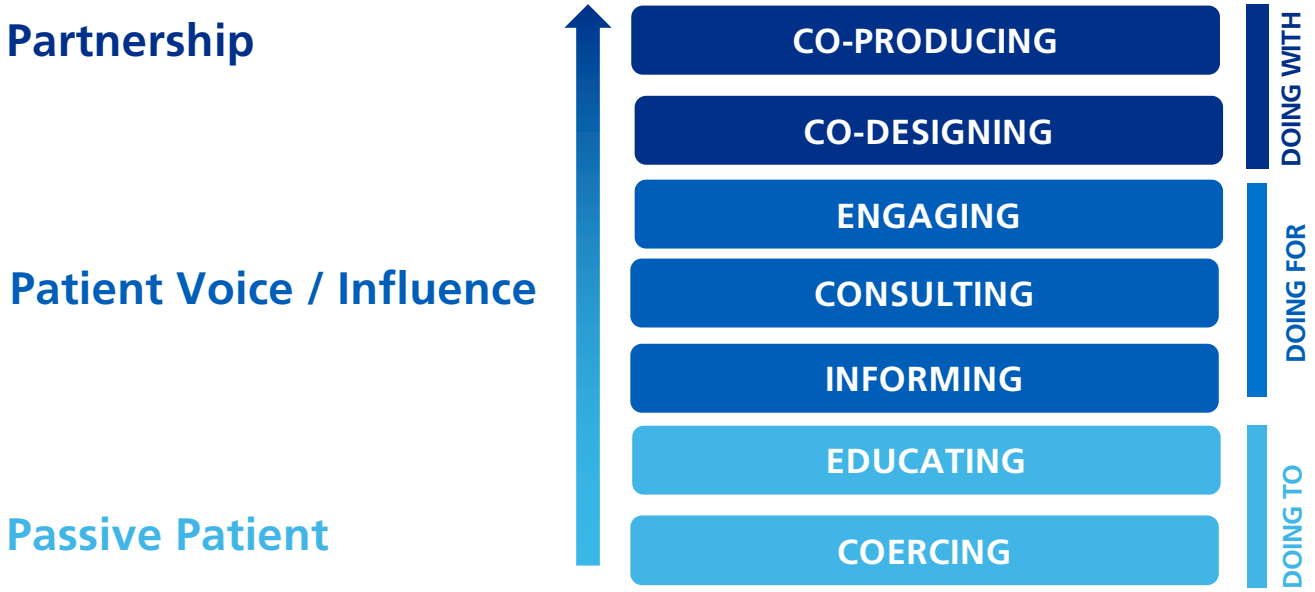
The CCG's Strategy must deliver a range of clearly defined commitments:

- NHS Long-Term Plan;
- the GMHSCP transformation strategy;
- the Stockport Health & Wellbeing Strategy
- and our system transformation plans under Stockport Together.

With regard to the GM Strategy, our Health & Wellbeing Strategy and the Stockport Together plans, the CCG has already consulted widely, involving staff, partners, patients and the public in shaping our new model of care and prioritising investments in the future.

In light of significant involvement by stakeholders in developing the elements of the Strategic Plan through Stockport Together, the level of involvement used for refreshing the Strategy was Informing / Engaging (see the ladder of co-production model below).

Ladder of Co-Production



Adapted by the National Co-Production Advisory Council and Think Local Act Personal from Sherry Arnstein's model of participation

3. Objectives

The purpose of our involvement plan was to:

- Gain feedback from key stakeholders on the proposed strategy for 2019-2024
- Share the CCG's mission and vision with partners, patients and the public

4. Stakeholders

Key stakeholders included:

- CCG Leadership
- CCG Staff
- GP Members
- Clinicians
- Partners (SMBC, SFT, PCFT, GM, HWBB)
- Patients, carers and the public.

5. Engagement Methods

A range of engagement methods were used to maximise involvement:

- Events, including partnership engagement events;
- Focus groups;
- Meetings (internal and external);
- Workshops;
- Surveys;
- Newsletters;
- Briefings.

6. Involvement

Involvement was undertaken between May and September 2019. Around 500 people were involved in the development of the Strategy, through a range of different methods as set out in the table below.

Date	Stakeholder Group	No. engaged	Engagement Method	Detail
12-Apr-19	Staff	11	Meeting	Presentation on requirements and process at senior managers Planning Meeting
18-Apr-19	CCG Leadership	5	Meeting	Paper to Leadership Team for discussion
24-Apr-19	CCG Leadership	20	Workshop	Mission, Vision and Values presentation and workshop at Governing Body
25-Apr-19	CCG Leadership	6	Meeting	Paper to Leadership Team for discussion
08-May-19	CCG Leadership	10	Workshop	Aims & Objectives workshop at Strategy, Planning & Commissioning Committee
22-May-19	GP Members	100	Partnership Event	Presentation on progress to date at GP Conference and table discussions
May-June-19	Staff	-	Briefings & Newsletters	Updates via Accountable Officer's floor brief and staff newsletter
May-June-19	Staff	10	Workshop	Mission, Vision & Values review in staff break room
May-June-19	Staff	5	Survey	Strapline design
05-Jun-19	Clinicians	8	Focus Group	Clinical Reference Forum review of Strategic Aims and Objectives
10-Jun-19	Staff	10	Meeting	Presentation and discussion at the Wider Management Team meeting
11-Jun-19	Staff	11	Meeting	Presentation and discussion at the CCG Planning meeting
11-Jun-19	Patients & Public	12	Focus Group	Healthwatch Stockport - presentation and discussion
18-Jun-19	Patients & Public	11	Focus Group	Citizen's Reference Panel - presentation and discussion
20-Jun-19	GP Members	1	Meeting	Strategy Session with Clinical Chair
24-Jun-19	Partners	5	Meeting	Presentation and Discussion at the Public Health senior management team
21-Jun-19	Staff	20	Virtual review	Input to draft from senior staff
27-Jun-19	CCG Leadership	8	Meeting	Review of draft strategy at Leadership Team
09-Jul-19	Staff	100	Workshop	Presentation and workshop discussions at the CCG Start of Year Conference
10-Jul-19	CCG Leadership	9	Meeting	Review of draft strategy and engagement report at Strategy, Planning & Commissioning Committee
17-Jul-19	Staff	9	Meeting	Presentation on latest draft at senior managers Planning Meeting
24-Jul-19	CCG Leadership	16	Meeting	Review of draft strategy at the CCG Strategy at Governing Body
25-Jul-19	Partners	6	Meeting	Review of Strategy with Stockport NHS FT Strategy & Planning Leads
25-Sept-19	Partners		Meeting	Review of Strategy at Stockport Health & Wellbeing Board
25-Sept-19	CCG Leadership & GPs	100	Meeting	Sign-off of the CCG Strategy by Council of Members at the Annual General Meeting
02-Oct-19	CCG Leadership		Meeting	Formal ratification of the CCG Strategy at Governing Body
Total Number of People Involved:		**487**		

7. Responses

Feedback from staff, clinicians, patients and the public was generally supportive of the proposal for the CCG's Strategy.

People recognised the influence of previous engagement and co-design work on the delivery plans set out and urged the CCG to focus on implementing changes.

Key themes expressed included:

- the importance of tackling health inequalities among community groups
- the need to invest more in mental health services
- the importance of preventing ill health
- an acknowledgement that previous plans did not include enough on children's health
- the need for public services to work together to support individuals
- support for more care undertaken closer to home.

The following table identifies changes made to the Strategy as a result of stakeholder involvement:

Theme	You Said	We Did
Mission	Mission and Vision need to be condensed down to a shorter sentence	Text revised and shortened
	Should not start "We exist to ..."	Format changed
	Since the last strategy was written, our remit has grown to be wider than just health	Mission is to improve health ***and wellbeing***
Vision	CCG vision should cover whole system, not just healthcare, to reflect the CCG's leadership role	Vision is system-wide
	Public don't understand the terms "integrated care" and "joined-up care"	Changed wording to "person-centred" to reflect that people are at the heart of care
Values	Too many values	Cut values down to the 4 with the most support and referenced Nolan Principles as Governing Body way of working
	Patients should be first on the list explaining 'collaborative'	Amended the list accordingly
	CCG Leadership needs to be available to listen to views and accountable in using those views in decision making	Nolan Principles of Public Life are outlined as a way of working in the Governing Body
Principles	Although not a value, we need to have a golden thread running through the Strategy that highlights our commitment to: • a GP-led model of care • co-producing services • harnessing technology to improve care • reducing inequalities	Added a principles section to highlight these areas
	Engagement should be at the start of work so that patients and the public can influence change	Co-production added as a principle

Theme	You Said	We Did
CCG Purpose	Staff should agree a strapline for the CCG to ensure they own our strategy	Staff engagement undertaken to develop a strapline, with options voted upon at the Staff Conference.
Structure	We should use population segmentation to structure our strategy	Strategic Aims, outcomes and delivery programmes aligned to population segments
Strategic Aims	Previous Strategies have focused on older people and not given enough thought to children's services	Added 'Start Well' as a strategic aim
	Safeguarding Team should be involved in the Start Well aim, given the rise in Sudden Infant Death nationally	Safeguarding Team edited final draft section
	GPs should be paid to keep us well, not treat us when we're sick	Added 'Live Well' as a strategic aim
	End of Life Care should be a separate strategic aim	Added 'Die Well' as a strategic aim
	Consider merging the transactional aims (system reform, sustainability, workforce) into one to focus more on people	Created a "Lead Well" aim to cover workforce and transactional back-office functions
	Important to have workforce as a strategic priority as this is a major issue nationally and will make or break transformation plans	
Strategic Objectives	Reducing inequalities needs to be more prominent in the Strategy Health inequalities should be included in each area	Health Inequalities has been added as one of the principles / golden threads of the Strategy. Each delivery programme now includes measures linked to reducing inequalities
	We should spend money wisely, based on evidence and need	Sustainability is a key objective
	Good health starts with healthy lifestyle, not accessing of services	Objectives include prevention
	Need to provide more support for people with serious mental illness	"Live Well" aim includes objectives around SMI Mental health delivery plan includes a range of measures around physical and mental wellbeing for this group
	Patient Safety is key	Amended 'quality' to define it not just as performance or ratings, but also levels of safety. Included safeguarding work in delivery programmes

Theme	You Said	We Did
Measures	Should change title to Strategic "Improvement" measures, not achievement measures	Title changed
	Prevention is key - particularly in the Start Well section to prevent ill health later in life	Took plans to Public Health team and added a range of prevention measures, which will be delivered collaboratively with Public Health and neighbourhoods
	Rather than "longer lives" we should focus on quality of life and wellbeing	Strategy will also measure 'healthy life expectancy'
	Childhood immunisations are generally good, but low in some areas - need to address variation	Added as an achievement measure in the Maternity & Children Delivery Programme
	While Stockport benchmarks well on childhood obesity levels nationally, the trend over time is going in the wrong direction and needs to be addressed	Added as an achievement measure in the Maternity & Children Delivery Programme
	While Stockport performs well on screening, uptake is lower in areas of deprivation	Added as an achievement measure in the Primary Care Delivery Programme
	While Stockport has low rates of smoking compared to the national average, it is still the biggest preventable contributor to early death	Added as an achievement measure in the Primary Care Delivery Programme
Delivery Programmes	Estates needs to be included in the sustainability plan	An 'Enablers' programme was added to cover estates, finance, digital, comms and engagement
	Communications / IT are key - many patients have issues with telephony and contacting their GP Practice	Communications and IT included in enablers delivery programme
	In light of the new models of care, shouldn't Primary Care and Neighbourhoods be merged into a single delivery programme?	Delivery Programmes were merged
Imagery	NHS plans should not be overly-medicalised - consider changing the icons on delivery programmes	Icon changed from a syringe to a house
	previous public engagement has fed back a dislike for the older person icon	Icon changed to an oak tree

8. Next Steps

Feedback was reported to the Strategy, Planning and Performance Committee for discussion and the recommended Strategy sent to the Governing Body and AGM for sign-off.

The CCG's engagement website includes a 'You Said, We Did' function. The full write up of involvement will be published on this site, setting out how local views influenced decisions and the final strategy. Reports will also be sent to specific groups engaged.

Appendix 6

Equality Impact Assessment

1. Overview

In January 2019, NHS England launched its Long-Term Plan, setting out expectations for the health sector over the next ten years. All CCGs are required to refresh their Strategic Plans by the Summer to set out how we will deliver the NHS Long-Term Plan.

NHS Stockport CCG's Strategic Plan will set out the CCG's vision for the next 5 years and prioritise our work to deliver the NHS plan.

2. Why Assess the Impact of our Strategy?

Everyone in Stockport is likely to use NHS services at some point in their life, whether it be visiting your local GP, asking the pharmacist for advice on cold and flu medication, going into hospital for an operation, or using our stop smoking services. We recognise that our decisions, policies and services have a major impact on the lives and wellbeing of local people.

At NHS Stockport Clinical Commissioning Group we believe that whoever you are and whatever your health needs you should receive a high quality service every time you walk through our doors.

NHS Stockport CCG is committed to working with local people to improve health and secure high-quality healthcare for the people of Stockport, now and for future generations. We want everyone to have greater control of their health and wellbeing, and to be supported to live longer, healthier lives with high quality health and care services that are compassionate, inclusive and constantly improving.

While our aim with this Strategy is to improve health and wellbeing for everyone in Stockport, we recognise that some people will require more support than others and that not everyone access our services in the same way. We want to ensure that our plans are fair and that they support improvement in health and wellbeing for *all* of our community groups.

Impact assessment is a way of considering the effect of our planned changes on different groups to:

- ensure the Strategy will not have a negative impact on the quality of services;
- consider whether the Strategy will help eliminate unlawful discrimination, harassment and victimisation;
- consider whether the Strategy will advance equality of opportunity between people who share a protected characteristic and those who do not;
- consider whether the Strategy will foster good relations between people who share a protected characteristic and those who do not; and
- inform the development of the proposed Strategy.

3. Public Sector Equality Duty

The Public Sector Equality Duty, as set out in the Equality Act 2010, requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different community groups
- foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- tackle prejudice, and
- promote understanding.

Compliance with the duties may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under the Equality Act 2010.

The characteristics given protection under the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

4. Stockport's Population

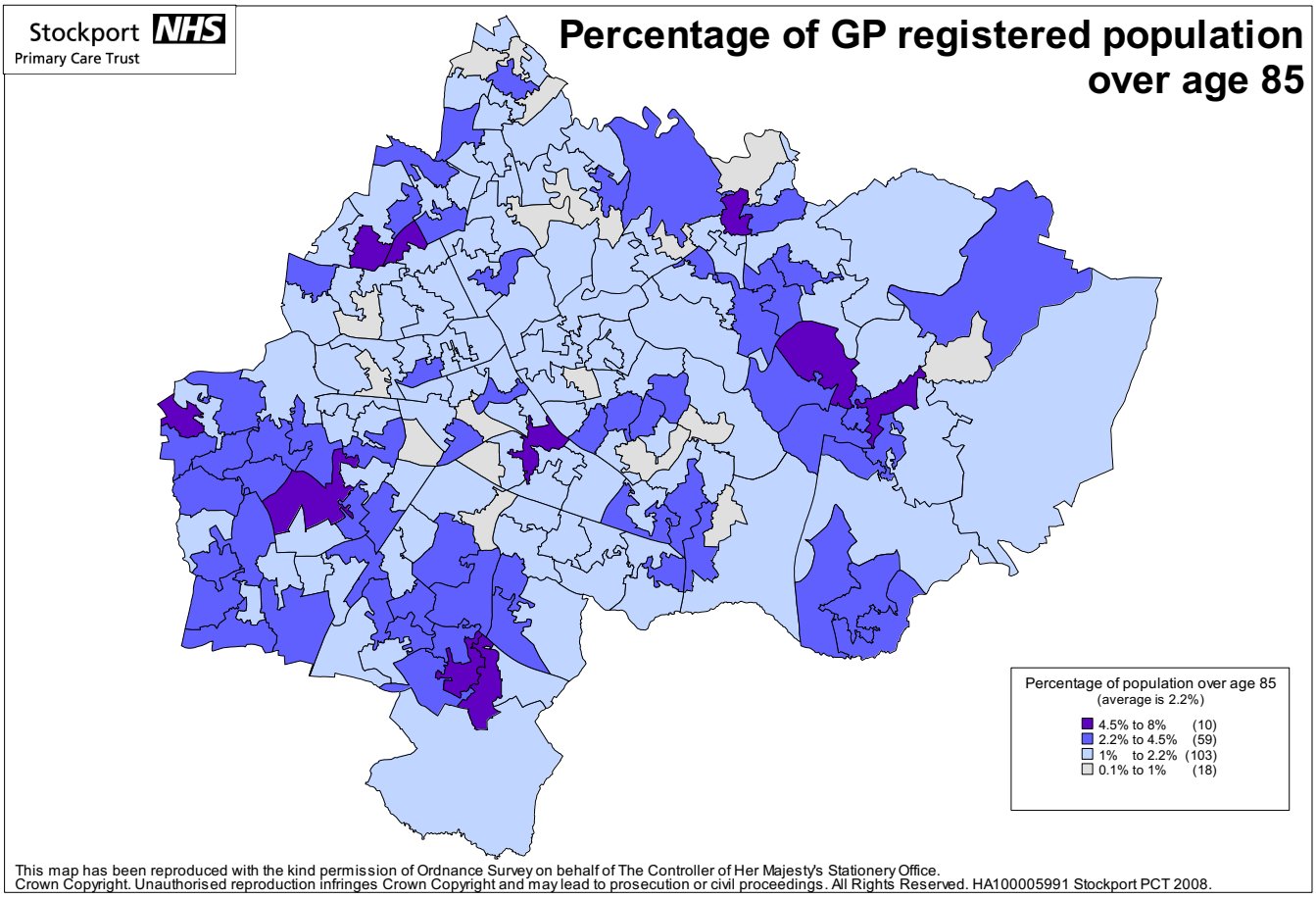
Stockport sits in the South East of Greater Manchester, bordering on the city to the North and on the countryside of Cheshire to the South. Stockport has a population of **291,045** residents, with **313,646** people registered at one of Stockport's 39 GP Practices. Our population is growing by around 1,000 people a year and is expected to continue to grow at this rate over the life-span of this Strategy.

Stockport continues to be one of the healthiest places to live in the North West, with health outcomes similar to the national average. Life expectancy is high, at 83.3 for women and 79.8 for men. Within the borough, however, there is a significant difference in health outcomes between Stockport's more affluent and deprived boroughs, with men in the most affluent areas living 11 years longer than those in the most deprived areas of the borough. Perhaps more significantly, in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.

Age

Stockport has the oldest age profile in Greater Manchester and its population continues to age. Currently 19.8% people are aged 65+ and this is likely to rise to 21.0% by 2024, with an additional 5, 800 people aged 65 or over.

Areas of affluence, including Bramhall, Cheadle and Marple tend to have the highest population of people aged 65+. Concentrations of those aged 85+ can be found across the borough clustering around nursing and residential homes.



Older People - Key Information:

- Stockport's population is older than the England average, with an increasing number of older people living with dementia and other long-term conditions;
- 58% of older people in Stockport have a long term health problem or disability;
- 1 in 5 have two or more long-term conditions;
- By age 85 the proportion rises to 87% for one and 53% for two or more long term conditions;
- 11,400 people in Stockport have a history of falling, a key risk for loss of independence
- 33% of older people in Stockport live on their own leading to the danger of social isolation and vulnerability
- The frequency of use of hospital care increase significantly from age 65 onwards.
- 7,274 people over 65 are carers;
- 2,700 people have been diagnosed with dementia in Stockport

The number of children and young people in Stockport is also rising - though at a lower rate than our older population.

Children and Young People - Key Information:

- Almost 1 in 4 children in Stockport are overweight or obese by the age of 4 rising to 1 in 3 by the age of 11;
- More than 1 in 4 five-year olds suffer tooth decay;
- 8,165 children and young people are estimated to live in poverty;
- Over 70% of young adults are not active enough;
- Anxiety is the major long-term condition affecting young people in Stockport with more than 4,000 cases reported;
- 2,115 children and young people are carers; and
- Self-harm hospital admissions in those aged 10-24 are higher than the national average.

Disability

40% of people registered with a Stockport GP have one or more long-term health conditions, increasing the complexity of care needs in the borough.

The 2011 census indicates that 18.4% of Stockport residents are living with a limiting long-term illness (long-term illness, health problem or disability which limits daily activities or work). 8 of Stockport's 21 wards have levels of limiting long term illness above the England and Wales average and all of Stockport's Priority 1 areas reported higher levels of LLTIs than the national average.

The likelihood of having a disability is not evenly spread across the population. Unsurprisingly, rates of disability increase with age, and for those aged 65+ almost half of all people reported having a long-term condition. Women are more likely than men to have a disability, and people from some ethnic and religious groups - especially some Asian Muslims - appear more likely to report an LLTI or disability. In both cases, the differences tend to become more accentuated at older ages, so for example nearly 2 in 3 Pakistani and Indian women over 65 had a LLTI or disability in 2001.

According to the NHS Information Centre, 1,505 people in Stockport were registered as blind or partially sighted in March 2008. In March 2010 there were 710 people in Stockport registered as deaf or hard of hearing. Stockport provides social services to 4,100 adults as a result of physical disability, frailty or temporary illness and there are 4,309 wheelchair users in the borough. 900 people living in Stockport are currently registered with the Council's Learning Disability Service; 430 children living in Stockport aged 0-17 years are registered on the children's disability databases as having moderate learning disability while 70 are registered as having severe learning disability.

Another measure of the number of disabled people in Stockport is the number of vehicle badges in circulation. The Council issues vehicle badges for people who are physically or visually disabled (Blue Car Badges). In 2010, 15,100 people in Stockport held a valid Blue Badge. This equates to around 5% of the local population. However, among residents of retirement age, the figure goes up to almost 25% (Department for Transport Statistics).

Overall in Stockport the uptake of disability related benefits is lower than the national average with 9,900 claiming Incapacity Disablement Allowance (IB/SDA) and 14,400 claiming Disability Living Allowance (DLA) or Personal Independence Payment (PIP) . The uptake of IB/SDA is high across all age groups in Brinnington & Central and Davenport & Cale Green wards, although amongst older people uptake also high in Bredbury & Woodley as well as Edgeley & Cheadle Heath, indicating a potential social care demand.

Challenges are emerging from rising numbers of people at all ages with complex care needs, highlighted particularly by commissioners but also by the public. Areas of particular concern are CAMHs (Child and Adolescent Mental Health), ADHD (Attention Deficit Hyperactivity Disorder) and autism in children and young people and autism and learning, physical and sensory disabilities for adults.

The 2011 Census showed there are 31,982 unpaid carers in Stockport. 6,970 (22% of all carers) provide 50+ hours of care per week. Signpost for Carers estimate the total value of unpaid care in Stockport is £570 million a year.

Gender Reassignment

It is estimated that 1% of the UK population is gender variant, based on referrals to and diagnoses of people at gender identity clinics. This would equate to 3,000 people in the borough.

Trans people experience some of the most significant health inequalities and frequently experience abuse, harassment and violence. The 'Count me In Too Survey' undertaken in Brighton and Hove in 2008, which had a small sample (N=800) and was geographically specific, nonetheless shows *possible* differences in the experience of transgender people compared to the population as a whole:

- 30% of transgender respondents (N=13) said that their physical health was 'poor' or 'very poor' compared to 8% of non-transgender respondents;
- 44% of transgender respondents (N=19) reported 'good' or 'very good' health status, compared to 77% non-transgender.

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.

Trans people are at high risk of being shunned by family, friends, colleagues and social networks and these experiences place Trans people at risk of:

- Alcohol abuse
- Depression
- Suicide (1:3 have attempted suicide [UK / USA])
- Self-harm
- Violence (transphobic behaviour primarily toward MTF)
- Substance abuse

Although social attitudes have become more accepting towards trans people, discrimination and prejudice persist, with a resulting impact on the health and wellbeing of this section of the population. These experiences place many trans people at risk of alcohol abuse, depression, suicide, self-harm, violence, and substance abuse. 35% of the Trans population reporting having made at least one suicide attempt prior to accessing the treatment they are seeking and young people experiencing gender dysphoria are at an increased risk of self-harm and overdose.

Pregnancy & Maternity

On average there are over 3,300 births to Stockport resident mothers each year

- 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%, but in Brinnington this rises to 42%.

Analysis of births in 2006/07 shows that more than 10% babies born in Stockport were of Black or Minority Ethnic (BME) ancestry, which is significantly higher than the BME proportion of the local population (just 4.3% at the last census). Births of Asian and Asian British ancestries (chiefly Pakistani) were the most common.

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.

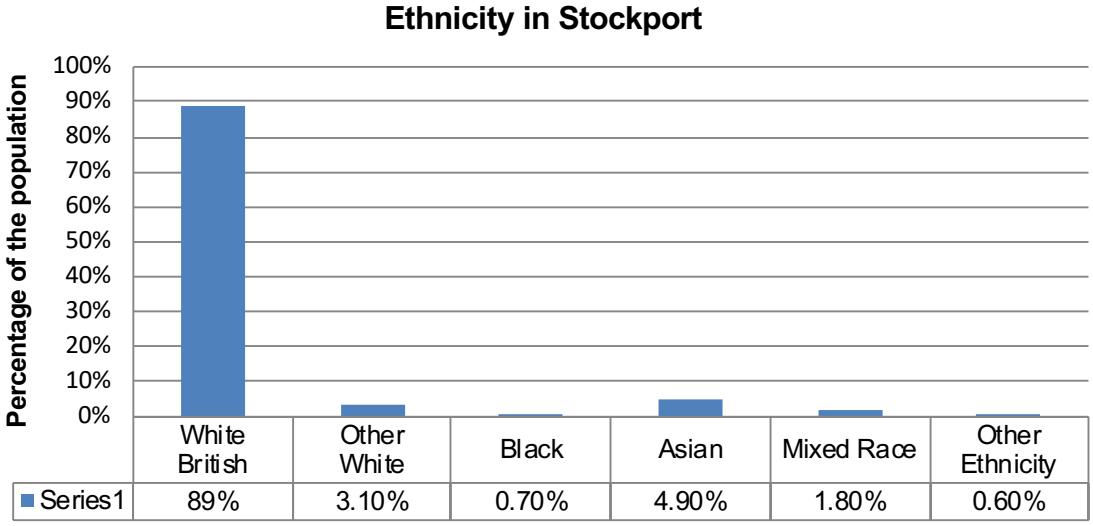
Education services are also reporting increasing numbers of children from BME ancestry reaching school age, along with increasing numbers of children with English as an additional language.

Birth rates and population growth are higher in the most deprived populations and, as a result, the level of need for services is rising, with particular growths in Special Educational Needs and Disabilities (SEND) and Autism.

There are currently more births than deaths a year, so the population is expected to continue to grow.

Race

Stockport's Black & Minority Ethnic (BME) population has risen from just 4.3% in 2001 to around 8% at the 2011 census. If white ethnic minorities are included, such as Irish, Polish and traveller populations, this percentage rises to 11%. Areas to the west of the borough have the highest proportion of ethnic diversity - particularly among younger populations.



Based on data from benefits claims, there are 100 asylum seeker households and 2,700 who are looking for work.

Stockport's ethnic minority populations have a younger age profile on average than the White British population. In 2007, 9.8% of primary school children and 6.9% of secondary school children were from Black and Minority Ethnic groups. In 2006/07, 8.8% of babies born were from Black and Minority Ethnic groups.

These trends clearly indicate a continuous growth in Stockport's Black and Minority Ethnic population, which needs to be considered when planning services and undertaking consultation.

The geographical spread of ethnic communities indicates a clear east-west divide, with the Eastern side of the borough exhibiting less ethnic diversity, while minority communities tend to live in the western side of the borough, closer to central Manchester.

- To the west, Marple & Bredbury, have the least ethnic diversity, with above average white populations. To the East, Cheadle, Gatley & the Heatons have the most diversity.
- Stockport's Black population is particularly under-represented in Marple and Hazel Grove. Significantly, the pockets of larger black communities are to be found in some of the borough's more deprived wards like Offerton or Brinnington & Central.
- Heald Green, Cheadle & Gatley and Heatons North wards have particularly well established Asian communities.
- Mixed race communities are well represented in the Heatons, Cheadle & Gatley, as are the Chinese community and other ethnic minorities.

National evidence indicates that Pakistani and Bangladeshi groups are more likely to report poor health than average. These groups are more likely to experience poor mental health, more likely to report a disability or limiting long-term illness, and more likely to experience barriers accessing services and communicating with professionals. It is unclear how far these worse-than-average outcomes are related to Pakistani and Bangladeshi people's relatively poor socio-economic position.

At the last census, there were marked variations in rates of long-term illness or disability which restricted daily activities between different ethnic groups in England and Wales. After taking account of the different age structures of the groups, Pakistani and Bangladeshi men and women had the highest rates of disability. Rates were around 1.5 times higher than their White British counterparts. Chinese men and women had the lowest rates.

Statistically, BME groups have higher rates of diabetes, smoking, heart attacks, cancer, and mental health problems, but lower levels of screening and healthcare access.

New migrant communities have different health needs from established minority communities, and increasing ethnic, linguistic and cultural diversity demands new responses from health services.

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.

Asylum seekers and refugees may be affected by:

- the impact of detention, particularly on children if they are detained
- difficulties accessing GP treatment and consequent increased reliance on Accident and Emergency services
- uncertainty and lack of clarity among service providers about asylum seekers' eligibility for secondary healthcare services resulting in care being withheld in some cases
- inadequate response to communicable diseases, particularly Tuberculosis.
- the health of asylum seekers with HIV/AIDs is negatively affected by the policy of dispersal at short notice and chargeable HIV treatment for refused asylum seekers. Also the human rights implications around the deportation of failed asylum seekers with HIV/AIDS.

Lifestyle behaviours of different ethnic groups have a big impact on cancer rates - some positive and some negative:

- BME communities tend to eat more fruit and vegetables than the general population
- BME groups also tend to have a lower fat intake in their diets
- BME communities, apart from the Irish, were found to be much less likely to exceed recommended drinking levels or binge drink
- Minority ethnic groups tend to have lower levels of participation in exercise
- Black African and Black Caribbean communities are more likely to be obese than the general population
- Among men smoking rates appear to be higher among a range of different BME communities, including Bangladeshi, Caribbean, and Chinese
- For women, rates of smoking are generally lower in BME communities
- BME communities tend to have higher levels of chewing of tobacco and related products. Although nationally this is quite rare, a study of the Bangladeshi community for the British Dental Journal found 78% of those questioned chewed tobacco products. (Williams, Dental services for the Bangladeshi community, British Dental Journal, 1999).

Almost one in five people of South Asian origin living in the UK will develop diabetes, compared to one in twenty-five among the general population.

Religion & Belief

The majority of Stockport residents are Christian (63.2% - down from 75% at the last census), which is 4% greater than the national average. 25.1% of Stockport residents have no stated religion (up from 14.2% at the last census), which is in line with the national average. Stockport's second largest religion is Islam, which makes up 3.3% of the population - this is well below the national average of 5%, but the local figure has almost doubled since the last census.

Religion	Stockport %	National Figure
Buddhist	0.3%	0.5%
Christian	63.2%	59.4%
Hindu	0.6%	1.5%
Jewish	0.5%	0.5%
Muslim	3.3%	5.0%
Sikh	0.1%	0.8%
Other religion	0.3%	0.4%
No religion	25.1%	24.7%
Religion not stated	6.5%	7.2%

Religious belief may affect the acceptability of aspects of medical care (e.g. diagnostic procedures, certain types of treatment) and also of the potential impact of religious observances on health and/or treatment plans e.g. during periods of fasting.

Nationally, statistics point to a link between religion or belief and health. In particular, minority religious groups in the UK exhibit worse general health. However, locally this correlation is less apparent, possibly due to the geographic spread of Stockport ethnic and religious minority groups, who are less likely to be concentrated in areas of deprivation than the national trends.

The local Hindu, Jewish & Muslim populations reported above average levels of good health compared to the average Stockport population.

While the Buddhist, Christian, Sikh & other religious communities reported lower than average levels of good health this was made up for by significantly higher than average levels of fairly good health.

Not good health was particularly low among the Hindu and Sikh communities.

And reports of life limiting illness were fairly consistent across religious groups, the lowest reports being among atheists and the highest among other religious groups.

Sex

Stockport's population is split almost equally by gender (51.1% female, 48.9% male), which mirrors the national trend.

Area	Population	Male	%	Female	%
Stockport	283,700	138,400	48.9%	144,875	51.1%
Greater Manchester	2,601,000	1,325,455	49.4%	1,357,073	50.6%

However, significant differences appear in the gender breakdown of older people with 19.3% of people over 65 being women Ð also reflected nationally.

Women in Stockport live around 3.5 years longer than men

- Female life expectancy - 83.3
- Male life expectancy - 79.8

However, women spend less of their lives in good health:

- Males in Stockport will spend 82% of their lives in good health,
- women will spend 80% in good health.

Nationally, there is evidence across a range of health services that patterns of access, uptake and treatment diverge between women and men. The patterns are, however, complex, so that both men and women appear to be disadvantaged in some areas of healthcare.

Men tend to access GP services less often than women - this may only in part be based on need but on the appropriateness of services and how accessible they are to men. They also appear to ignore symptoms of ill health and delay seeking healthcare more often than women.

Men may be more likely than women to self-medicate in harmful ways, e.g. through use of alcohol and drugs when experiencing mental distress.

Nationally, women are more likely than men to receive treatment for minor mental health conditions. However, more than twice as many male as female psychiatric inpatients are detained and treated compulsorily.

Men (66%) are significantly more likely than women (55%) to be overweight or obese. However, despite this men are hugely under-represented in weight management programmes. For example, only 26% of people attending scheduled weight loss management programmes in GP practices, 26% of participants of in "Counterweight", a national primary care intervention programme, and 12% of attendees of a pilot partnership programme involving "Slimming World" were men.

National data suggests that women are more likely to eat healthily than men, but many women do not get enough exercise.

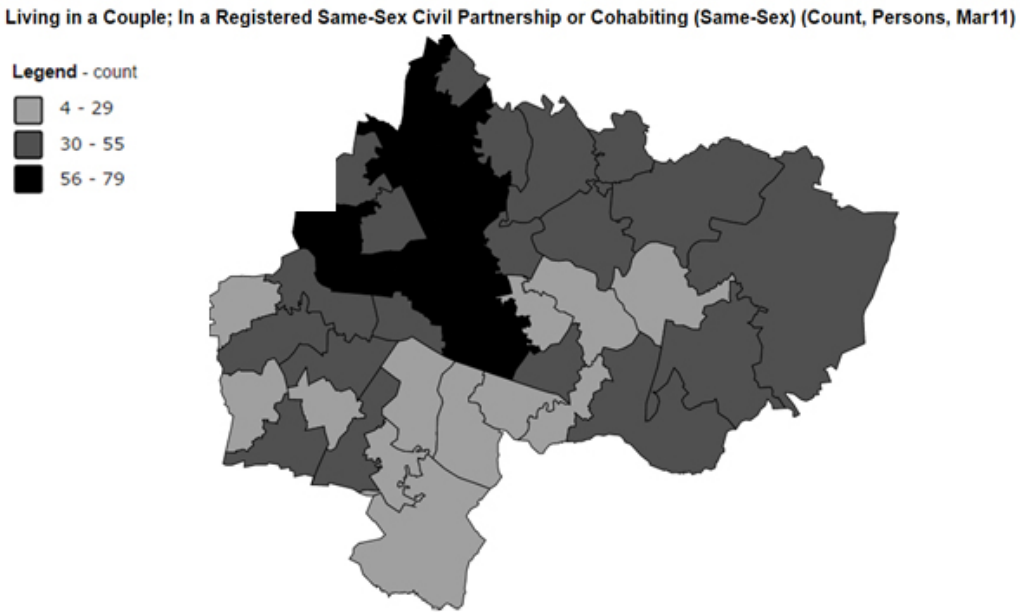
Sexual Orientation

It is estimated that 5-7% of the UK population is LGB, which would equate to 15-21,000 people in the borough.

0.2% of people in the 2011 census were in a civil partnership - a figure which is consistent across Stockport, the North West and nationally.

Local research demonstrates that those in younger age groups are more likely to identify as LGB, probably due to the increase in social acceptability of coming out within this age group . This may account for the higher percentage of LGB people in work and lower percentage retired than for the heterosexual population of Stockport. This is likely to change over time, as these individuals age, leading to an overall increase in the percentage of the population.

Stockport's highest concentration of LGB people appears to be in the North West of the town. This is likely to continue to be the case due to expected changes in housing.



The Integrated Household Survey 2014 found the likelihood of an adult declaring an LGB identity decreased with age. In 2014, 2.6% of adults aged 16 to 24 identified as LGB, decreasing to 0.6% of adults aged 65 and over. A YouGov poll in 2015 found that 49% of young people did not identify as exclusively heterosexual, which may indicate higher prevalence of LGB identities within the under-18 age group, or a higher prevalence of willingness to be open about having an LGB identity within this age group.

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.

Adults aged over 18 who identified as LGB were more likely to be smokers, or to have smoked in the past, than those who identified as heterosexual:

- 22.7% of heterosexual respondents reported currently smoking cigarettes and 34.9% were ex-smokers.
- In comparison, 33.3% of people who identified as LGB currently smoked and 32.4% were ex-smokers
- 42.4% of adults who identified as heterosexual have never smoked, compared with 34.3% of people who identified as LGB
- Adults aged 18 and over who identified as bisexual were less likely to smoke than those who identified as gay or lesbian: 39.8% of bisexual respondents had never smoked compared with 31.5% of gay and lesbian respondents.

According to Stonewall, 42% of gay men have clinically recognised mental health problems compared with just 12% of predominantly heterosexual men, but 55% of gay men are scared to come out to their GPs due to fear of homophobia or confidentiality issues .

Gay men are at higher risk of sexually transmitted infections (STIs), including chlamydia, syphilis, hepatitis and herpes. Rates of gonorrhoea among gay men in England have climbed steadily over the last 10 years. GMFA estimates that in 2005 almost 4,000 gay men were treated for gonorrhoea in sexual health clinics in England, with incidence being considerably higher in London than in other areas (Gay Men Fighting AIDS www.gmfa.org.uk/).

National data makes it clear that there is a real gap in awareness about cancer screening needs - both among lesbian women and healthcare professionals:

- as few as 64% of lesbians, compared to 80% of all women, have had a cervical screening in the past 3 years
- 15% of lesbian and bisexual women over the age of 25 have never had a cervical screening, compared to 7% of women in general
- over half of lesbians have had no sexual health screening in the last 3 years
- approximately 75% of lesbians have had sexual intercourse with the opposite sex, but penetrative sex is not the only contributing factor to cervical cancer
- 10% of lesbians have shown smear abnormalities

In a national survey, 12% (128 out of 1,066) of eligible lesbians had never had a smear test. Those surveyed were also less likely to practise breast awareness on a regular basis and were less likely to re-attend for breast screening (Fish, J and Anthony, D (2005) UK national lesbians and health care survey, *Women and Health*).

5. The CCG's Strategy 2019-2024

The overarching purpose of the CCG's Strategy is to support people in Stockport to live healthier, longer and more independent lives.

The plan builds on Stockport's Joint Strategic Needs Assessment and Health & Wellbeing Strategy as well as local consultation on needs.

Over recent years NHS Stockport has worked to ensure that equality and diversity are mainstreamed into all of the work that we do. As a result, each section of the Strategy offers a range of benefits to local people from protected groups. Below is a breakdown of how protected groups will be affected by each area of the plan and what measures are in place to ensure positive outcomes.

At the strategic level, we anticipate a beneficial impact on service users and the community through this Strategy, by:

- Creating a sustainable system that meets local needs into the future;
- Tailoring services to the needs of local people, as identified in Stockport's Joint Strategic Needs Assessment;
- Shifting the balance of care from reactive services that support people once they are ill to a preventative and proactive approach that supports people to live well and remain independent;
- Treating service users as individuals with a range of health and social care needs, rather than focusing on separate conditions;
- Coordinating care to wrap around the individual;
- Undertaking care as close to home as possible.

In particular, this should have a positive impact on:

- Older people, who are more likely to need health and social care services;
- People with a disability or long-term condition;
- Children, through a new emphasis on child health;
- Carers, who will benefit in particular from the coordination of care for people with multiple conditions, the integration of services to wrap around the patient and the transfer of care as close as possible to home reducing the burden of travel and coordinating appointments, currently shouldered by carers;
- Ethnic minority groups, religious minority groups, LGBT members of the community and men who we know are less likely to use our services and will benefit from more targeted prevention.

Potential negative impacts identified include:

- People using current services may be discharged from the service, seen in a different setting, or by a different professional / team;
- A number of protected groups are, for various reasons, less likely to access primary and preventative services, which the programme aims to increase;
- Increased use of new technology to manage self-care may be less accessible to some protected groups;
- Potential for confusion among integrated teams as to which interpretation service to use (currently primary care, community services, and social care services running) may result in reduced access to interpretation;
- New integrated venues will need to be accessible and publicised in a variety of formats;
- Increased care in a patient's home will need to be culturally appropriate;
- Potential for confusion in navigating services as the system transitions between the old and new arrangements. Patient facing communications and engagement will help overcome this.

In all cases, this redesign is based on health and care need, prioritising the most vulnerable and changing services to provide the most appropriate care to meet needs. The section below looks at anticipated impacts by strategic aim.

Start Well

The CCG recognises that previous transformation work has focused particularly on older people. As such, this strategic aim intends to focus on the support provided to children to ensure that everyone in Stockport has the best possible start in life. This section will have beneficial impact on the protected groups of pregnancy & maternity and age.

However, specific actions will be needed to ensure high standards for people from all protected groups.

Start Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Age	Uptake of childhood immunisations varies across Stockport	We will work with GP practices to improve immunisation rates and reduce variation
	Patients and carers have identified issues for young people transitioning from children to adult services - particularly in mental health services	Access to children's mental health services will be extended to the age of 25 to support transition between services. Commissioners will take a pathways approach to service redesign
	Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age. The strategy aims to provide better access to children's mental health care, with spending on children's mental health increasing faster than other areas	This differential impact represents a positive impact on a protect group and, as such, is objectively justifiable under the Equality Act (2010).
Disability Physical Learning Mental Health Sensory Atypical Neuroprocessing Long-term conditions	The Children's Commissioner estimates that 19.7% of children have 'health-related vulnerabilities' including physical or mental health problems, disability or special educational needs. These children and young people have significantly worse health outcomes.	The strategy aims to implement recommendations to improve in services for children with special educational needs and disabilities. This differential impact represents a positive impact on a protect group and, as such, is objectively justifiable under the Equality Act (2010).
	People with a learning disability and/or autism experience particular inequality in terms of premature mortality rates and avoidable deaths for both women and men.	The strategy will introduce designated keyworkers for children and young people with a learning disability, autism or both with the most complex needs This differential impact represents a positive impact on a protect group and, as such, is objectively justifiable under the Equality Act (2010).
	Women with diabetes face higher risks to their health and that of their unborn babies during pregnancy	The strategy will see the introduction of continuous glucose monitoring to all pregnant women with type 1 diabetes. This differential impact represents a positive impact on a protect group and, as such, is objectively justifiable under the Equality Act (2010).
Gender Reassignment	None identified	Not applicable
Marriage and civil partnership	None identified	Not applicable

Start Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Pregnancy & maternity	The strategy aims to improve service quality and provide more choice in maternity services	This differential impact represents a positive impact on a protect group and, as such, is objectively justifiable under the Equality Act (2010).
	The strategy will offer access to maternity notes through smart phones or other devices	This differential impact represents a positive impact on a protect group and, as such, is objectively justifiable under the Equality Act (2010).
	Historic under-funding of mental health services has a negative impact on women who need timely access to perinatal mental health services	The CCG plans to invest in perinatal mental health services, increasing access, reducing waiting times and improving quality.
Race	Access to maternity services is higher among ethnic minority groups	The strategy will ensure greater continuity of care during pregnancy and maternity, supporting communications. We will ensure that new interpretation services at Stockport FT provide adequate support to women and families with English as a second language.
Religion and belief	Some community groups do not take part in vaccination or immunisation programmes for religious reasons	While the strategy aims to improve uptake of vaccines and immunisation, this is a matter of personal choice. Increasing uptake rates also supports those groups who choose not to partake, by reducing the prevalence of infectious diseases.
Sex (M/F)	Women are more likely to be primary care givers and take children to healthcare appointments	Moving more care closer to home will support care givers by reducing the burden of taking children to hospital appointments
Sexual Orientation	None identified	Not applicable

Live Well

Increased prevention and better management of long-term conditions should benefit all protected groups. However, we know that access to our services is lower among some communities than others.

Integrated neighbourhood teams will have a major beneficial impact on older people, people with disabilities / long-term conditions, and their carers, reducing the need to attend multiple services and repeat stories and tests with each service. Providing more care at home or in the community will also support those with mobility issues, caring or work commitments.

Particular efforts should be undertaken to ensure that work on screening uptake is tailored to those protected groups exhibiting lower access to the services - men; LGBT groups; ethnic minorities; people with disabilities; some religious groups.

Live Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Age	Older people are more likely to use secondary healthcare services and, as such, are more likely to be impacted by the planned reduction in outpatient appointments.	The Strategy aims to move services closer to home, where clinically appropriate, and reduce the number of procedures of limited clinical values. Where patients require specialist care, this will be available. The Strategy aims to improve the quality of secondary care and reduce waiting times.
	Move towards a 'Digital First' offer could exclude older residents who are less likely to use technology	The aim of introducing a digital offer in primary care is to support those people who are unable to attend appointments due to work or family commitments and to free up clinical time to support people with more complex care needs. Existing, face-to-face options will remain in place for those who cannot or do not wish to use telehealth options.
Disability Physical Learning Mental Health Sensory Atypical Neuroprocessing Long-term conditions	People with a disability are more likely to use healthcare services and have multiple health conditions	The strategy aims to treat service users as individuals with a range of health and social care needs, rather than focusing on separate conditions. Coordinating care to wrap around the individual will have a positive impact on this protected group. New integrated venues will need to be accessible and publicised in a variety of formats
	People with a disability may find it more difficult to benefit from Self-care options	The Strategy includes a focus on patient education, including facilitated diabetes courses. The recruitment of social prescribers and care navigators, as well as closer coordination with the third sector, will provide individuals with support to benefit from self-care options. The aim is to support more people to manage their conditions, this will free up GP time to support those with more complex needs.
	People with a disability serious mental illness have a significantly lower life expectancy	The Strategy will focus on prevention, including a targeted programme of health checks for people with a serious mental illness, Learning Disabilities
	People with a disability are more likely to use secondary care and be impacted by the planned reduction in outpatient care	The Strategy aims to move services closer to home, where clinically appropriate, and reduce the number of procedures of limited clinical values. Where patients require specialist care, this will be available. The Strategy aims to improve the quality of secondary care and reduce waiting times.

Live Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Disability	Rates of smoking are higher among people with a severe mental illness	The strategy includes a new universal smoking cessation offer for long-term users of specialist mental health and / or learning disability services
Gender Reassignment	Trans individuals are more likely to suffer discrimination and mental health issues	The strategy includes growing investment in wellbeing mental health support services.
Marriage and civil partnership	None identified	Not applicable
Pregnancy & maternity	Rates of smoking in pregnancy are higher in areas of deprivation	The strategy includes a focus on smoking cessation for pregnant women
Race	People with English as a second language may find it more difficult to benefit from Self-care options	Interpretation is provided for all healthcare appointments, including patient education courses. Health promotion information can be translated as required by the Stockport Interpreting Unit.
	People from BAME communities are at significantly greater risk of developing type 2 diabetes.	The Strategy includes a focus on prevention, self care and improved support for people with or who are likely to develop diabetes.
	Access to digital or telehealth options could be more difficult for patients with English as a second language	Interpretation is provided for all healthcare appointments, including phone interpretation. Traditional face to face options will also still be available.
Religion and belief	Some community groups do not take part in vaccination or immunisation programmes for religious reasons	While the strategy aims to improve uptake of vaccines and immunisation, this is a matter of personal choice. Increasing uptake rates also supports those groups who choose not to partake, by reducing the prevalence of infectious diseases.
Sex (M/F)	Men are less likely to access primary care services than women	Extended access hours, offering weekend and evening appointments should support those men who do not currently access primary care due to work commitments.
	Women are more likely to access health services and, as such are more likely to be impacted by the reduction in EUR or outpatient procedures	The Strategy aims to move services closer to home, where clinically appropriate, and reduce the number of procedures of limited clinical values. Where patients require specialist care, this will be available. The Strategy aims to improve the quality of secondary care and reduce waiting times.
Sexual Orientation LGBTQ+	National figures show that rates of access to cervical screening are lower among lesbian women	Stockport's GP Practices have signed up to the LGBT Foundation's 'Pride in Practice' standards to support patients from LGBTQ+ backgrounds. The CCG also works with the LGBT Foundation to undertake tailored health promotion with LGBT groups.
	While Stockport's smoking rates have reduced significantly, we know that nationally LGBTQ+ groups are still more likely to smoke	Our strategy will increase the focus on prevention, including smoking cessation support. We will continue to work with the LGBT Foundation to ensure that messages are tailored to this community group.

Age Well

Over recent years Stockport has had significant success in increasing life expectancy. We are proud of our achievements and now want to focus on ensuring that our services adapt to meet the increasing and diversifying care needs of our older populations.

This entire area will have a major beneficial impact on older people, people with disabilities / long-term conditions, and on carers.

Age Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Age	Older people are more likely to use secondary healthcare services and, as such, are more likely to be impacted by the planned reduction in outpatient appointments.	The Strategy aims to move services closer to home, where clinically appropriate, and reduce the number of procedures of limited clinical values. Where patients require specialist care, this will be available. The Strategy aims to improve the quality of secondary care and reduce waiting times.
	Move towards a 'Digital First' offer could exclude older residents who are less likely to use technology	The aim of introducing a digital offer in primary care is to support those people who are unable to attend appointments due to work or family commitments and to free up clinical time to support people with more complex care needs. Existing, face-to-face options will remain in place for those who cannot or do not wish to use telehealth options.
	Older people are more likely to experience social isolation, which can strongly influence the development of multimorbidity and frailty	This Strategy take a holistic approach to care, working with the Local Authority and the 3rd sector to support wider determinants of health such as isolation.
	Older people are more likely to be admitted to hospital after an emergency presentation and to have an increased length of stay once admitted, increasing the risk of hospital infections and reducing independence	The Strategy puts in place a range of improvements in relation to pre-hospital urgent care, reforms to hospital emergency care - same day emergency care and cutting delays in patients being able to go home. It aims to reduce avoidable admissions through the establishment of acute frailty services, so that such patients can be assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments in A&E and acute receiving units. This approach will be particularly beneficial for elderly patients and for disabled patients
	Older people are more likely to use healthcare services and have multiple health conditions	The strategy aims to treating service users as individuals with a range of health and social care needs, rather than focusing on separate conditions. Coordinating care to wrap around the individual will have a positive impact on this protected group.

Age Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Disability Physical Learning Mental Health Sensory Atypical Neuroprocessing Long-term conditions	Access to digital or telehealth options could be more difficult for patients with a disability	The aim of introducing a digital offer in primary care is to support those people who are unable to attend appointments due to work or family commitments and to free up clinical time to support people with more complex care needs. Existing, face-to-face options will remain in place for those who cannot or do not wish to use telehealth options.
	Life expectancy among people with a disability or sever mental illness is statistically lower	The Strategy will focus on prevention, including a targeted programme of health checks for people with a serious mental illness, Learning Disabilities. It will release GP time to proactively support people with long-term conditions and focus on prevention to increase both life expectancy and health life expectancy.
Gender Reassignment	None identified	Not applicable
Marriage and civil partnership	None identified	Not applicable
Pregnancy & maternity	None identified	Not applicable
Race	Access to digital or telehealth options could be more difficult for patients with English as a second language	Interpretation is provided for all healthcare appointments, including phone interpretation. Traditional face to face options will also still be available.
Religion and belief	None identified	Not applicable
Sex (M/F)	Women are more likely to use healthcare services than men	The strategy aims to treating service users as individuals with a range of health and social care needs, rather than focusing on separate conditions. Coordinating care to wrap around the individual will have a positive impact on this protected group.
	Women live longer than men and tend to experience more years of ill-health	The Strategy recognises that people now live far longer, but that extra years of life are not always spent in good health. It identifies the need to empower people to age well and that as more people live with long-term conditions, the way we provide care needs to change and that many people access hospital services due to a lack of alternative care provision. It proposes an increasing shift of provision of care into community and primary care to better meet the needs of patients outside hospital
Sexual Orientation	None identified	Not applicable

Die Well

This strategic aim will benefit all community groups, particularly older people, people with serious health conditions, and carers.

The CCG recognises that the specific needs of children in this area differ greatly from those of adults and, as such, the aim is to tailor services to meet local needs.

Die Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Age	The majority of end of life services are tailored to older people, making them inappropriate for children and young people.	The Strategy proposes a fundamental shift in the way in which we work alongside patients and individuals to ensure more person-centred care.
Disability	People with learning disabilities face significant inequalities in life expectancy	The Strategy will implement the acceleration of the Learning Disabilities Mortality Review (LeDeR) to identify common themes and learning points and provide targeted support.
Gender Reassignment	None identified	Not applicable
Marriage and civil partnership	None identified	Not applicable
Pregnancy & maternity	None identified	Not applicable
Race	People at the end of life and their families require cultural sensitivity and clear communications	Interpretation is provided for all healthcare appointments. Staff are trained in cultural awareness and the Strategy proposes a fundamental shift in the way in which we work alongside patients and individuals to ensure more person-centred care.
Religion and belief	Religious beliefs can be crucial at the end of life and impact on care plans and requirements.	The Strategy proposes a fundamental shift in the way in which we work alongside patients and individuals to ensure more person-centred care. It also recognises that understanding and meeting the needs of our diverse communities and advancing equality mean identifying solutions that benefit diverse communities and groups.
Sex	None identified	Not applicable
Sexual Orientation	People at the end of life and their families require cultural sensitivity	Staff are trained in cultural awareness and the Strategy proposes a fundamental shift in the way in which we work alongside patients and individuals to ensure more person-centred care.

Lead Well

This strategic aim is more internal in nature, focussing on the changes the CCG needs to make to develop a sustainable system, fit for the future.

Acute sector reforms will have a positive impact on all community groups by reducing unnecessary waste and undertaking more care close to home. However, we recognise that this will have a differential impact on some protected groups -older people; people with disabilities; women - who are more likely to receive referrals from their GP. For the most part, this impact should be positive -ensuring that people are treated as close to home as possible when hospital visits are not necessary. Attention will be paid to ensuring that community venues for outpatient appointments are fully accessible, care provided at home is culturally appropriate and the use of technology includes support for those with disabilities or limited English as well as traditional appointments options for those who struggle with new technology.

Lead Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Age	Access to digital or telehealth options could be more difficult for patients with English as a second language	The aim of introducing a digital offer in primary care is to support those people who are unable to attend appointments due to work or family commitments and to free up clinical time to support people with more complex care needs. Existing, face-to-face options will remain in place for those who cannot or do not wish to use telehealth options.
Disability Physical Learning Mental Health Sensory Atypical Neuroprocessing Long-term conditions	Access to digital or telehealth options could be more difficult for patients with a disability	The aim of introducing a digital offer in primary care is to support those people who are unable to attend appointments due to work or family commitments and to free up clinical time to support people with more complex care needs. Existing, face-to-face options will remain in place for those who cannot or do not wish to use telehealth options.
	Moving more care into the community could create difficulties for people with additional access requirements	Estates plans for any collocated services will be fully impact assessed to ensure all reasonable adjustments are made.
	Changes to workforce roles as a result of shifting more care out of hospital could impact on people with a disability	All changes to the workforce will be undertaken in line with HR policies to ensure that all members of staff are treated fairly and given equal opportunities. The new Workforce Disability Equality Standard will be used to ensure that changes are equitable
Gender Reassignment	None identified	Not applicable
Marriage and civil partnership	None identified	Not applicable
Pregnancy & maternity	None identified	Not applicable

Lead Well		
Protected Characteristic	**Differential Impact**	**Remedy / Mitigation**
Race	Access to digital or telehealth options could be more difficult for patients with English as a second language	The aim of introducing a digital offer in primary care is to support those people who are unable to attend appointments due to work or family commitments and to free up clinical time to support people with more complex care needs. Existing, face-to-face options will remain in place for those who cannot or do not wish to use telehealth options.
	Nationally, ethnic minority groups are more likely to face discrimination in the workplace	The Plan commits to supporting cultural change in the NHS to ensure that respect, equality and diversity continue to be central to our culture. The Workforce Race Equality Standard will be used to ensure that changes are equitable
Religion and belief	None identified	Not applicable
Sex	Women are more likely to work in the NHS and, as such, as more likely to be impacted by changes to the workforce, including moving care out of hospital	All changes to the workforce will be undertaken in line with HR policies to ensure that all members of staff are treated fairly and given equal opportunities. The Strategy includes a focus on supporting staff.
Sexual Orientation	None identified	Not applicable

Next Steps

The Strategy will be delivered through six work programmes, which will develop detailed three year plans. Individual change projects will be taken through the CCG's standard governance processes, including Impact Assessment.

Progress will be monitored and published on an annual basis through the organisationŐs annual equality publications. Reports will be published on the organisationŐs website by the 31st January each year.

Appendix 7

Glossary of Terms

Acronym	Title	Definition
A&E	Accident & Emergency	The emergency department in the hospital dealing with life-threatening emergencies.
ADHD	Attention Deficit Hyperactivity Disorder	A behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.
ASD	Autism Spectrum Disorder	Autism is a different way of thinking and feeling that affects how you experience the world around you.
	Bridges to Health	A model for segmenting the population into groups to coordinate and integrate care, focussing on outcomes
CCG	Clinical Commissioning Group	clinically-led statutory NHS bodies responsible for planning and commissioning health care services for their local area.
CCG IAF	CCG Improvement & Assessment Framework	Key indicators to monitor performance of CCG's nationally
CCHC	Continuing & Complex Healthcare	Packages of care funded by the NHS to support complex and ongoing health needs.
COPD	Chronic Obstructive Pulmonary Disease	An umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and refractory non-reversible asthma. This disease is characterised by increasing breathlessness.
CQC	Care Quality Commission	Independent regulator of all health and social care services in England
DTOC	Delayed Transfer of Care	When a patient is medically fit to go home but cannot be discharged from hospital as there is no support in the home
EIA	Equality Impact Assessments	A method of assessing planned changes to ensure that they do not have a negative impact on groups protected under the equality act.
EIP	Early Intervention in Psychosis	National measure to ensure that people experiencing an episode of psychosis receive the correct care within a reasonable timeframe.
ED	Emergency Department	The accident and emergency department in the hospital (see A&E above)
EUR	Effective Use of Resources	NHS policy for managing NHS resources effectively by ensuring that treatments of limited clinical value are only funded in clinically exceptional cases
FASD	Foetal Alcohol Syndrome Disorder	A group of conditions that occur in a person whose mother drank alcohol during pregnancy. These effects can be physical, behavioural or impact on learning. Often a person with a FASD has a mixture of these effects.

Acronym	Title	Definition
FT	Foundation Trust	NHS service providers
GMHSCP	Greater Manchester Health & Social Care Partnership	Devolved health and social care partnership across Manchester.
GP	General Practitioner	Family doctor
HW	Healthwatch	Organisations covering for every local authority area in England that work to ensure the views and experiences of patients, service users and the public inform the commissioning, delivery and scrutiny of local health and social care services.
IAPT	Improving Access to Psychological Therapy	NHS programme for treatment of anxiety disorders and depression.
IFR	Individual Funding Requests	Process to request NHS funding for a procedure not normally paid for by the NHS
JSNA	Joint Strategic Needs Assessment	Local assessment of health needs in the population
LCO	Local Care Organisation	The form by which we bring together teams of health and social care professionals to deliver integrated care outside of hospital.
LTC	Long-Term Conditions	A range of chronic health conditions such as cancer, diabetes, asthma or epilepsy.
LTP	Long Term Plan	The NHS's 10 year plan
MCP	Multi-Speciality Community Provider	A new model of care, integrating primary, community, mental health and social care teams to deliver out of hospital care
Nolan	Nolan Principles	The 7 principles of public life
OF	Outcomes Framework	Section in a contract, setting out the outcomes to be delivered
PbR	Payments by Results	A system of paying NHS healthcare providers a standard national price or tariff for each patient seen or treated.
PCN	Primary Care Network	Networks of GP Practices and expanded neighbourhood teams made up of pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists, social care and the voluntary sector
QIPP	Quality, Innovation, Productivity & Prevention	NHS programme to improve quality and reduce costs
RTT	Referral to Treatment Time	National standards for the maximum time within which a patient should be treated after a referral is made
SEND	Special Educational Needs and Disabilities	Support for children and young people with special educational needs and disabilities

Acronym	Title	Definition
SMBC	Stockport Metropolitan Borough Council	Local Authority for Stockport
SNC	Stockport Neighbourhood Care	Stockport's Local Care Organisation, made up of: • Viaduct Care (GP Federation) • Stockport NHS Foundation Trust (community services) • Stockport Metropolitan Borough Council (social care) • Pennine Care (mental health) • Total Provider Alliance (voluntary sector)
Vanguard	NHS Vanguard sites	In 2015 the NHS appointed 50 localities as Vanguard sites to trial and develop new models of care. NHS Stockport CCG was a Vanguard site, developing the MCP model.

Appendix 8

References

- Better Care Fund Task Force. (2014). 'Population Segmentation, Risk Stratification and Information Governance' in *BCF Technical Toolkit*. Available at: https://www.england.nhs.uk/wp-content/uploads/2014/09/1-seg-strat.pdf (Accessed: 19 June 2019).
- Committee on Standards in Public Life (1995). *The 7 Principles of public life*. Available at: https://www.gov.uk/government/publications/the-7-principles-of-public-life. (Accessed: 19 June 2019).
- Greater Manchester Combined Authority. (2018). 'The Greater Manchester model: Further, Faster'. Available at: https://www.greatermanchester-ca.gov.uk/media/1676/greater-manchester-model.pdf (Accessed: 27 August 2019)
- Greater Manchester Health and Social Care Partnership. (2015). 'Taking Charge of our Health & Social Care in Greater Manchester'. Available at: http://www.gmhsc.org.uk/our-plans/ (Accessed: 19 June 2019).
- Lynn J, Straube BM, Bell KM, Jencks SF, Kambic RT. (2007). 'Using Population Segmentation to Provide Better Health Care for All: The "Bridges to Health" Model.' The Milbank Quarterly. 2007;85(2):185-208. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690331/ (Accessed: 19 June 2019).
- National Co-Production Advisory Group and Think Local Act Personal (2016). *Ladder of Co-Production*. Available at: https://www.thinklocalactpersonal.org.uk/_assets/COPRODUCTION/Ladder-of-coproduction.pdf (Accessed: 03 July 2019)
- NHS England. (2018). *CCG Improvement and Assessment Framework*. Available at: https://www.england.nhs.uk/commissioning/regulation/ccg-assess/ (Accessed: 19 June 2019).
- NHS England (2019) *Friends and Family Test Data*. Available at https://www.england.nhs.uk/publication/friends-and-family-test-data-april-2019/. (Accessed: 19 June 2019).
- NHS England (2018) *GP Patient Survey*. Available at: https://www.gp-patient.co.uk/. (Accessed: 19 June 2019).
- NHS England. (2019). *NHS Long-Term Plan*. Available at: https://www.england.nhs.uk/long-term-plan/. (Accessed: 19 June 2019).
- NHS England (2015). *NHS Vanguard Programme*. Available at: https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf (Accessed: 19 June 2019).
- NHS RightCare. (2017). *Commissioning for Value where to look pack*. Available at: https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/cfv-stockport-jan17.pdf. (Accessed: 19 June 2019).

Reed S, Göpfert A, Wood S, Allwood D, Warburton W. (2019). 'Building healthier communities: the role of the NHS as an anchor institution'. The Health Foundation: London. Available at: https://www.health.org.uk/sites/default/files/upload/publications/2019/I02_Building%20healthier%20communities_WEB.pdf (Accessed: 27 August 2019)

Stockport Health & Wellbeing Board. (2017). *Stockport Joint Health & Wellbeing Strategy*. Available at: http://www.stockportccg.nhs.uk/stockport-joint-health-and-wellbeing-strategy-2017-2020/ (Accessed: 19 June 2019).

Stockport Health & Wellbeing Board. (2016). *Joint Strategic Needs Assessment*. Available at: www.stockportjsna.org.uk (Accessed: 19 June 2019).

Stockport Together. (2018). *Business Cases*. Available at: http://www.stockportccg.nhs.uk/have-your-say/stockport-together-plan/key-documents/business-cases-and-summaries/. (Accessed: 19 June 2019).

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