Healthy Stockport

Stockport Joint Health and Wellbeing Strategy 2017-2020

Three Year Strategy & Actions for 2017

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Foreword

Cllr Tom McGee

Jane Crombleholme

We are proud to say that Stockport continues to be one of the healthiest places to live in the North West, but we know that this is not the experience of all of our residents. Across Stockport, our population varies widely from the urban north, which neighbours Manchester, to the leafier Cheshire borders in the south. Local communities experience varying levels of affluence and have significantly different health needs, in the least affluent areas life expectancy is 10 years lower than in the most affluent. Stockport has a generally older population than the rest of Greater Manchester. The aim of this strategy is to improve health and wellbeing for all communities in Stockport and to reduce health inequalities.

The strategy is informed by our local Joint Strategic Needs Assessment, which comprehensively maps health and care needs in the borough and identifies trends in health and wellbeing. Using this wealth of knowledge, our health and wellbeing strategy identifies the key issues facing local communities and focuses on the areas where we can make the biggest difference to the health and wellbeing of our residents.

In 2012, in our last Health & Wellbeing Strategy, we identified the growing number of complex care needs in Stockport - often spanning social care, physical and mental health services - and we challenged Stockport's heath and care organisations to work together to create an integrated system for the future. This strategy summarises how health and care organisations around Stockport are working together to meet complex needs and support people to prevent ill health for as long as possible, to provide the most appropriate care when needed close to home that allows people to stay independent and live well longer.

Our collective ambition is high and will only be met with the support of local people, as a key partner in determining their own health and care.

Introduction

The purpose of the Stockport's Health and Wellbeing Strategy is to:

- summarise findings from Stockport's JSNA about needs and priorities for health and wellbeing
- inform the public about the current health and care system in Stockport
- provide the public and the health and wellbeing board with a whole system view of the strategies and plans across health, adult social care, public health, children's services and beyond which are being implemented to meet the identified needs.
- identify key successes from the previous year and key actions for the next year which will be undertaken.
- set out the vision for 2020/21 and outcome measures by which the overall success of the strategy will be measured.

This strategy pools the collective work of the Stockport Health and Wellbeing Board and partners, so that the range of activity is more clearly understood, so **gaps can be identified** and so that the Board and local organisations can be **held to account for delivery.**

This document sets out the priorities and current plans for the three years 2017-2020, but will be **refreshed each year** to update plans and report outcomes, ensuring that the strategy remains relevant and reflects the developing programmes.

Legal Background

The Health and Social Care Act 2012 introduced equal and joint duties for Local Authorities and CCGs, through their local Health and Wellbeing Boards, to prepare Joint Health and Wellbeing Strategies (JHWSs).

The JHWSs should translate the JSNA finding into clear outcomes the board wants to achieve. The importance of JHWSs lies in how they are used locally to drive improvements in health and reductions in inequalities.

JSNAs and JHWSs should form the basis of CCG and local authority commissioning plans, across all local health, social care, public health and children's services.

The purpose of JHWSs are to improve the health and wellbeing of the local community and reduce inequalities by reviewing the evidence, identifying the priorities and setting out the actions that will be taken by local partners to deliver the change and improvements needed.

Stockport Health and Wellbeing Board's role

The Health and Social Care Act 2012 placed a duty on the Council to establish a **Health & Wellbeing Board** that brings together representatives of Stockport Council, NHS Stockport Clinical Commissioning Group (CCG) and Stockport Healthwatch to provide strategic leadership over commissioning health and social care services in the borough.

Stockport Health & Wellbeing Board's role is to:

- seek to **improve the health and wellbeing** of Stockport residents by both direct and indirect influence and by the engagement of relevant stakeholders and partners;
- act on the duty **to promote integrated health and care services**, encouraging health and care commissioners to work together to advance the health and wellbeing of people in Stockport;
- work in collaboration with partners, **to reduce inequalities** between residents in Stockport, with a particular focus on health and wellbeing;
- **improve transparency and accountability** for local people and seeking to secure improvements in the availability, delivery and value for money of health and care services for Stockport residents;
- lead on the duty to **complete a Joint Strategic Needs Assessment (JSNA)** and recognising its role in directing and supporting organisational and shared commissioning; test and challenge the degree to which the Stockport JSNA has influenced commissioning within the local economy;
- lead on the duty to draft and **agree a high-level Joint Health and Wellbeing Strategy (JHWS) for Stockport**. The Strategy should articulate how different services will work together to meet needs identified in the JSNA, endorsed by the Council Executive and the CCG Board;
- lead on the duty to consider the **partnership arrangements** under the NHS Act as part of the Joint Health and Wellbeing Strategy;
- focus on **building relationships**, transfer of knowledge and fostering an understanding of how partner organisations function, and leading cultural and behavioural change to support a joint approach to meeting local need; and
- **respond to consultation** from partner organisations, particularly on their commissioning plans, or on any other matters as directed by the Department of Health or other relevant bodies.

Summary

- Established 2012
- Strategic leader for health & social care
- Improve health & wellbeing
- Reduce inequalities
- Promote integration
- Produce JSNA & JHWS
- Build relationships

Find out more about the Stockport Health and Wellbeing Board including meeting notes, live webcasting and how to get in touch.

NHS
Stockport
Clinical Commissioning Group

Stockport Health Needs and Priorities

Stockport's JSNA identifies the health, care and wellbeing needs and priorities for Stockport.

What does the JSNA say about health needs in Stockport?

Health in Stockport is mixed. For many indicators, including average life expectancy, Stockport is similar to the national average, however for those relating to **alcohol** and those based on **hospital admissions** Stockport tends to rank poorly.

Stockport has the oldest age profile in Greater Manchester and the population of the area continues to **age**, currently 19.4% people are aged 65+, likely to rise to 21.8% by 2024, an additional 9,681 people.

There are significant **health inequalities** in Stockport, life expectancy varies by 10 years between the most and least deprived areas. **Smoking** rates are improving, but are more than twice as high as average in areas of deprivation.

Cancer is the most common cause of death, causing 29% of all deaths and 42% of early deaths; 40% of cancer is preventable.

What are the long term goals?

Priorities in Stockport include increasing physical activity, focusing on early years in deprived communities, reducing alcohol misuse, smoking and obesity, and promoting mental wellbeing and healthy ageing, full details are available here.

Find out more: http://www.stockportjsna.org.uk

Health summary for Stockport

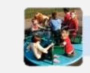
The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

Regional average€ | England average | England worst | 25th Percentile | 75th Percentile | England best

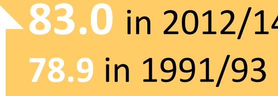
Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	19.1	21.8	42.0		5.0
	2 Children in low income families (under 16s)	2013	7,850	15.0	18.6	34.4		5.9
	3 Statutory homelessness†	2014/15	158	1.3	0.9	7.5		0.1
	4 GCSEs achieved†	2014/15	1,713	61.6	57.3	41.5		76.4
	5 Violent crime (violence offences)	2014/15	3,068	10.8	13.5	31.7		3.4
	6 Long term unemployment	2015	769	4.4	4.6	15.7		0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	394	11.7	11.4	27.2		2.1
	8 Breastfeeding initiation	2014/15	2,468	73.8	74.3	47.2		92.9
	9 Obese children (Year 6)	2014/15	448	15.6	19.1	27.8		9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	109	59.5	36.6	104.4		10.2
	11 Under 18 conceptions	2014	112	22.1	22.8	43.0		5.2
Adults' health and lifestyle	12 Smoking prevalence in adults†	2015	n/a	15.1	16.9	32.3		7.5
	13 Percentage of physically active adults	2015	n/a	57.7	57.0	44.8		69.8
	14 Excess weight in adults	2012 - 14	n/a	64.3	64.6	74.8		46.0
Disease and poor health	15 Cancer diagnosed at early stage #	2014	633	50.8	50.7	36.3		67.2
	16 Hospital stays for self-harm	2014/15	655	236.9	191.4	629.9		58.9
	17 Hospital stays for alcohol-related harm	2014/15	2,083	740	641	1223		374
	18 Recorded diabetes	2014/15	14,575	6.0	6.4	9.2		3.3
	19 Incidence of TB	2012 - 14	51	6.0	13.5	100.0		0.0
	20 New sexually transmitted infections (STI)	2015	1,248	694	815	3263		191
	21 Hip fractures in people aged 65 and over	2014/15	340	562	571	745		361
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2012 - 14	n/a	79.9	79.5	74.7		83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	83.0	83.2	79.8		86.7
	24 Infant mortality†	2012 - 14	39	3.8	4.0	7.2		0.6
	25 Killed and seriously injured on roads	2012 - 14	159	18.6	39.3	119.4		9.9
	26 Suicide rate†	2012 - 14	96	12.9	10.0			
	27 Deaths from drug misuse #	2012 - 14	44	5.3	3.4			
	28 Smoking related deaths	2012 - 14	1,381	271.9	274.8	458.1		152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	515	69.1	75.7	135.0		39.3
	30 Under 75 mortality rate: cancer	2012 - 14	1,065	141.7	141.5	195.6		102.9
	31 Excess winter deaths	Aug 2011 - Jul 2014	417	16.7	15.6	31.0		2.3

Stockport Health Needs



Stockport JSNA

Life expectancy at birth



Females

83.0 in 2012/14

78.9 in 1991/93

Males

79.9 in 2012/14

73.5 in 1991/93

Highest in Bramhall

86.4 in 2012/14

85.6 in 2012/14

Lowest in Brinnington

76.4 in 2012/14

72.2 in 2012/14

Mortality causes (2,700 deaths a year)

All ages

31% cancer

27% heart disease

13% lung disease

Early deaths (under 75)

46% cancer

19% heart disease

9% lung disease

Health Determinants

32% adults have three or more lifestyle risk factors

18% smoke

from 20% in 2010

41% highest in Brinnington

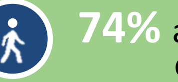
26% drink unhealthily

from 28% in 2009

7,000 alcohol related hospital admissions a year

17% are inactive

rates stable


74% are not active enough

25% are obese

rates stable

62% are overweight or obese

Mental wellbeing

12% low wellbeing

21% with low wellbeing in deprived areas

Mental health

26,000 depression

2,700 dementia

2,400 psychosis

Long term conditions

at least **80,000** with ≥ 1

43,600 hypertension

20,000 asthma

14,800 diabetes

12,300 heart disease

6,900 COPD

7,700 kidney

Stockport Health Priorities

Stockport JSNA

The overall objectives for health and wellbeing in Stockport are to **improve life expectancy** and **reduce health inequalities.** The priorities identified in 2015/16 JSNA to help us achieve these objectives are set out below:

	All Ages	Start Well	Live Well	Age Well
Prevention	Increasing levels of **physical activity** as an effective preventative action at any age.	Taking action to improve the outcomes in **early years health** and **education** in **deprived communities**.	Prioritising **a whole systems approach to reducing smoking, alcohol consumption and obesity** as the key causes of preventable ill health and early death.	Supporting **healthy ageing** across Stockport, recognising that preventative approaches that promote **self care and independence** are essential at every life stage.
Wellness	Focus on **improving healthy life expectancy** for all as the priority, focussing especially in **the most deprived areas** and in a **person and family centred way.**	Promoting the **mental wellbeing** of children and families, especially for older children and young adults.	Improve the prevention, early detection and treatment of **cancer** (the major cause of early death) **liver disease** (which is increasing) and **diabetes** and **heart disease.**	Aim to prevent and delay the need for care whilst responding to the **complexity of needs** that older people with multiple long term conditions may have.
Systems	Continue work to **integrate and improve care systems,** especially minimising the use of unplanned hospital care - ensuring that the healthy economy is **sustainable and prevention focussed.**	Ensuring that the acute care needs of children and young people, especially for **injuries, asthma and self harm** are dealt with appropriately and opportunities to promote prevention are maximised.	Giving equal weight to **mental wellbeing** as a key determinant of physical health and independence; especially for people of working age.	Providing **services** and **housing** that are suitable for the changing needs of our **ageing population** and those with specialist needs.
Support	Understanding the size and needs of our **vulnerable and at risk groups, especially carers**, and using JSNA intelligence to inform the appropriate levels of response.	Supporting and safeguarding the most **vulnerable children and young people and families**, especially looked after children and those with autism, so that they have the opportunity to thrive.	Improving the physical health and lifestyles of those with **serious mental health** conditions.	Continuing to improve the identification of and support available to those with **dementia and their carers.**

http://www.stockportjsna.org.uk/2016-2019-priorities/

Stockport Health and Care System - Services

How are service delivered?

There is a comprehensive health and care system in Stockport, with a large number of public, private and voluntary organisations working together and delivering health care. Including:

Hospital Care – at Stockport NHS Foundation Trust, but also at Pennine Care, South Manchester, Christies and many other sites.

Primary care – at 45 GP Practices, 69 pharmacies, 48 dental practices and 38 opticians located across Stockport.

Community care – such as district nursing is mainly provided in patients homes, at one of 15 health centres located across Stockport

Social care – preventative, short and long term support are offered by a large number of organisations across Stockport.

Care homes – there are 67 care homes in Stockport

Prevention services – are provided by a range of voluntary , NHS and community organisations.

The range of types of services and organisations delivering these services can lead to the system being confusing and not working as efficiently as it should. A key priority for Stockport is to **improve and integrate** the way these services are delivered to meet the needs of local people.

Health and care workforce

- **7,300+ people** are employed by the 5 main statutory providers in Stockport
- More people work in care homes, private care providers and the voluntary sector.
- There are **31,982 unpaid carers** in Stockport

Families, friends, carers, volunteers

Health and care activity – each year…

- **97,00** hospital admissions
- **94,000** A&E attendances
- **543,000** community contacts
- **8,500** adult social care clients
- **700,000+** GP practice visits
- **11,000** people in touch with Pennine Care

Prevention

Lifestyles
Immunisations
Infection control
Mental wellbeing

Primary Care

Pharmacies
Opticians
Dentists
GP Practices

Community Care

Health Visitors
School Nurses
District Nurses
Podiatrists
Social workers

Acute Care

Hospital
Outpatients

Emergency Care

Ambulance
A&E services
Out of hours

Specialist Care

Mental Health
Care homes
Social workers

http://www.stockportjsna.org.uk/2016-jsna-analysis/health-service-locations/
http://www.stockportjsna.org.uk/2016-jsna-analysis/health-and-social-care-service-use/

Stockport Health and Care System - Decisions

How are decisions made?

Decisions about what health and social care services are delivered in Stockport are made by **commissioners**. Decisions are taken within a framework set by local and national policy and law.

As with the provision of health and care, there are a number of different organisations who make decisions about the provision of services and there are a large number of national and regional policies which need to be followed.

Again a key priority for Stockport is to **improve and integrate** the decisions that are made by bringing together decisions into major **change programmes**.

National and regional policy context

National Government

- Health and Social Care Act 2012
- Care Act 2014
- Children's and Families Act 2014
- No Health Without Mental Health
- Budget setting

NHS England and Public Health England

- Five Year Forward View
- From Evidence to Action
- New Models of Care Programme
- Annual planning

Greater Manchester

- Stronger Together: the Greater Manchester Strategy
- Taking Charge of our Health and Social Care
- GM Mental Health Strategy

Local decision makers

Stockport Health and Care System – Financing

How are services funded?

Services in Stockport are funded via a number of routes, in 2016/17 the total sum available to local healthcare is around £608 million.

Stockport CCG receives funding via a grant from NHS England for **acute and community services**, and the level of this is set each year in a national funding exercise. Indicative budgets to 2020/21 suggest that funding will **increase at a rate of 2% per annum**.

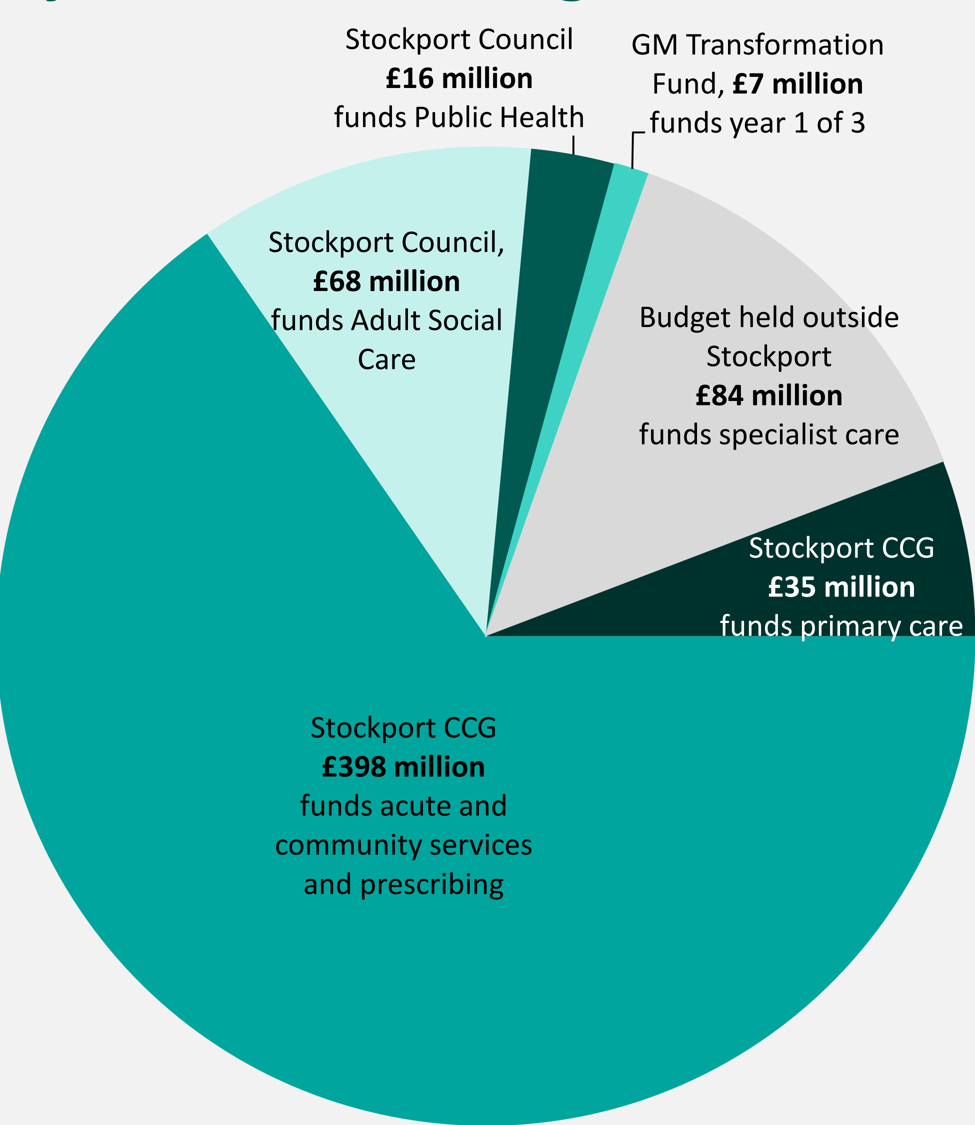
Stockport CCG make decisions about **Primary Care Commissioning** jointly with NHS England through delegated commissioning arrangements.

Stockport Council receives a ring fenced grant for **Public Health** from Public Health England. Indicative budgets to 2020/21 suggest that funding will **decrease at a rate of 2.5% per annum**.

Stockport Council funds **Adult Social Care services** from it's core budget, made up of grants from central government and receipts from Council Tax and other income. Indicative budgets to 2020/21 suggest that the grant will be phased out and that the Council will need to raise all funds locally – this is likely to lead to **significant pressures on local budgets**.

Greater Manchester Transformation Funding is available short term to fund change programmes. An award of £19 million over three years have been made.

Specialist care is funded outside of Stockport's local decision making by NHS England.



Stockport case for change

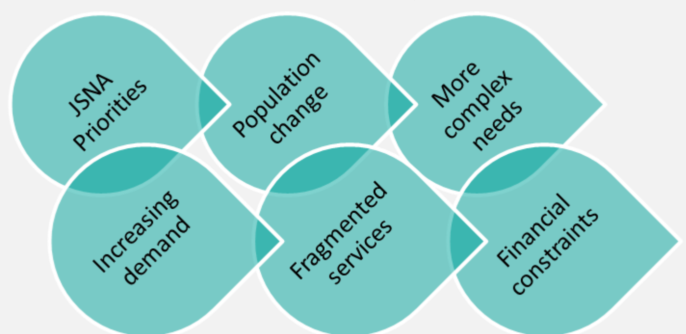
Stockport like other local areas across the country, is facing a number of issues which mean we need to change how health and social care services are delivered.

Population Change

Health and social care services in Stockport are subject to **increasing demand** from:

- an **ageing population** with **increasingly complex care needs** and at higher risk of **isolation and loneliness,** as more people live on their own without direct family support
- a population where **birth rates** have risen, especially in areas of deprivation leading to **more children and young people living in low income households** where health outcomes are poorer**.**
- Changes in the most common health issues experienced by the population, to those linked to **lifestyles** or are otherwise **preventable**
- A period of **economic challenge** affecting the incomes and entitlement to and amount of economic support for the most vulnerable people in Stockport

The Stockport JSNA describes these changes in more detail.



Historic service patterns

Care is fragmented, services in the area have developed over a long period of time, are delivered by a large range of organisations leading to a system that is **complicated to access, has duplications and isn't as focussed on the individual's needs as it could be** causing difficulties for people who need to coordinate support from a range of teams.

Too many people are admitted to hospital in Stockport, particularly those over 65, when they would be better and more appropriately cared for at home. People of all ages are increasingly using emergency care services .

Financial Challenges

Nationally, whilst the NHS has received a small increase in funding, this is does not match the growing demands and increase in costs and is estimated to be **£22bn short** of what would be required without transformation. The financial constraints on local authorities for adult social care and public health are even more severe with reductions in central government grants for these services and even with the ability to raise extra revenue if they wish through the precept it is recognised by the healthcare economy that it is likely to result in a significant shortfall.

Locally we have calculated that the total commissioner financial resource available for health and social care In Stockport in 2016/17 is **£524m**. If growth in demand continues as experienced in the past few years and we continue to deliver services in the same way, by 2020 the Stockport Health and Social Care system is facing a c£136m shortfall . This is clearly **an unsustainable position**. These pressures are already being felt by commissioners and providers in both financial and in service delivery terms.

Stockport Change Programmes

To meet the **priorities identified in the Stockport JSNA** and to respond to the case for change **challenges** being experienced by local health and care systems a number of change programmes are being implemented:

Stockport Family – focussing on the integration of health and care services for children and families based on a restorative approach

Stockport Together – focussing on the integration of health and care services for older people and adults

Working with Communities – focussing on growing the resilience of Stockport communities and ensuring a thriving economy.

Taking Charge of Health and Social Care in Greater Manchester – focussing on the opportunities for integration across Greater Manchester as a result of the devolution deal.

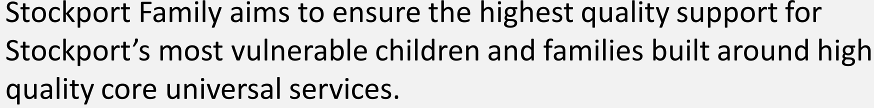
These change programmes are each described in more detail on the following pages.

The major change programmes are also supported by narrower theme based strategies, to which links are provided, and by the strategies of our providers and community partners, who have a significant impact on health and wellbeing in a variety of ways.

The change programmes have a number of common themes including:

- **Getting serious about prevention,** responding to the challenge from the NHS Five Year Forward View , and recognising that the causes and drivers of health issues are changing.
- **Combining and integrating NHS and local authorities resources,** wherever appropriate, to help close the outcome, quality and financial gaps.
- **Moving to neighbourhood based care provision**, reducing the size of the hospital and increasing the provision of proactive community health services.
- **Supporting and empowering people** to live as independently as possible in the community using asset based and restorative approaches.

Stockport Family



What is Stockport Family?

Stockport Family aims to ensure the highest quality support for Stockport's most vulnerable children and families built around high quality core universal services.

Stockport Family has the following shared aims and ambitions for children and young people: -

- Our children are given the very **best start in life** by their parents and carers;
- Our children and young people **enjoy good health** and receive the services they need to become as **independent as possible** and to achieve the best health outcomes;
- Our children and young people are well prepared for adulthood and **engage in education, employment and training**;
- Our children and young people and families are supported in **contributing to their community**;
- Our children and young people **live safely and happily** within their families and there are fewer family breakdowns

Stockport Family comprises:

- **Integrated Children's Services** (Early Years, including Children's Centres; Early Help; Health Visitors; School Nurses; Family Nurse Partnership; Parenting Teams; Young People Drug and Alcohol Team; Youth Offending Service; Services for Young People)
- **Children's Social Care** (Social Work Teams; Fostering and Adoption; Leaving Care Team; Edge of Care; KITE Mental Health Team; Domestic Abuse and Child Sexual Exploitation Team)
- **Children with Disabilities Service** (Portage; Autistic Spectrum Disorder Team; Disability Social Care Team; Aiming High Team; Children's Therapy Service)
- Safeguarding and Learning;
- Multi-agency Safeguarding and Support Hub (MASSH)
- Young Carers Service

Stockport Family values are:

Stockport Family is also aligned with other universal and specialist services including schools, GP practices, specialist health services, hospital services, social housing providers, neighbourhood policing and adult services.

- We will always respect the views of children, young people and families and listen carefully to what they tell us
- We will use a shared assessment to talk to children, young people and families about how things are going and to be clear about what we want to achieve by working together
- We work in four locality teams in the borough and we are able to 'call in' specialist assessments and support if they are needed.

Find out more: https://www.stockport.gov.uk/topic/stockport-family

Stockport Family

What's the long term goal?

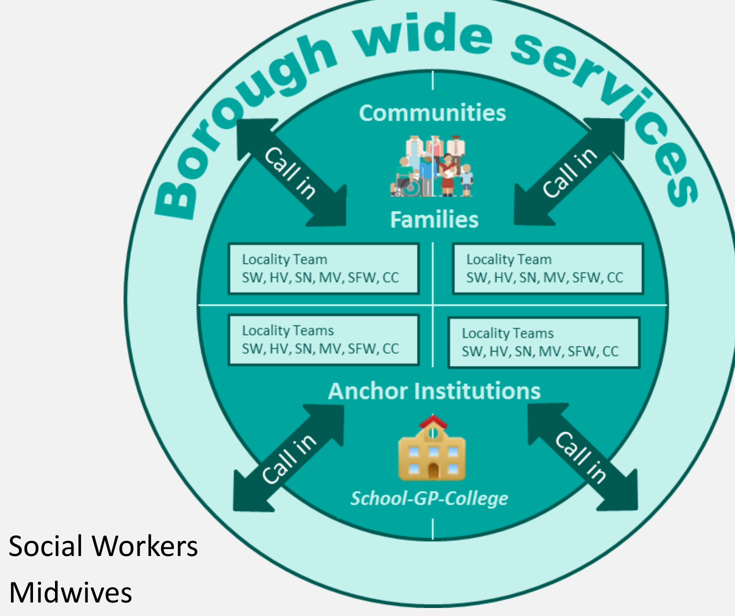
The Children's Trust Strategic Plan sets out a vision for Stockport Family in which the Council and partners work together to ensure high quality targeted and specialist services that meet the needs of each vulnerable or disadvantaged child, young person and / or family in a holistic way.

- Stockport Family is underpinned by a restorative approach that builds on the strengths of the family and community by working with them rather than delivering services to or for them. The Service focuses on early identification, prevention and developing community capacity.
- Strong relationships are central to the system. Stockport Family facilitates joined up thinking and co-ordinated action between services; and integrated locality teams work with families to build and repair relationships, understand where families need extra help and develop shared plans.
- The focus is on whole family working, in the home, at school, in children's centres and communities.

What will services and communities look like in the future?

Stockport Family is delivered through four integrated locality teams covering the four Clinical Commissioning Group areas (Heatons and Tame Valley, Stepping Hill and Victoria, Cheadle and Bramhall and Marple and Werneth).

The locality teams comprise:



- Social Workers
- Midwives
- Health Visitors
- School Nurses
- Children's Centres/Children and Family Centres
- Stockport Family Workers.

In addition a named social worker, school nurse, health visitor and Stockport Family worker are brought together in each locality to form an integrated 'team around a school'. The 'team around the school' is intended to support the interface between Stockport Family and schools, including arrangements for intelligence sharing and supporting the capacity of schools to deliver the interventions.

The locality teams are able to 'call in' more specialist interventions at the right time to address need as it arises in an appropriate and effective way.

Stockport Together

What is Stockport Together?

Stockport Together is a partnership of local health and social care organisations:

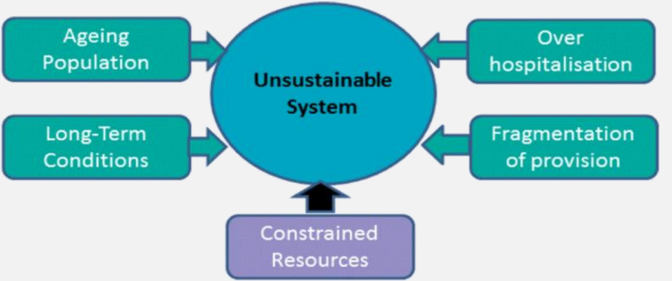
- NHS Stockport Clinical Commissioning Group
- Stockport Metropolitan Borough Council
- Stockport NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Stockport's GP federation, Viaduct Health

working alongside GPs and voluntary organisations to develop an integrated system that meets growing needs and creates sustainable health and social care system for the future.

What's the long term goal?

Our collective vision is ***a sustainable*** health & care system for the people of Stockport delivering improved health outcomes, reduced health inequalities, greater independence and a lower need for bed-based care. To achieve this we are delivering ***new forms of care*** to specific cohorts of our population through a ***new form of organisation*** constructed from the GP registered list at neighbourhood level and incentivised by a ***new form of commissioning***. Our model of care will ultimately serve the whole population, starting with older people with complex care needs.

Find out more: http://www.stockport-together.co.uk/



The focus will be on **prevention and self-care** – supporting people to stay well for as long as possible. Integrated intensive support teams in each of our 8 neighbourhoods will support older people to stay well longer and to improve the management of complex care and long-term conditions. Our neighbourhood model includes **moving 50% of outpatient activity from an acute setting**, proactively managing people at home, including increasing capacity in primary and community services and significant rationalisation to strengthen the support available in intermediate tier services. This will reduce the requirement for treatment in hospital.

To create **additional capacity in primary care** without needing to recruit additional scarce GPs we will develop alternative professional and third sector alternatives to a GP appointment including physiotherapy, practice based pharmacists and community pharmacy, counselling and signposting to non-health related support services.

The development of **communities as assets** is also an essential building block of our approach: for example ensuring care homes become an integral part of our neighbourhoods. Population behaviour change and self-care support programmes are also components of neighbourhood delivery.

Stockport Together

We will deliver all these services through a **Multi-Specialty Community (MCP)** provider developed from general practice as set out in the NHS 5 year forward view.

We will develop this in the context of much greater integration of health & social care in commissioning and provision.

Our focus is on prevention at scale, a transformation of out-of-hospital care and a richer engagement of our population at both an individual and community level.

Integrated service solution led by primary care

Crisis notification

Integrated discharge

Self Care

Maintain independence

Healthy living & wellbeing

Self care

Enhanced Primary Care

Acute medical emergencies

Neighbourhoods

Find and treat

Case management

INTs NWAS OOH

Intermediate Tier

Specialist intermediate care

Crisis Response

Bedded intermediate care

Bed provision

Discharge to assess

Acute Care

Clinical streaming

Emergency & ambulatory care

Intermediate care in the home

Recovery at home (step up & step down)

Behaviour change of individuals and communities
Developing community assets

Self Care | Intermediate Tier | Neighbourhood Care | Acute Care

Within the neighbourhood

Towards the neighbourhood

Away from the neighbourhood

Integrated Service Solution: Phase 1

Stockport Plan – Working with Communities

WORKING WITH COMMUNITIES IN STOCKPORT

What is Working with Communities?

Finding new ways to engage and **work with communities** is vital to **improving outcomes** and supporting the wider service reforms currently underway, including Stockport Together and Stockport Family.

The 'Working with Communities' project involves a series of practical initiatives that together will form a universal offer of high quality and easily accessible support that all communities can access. The work will build on the development of **locality based service models** in Stockport Together and Stockport Family, in order to work more closely with local communities and better reflect their **priorities, assets and challenges.**

What's the long term goal?

The universal offer of support for communities aims to make it as easy as possible for people to **learn more, get involved and organise community activities**. Community groups will have their own account with the Council through which they can share and access information; recruit, organise and share volunteers; draw on and offer peer support to each other; book space and events in public buildings, parks and other assets; source financial and other support; and access Council and other funding where necessary.

This offer will **supplement existing strategic commissioning** relationships and help develop the amount and impact of community activity in Stockport. The diagram below shows the way in which the 'Working with Communities' project aims to complement existing strategic commissioning.

This project is at an early stage and the first improvements will be implemented early in 2017. The project builds on the learning and insight accumulated through the previous Relationship Management pilot and exercises such as 'Our Place' in Cheadle which have been successful in understanding and auditing the current community capacity across Stockport, building connections and highlighting emerging gaps.

Taking Charge of Health and Social Care GM

Greater Manchester
Health and Social Care Devolution

In February 2015 the 37 NHS organisations and local authorities in Greater Manchester signed a landmark devolution agreement with the Government to take charge of health and social care spending and decisions in the city region.

From April 2016 GM took control over integrated health and social care budgets, a combined sum of more than £6 billion. For the first time, health and social care will become integrated and local people will be taking charge of decisions on the health and care services for GM.

Having the freedom to radically transform the health of the GM population and to build a clinically and financially sustainable model of health and social care is a huge opportunity, as well as a great responsibility.

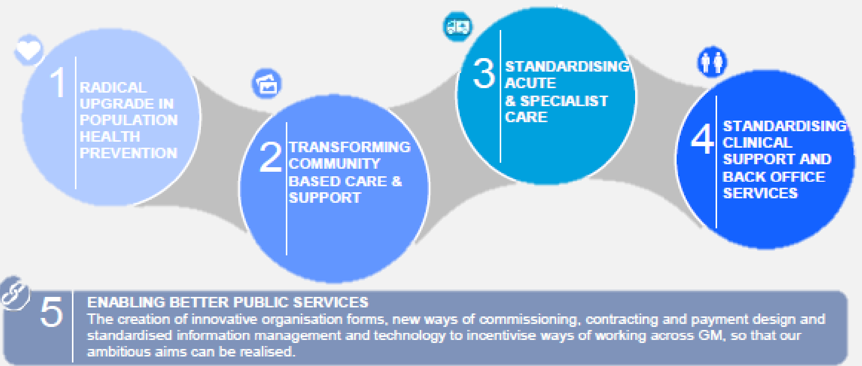
The vision is 'to deliver the fastest and greatest improvement in the health and wellbeing' of the 2.8 million population of GM, creating a strong, safe and sustainable health and care system that is fit for the future. To do this delivering change is focussed in two critical areas:

- Creating a new health and care system
- Reaching a new deal with the public

The programme incorporates the Healthier Together workstreams within theme 3.

Find out more: http://www.gmhsc.org.uk/

Creating a new health and care system



Reaching a new deal with the public

Greater Manchester Change Programme

Creating a new health and care system

1. Radical upgrade in population health prevention

- More people managing their own health
- Increasing early intervention at scale
- Starting well – supporting parents to give their children the best possible start in life
- Living well – good work, good health
- Helping people age well

2. Transforming community based care and support

- New models of primary care, social care and community services
- Establishment of fully integrated Local Care Organisations
- Vanguards to test new care models

3. Standardising acute and specialist care

- Deliver most services locally but increase collaboration
- Share acute services at scale
- Agree cluster and GM level services
- Develop standardised treatment and care pathways

4. Standardising clinical support and back office services

- Back office shared services
- Care coordination
- Shared clinical services

5. Enabling better public services

- New care organisations
- New models of contracts, payments and innovation
- Technology-enabled change

Reaching a 'new deal' with the public

The long term health and wellbeing of people will only be secured through a new relationship between people and the services they use; striking a new deal which needs both sides to deliver on its promises.

Public services will take charge of and responsibility for their localities. For example they will:

- Ensure there are a wide range of facilities including parks, open spaces, leisure, safe cycling routes, good quality housing.
- Ensure easy, timely access to good quality seven day a week primary care to screen, diagnose and treat and prevent disease early
- Support families to bring up their children to have the best start in life through our Early Years New Delivery Model.
- Support all people to live well, supporting unemployed people into work and helping people benefit from the growing economy.
- Assist people to age well; keeping healthy and connected to their neighbours for as long as possible at home.

At the same time the people of GM must take greater charge of, and responsibility for, their own health and wellbeing. This could include:

- Keeping active and moving at whatever stage of life.
- Registering with a GP and going for regular check-ups, taking charge of their own health and wellbeing.
- Drinking and eating sensibly, not smoking and encouraging their children to do the same.
- Taking time to be supportive parents, bonding with their babies and encouraging their children to be the best they can be.
- Taking advantage of training and job opportunities setting high aspirations for themselves and their families.
- Supporting their older relatives, friends and neighbours to be as independent for as long as possible.
- Getting involved in their local communities.

Other Stockport and Regional Strategies

Alongside the major change programmes, the member organisations of the Stockport Health and Wellbeing Board also deliver their own **strategic plans** and a range of **theme based strategies** in partnership to meet the needs identified in the JSNA. A number of these are listed below, and link to the individual strategy:

Stockport CCG Strategic Plan describes how the CCG will work to provide a truly joined up, high quality, sustainable, modern and accessible health and care system.

Stockport Council Plan is the high-level strategy which sets out how the Council will work to promote sustainable growth and to reform local public services. Through Digital by Design the Council is making the best use of technology to keep people connected and informed.

Stockport Local Plan describes the policies which are used to manage development in Stockport.

Better Care Fund is a specific programme aiming to meet the challenge of health and social care services caring for people with increasingly complex needs and multiple conditions It sits within the Stockport Together programme.

Care Act Implementation shows how Stockport plans to meet the duties of the Care Act; the biggest change to English adult social care law in over 60 years

Dementia Strategy has developed a local version of the national dementia strategy published in 2009 by the Department of Health. A refresh of this strategy will be available in 2017.

Public Health Plan describes the Public Health responsibilities which transferred from the NHS to Stockport Council in 2013. The Director of Public Health makes recommendations to the council and other agencies as to what measures should be taken to improve the health of Stockport's population in the Annual Report.

Stockport Adult Autism Strategy shows how by working together, we can make it easier for adults with autism to lead fulfilling and rewarding lives.

Physical Activity strategy sets objectives to provide opportunities for physical activity to be built into our daily lives. It also highlights how Stockport Council and partners are continuing to work to provide a healthy and safe environment for people to become more active.

Drug and Alcohol Strategy describes how Stockport services have a good record of working in together partnership to tackle the problems caused by drug and alcohol misuse. The strategy aims to address complex causal issues, while recognising that individual needs and aspirations will differ.

Stockport Health Promise reflects the breadth of commitment given by all parts of Stockport Council and partners to improving the health and wellbeing of the people.

Stockport Healthy Weight Partnership Strategy has a vision that Stockport will become a healthy town where people understand their individual, community and organisational responsibilities towards reducing levels of obesity and be making tangible progress towards this.

Stockport Domestic Abuse Prevention Strategy 2015-16 The Domestic Abuse Prevention Strategy forms a framework to steer the work of all key partners in Stockport and provides a policy basis for the consistent commissioning and development of provision and services.

Greater Manchester Working well an innovative Greater Manchester initiative is being expanded to help 15,000 more benefits claimants get in to gainful work.

Stockport Partners

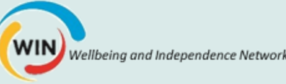
As well as the key change programmes and strategies of the members of the Stockport Health and Wellbeing Board activities undertaken by other partners are also essential to meet the needs and priorities. A few examples of these are summarised on the following pages:

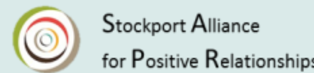
SYP works with local schools, youth groups and forums, to make sure that young people views are well represented. Current priorities for health are to ensure all pupils receive **First Aid Training** and to highlight **hidden disability**, like Autistic Spectrum Disorder and Asperger's.

Pennine Care's priority is mental health and promoting mental wellbeing. The strategy is built around 'whole-person care' recognising the inter-connection between **good physical and mental wellbeing** . There are programmes for both patients and staff including developing a **Health and Wellbeing College.**

Healthwatch Stockport helps create a health & care system that really meets the communities needs by ensuring **local people are involved** in the monitoring, commissioning and provision of services. Through **Enter&View** reviews, gathering **public opinions** and working with **FLAG** Healthwatch ensure local voices count.

SFT focus on providing **high quality**, **sustainable services** ; ongoing priorities are ; Quality, Partnership, Integration and Efficiency. SFT are committed to the **Stockport Together MCP** which will see services provided closer to home with **fewer emergency admissions** to hospital, **shorter lengths of stay** and **less reliance on A&E** services.





There are a wide variety of voluntary and community sector organisations in Stockport, key principles TPA, WIN and SPAR alliances include **early intervention and prevention**, **asset-based services , community capacity** and **peer support**. The sector is under financial pressure and viability is a concern**,** **collaboration** is essential to mitigate risks.

Viaduct Health will **provide GP leadership** for the Stockport Together programme, moving from design to implementation. Increased physiotherapy, pharmacy and mental health services will be provided in neighbourhoods, aiming to improve management **of chronic disease** and early identification of risks.

NWAS aims to deliver the **right care, at the right time, in the right place** and has three aims for the next five years: Delivering safe care closer to home by empowering staff to make decisions, increasing integration and maximising use of technology, ensuring we remain a great place to work .

Mastercall is a Social Enterprise organisation providing awarding-winning, innovative and patient-focused **'out of hospital' care,** aiming to support earlier discharge and communities.

Healthy Living Pharmacies provide a broad range of **health promotion and prevention** advice to meet local need, improving the health and wellbeing of the local population.

lifeLEISURE	Life leisure aims to ensure **high quality leisure facilities** and person centred sport, health and wellbeing programmes are accessible to **all Stockport residents.** Also provides support to smaller charities, helping them to thrive, creating a **resilient and strong, third sector community**.	Healthy Schools	The current focus for school's health is **mental health promotion** as part of the CAMHS transformation, developing **whole school approaches** to support: • mental wellbeing and resilience; • vulnerable children though transitions; • staff confidence to address emotional health
Stockport Homes Transforming Lives	Within the overarching Stockport Homes **Social Inclusion Strategy** a health offer has been developed. This offer includes **counselling for residents and staff**, **dementia befriending**, **drugs and alcohol** support for vulnerable groups and **preventative support**. Analysis show that savings are made for many agencies through the interventions offered by Stockport Homes..	Greater Manchester Fire and Rescue Service	GMFRS have developed a programme of person centric safety assessments named '**Safe and Well'.** These assessments include risk factors focusing on Health and Wellbeing and 3,200 are planned in Stockport. Identification by GMFRS personnel of **troubled families** leads to support from agencies for interventions from Domestic Violence to Safeguarding.
Stockport Metropolitan Borough Council Local Development Framework	Planning policies are critical to ensuring that people can access daily needs in ways that benefit their physical and mental health. Policies relating to **takeaway food, children's play and formal sport's provision, sustainable transport, green infrastructure, climate change and affordable housing** are key.	Greater Manchester Police E R	GMP have developed a **wellbeing strategy and** programme for all **staff** recognising that the organisation will only achieve if it maximises both the talents and wellbeing of its work force. Actions include work based health checks, awareness courses and developing in house provision such as running clubs.
GMCA Greater Manchester Combined Authority	The Greater Manchester Spatial Framework (GMSF) will ensure that we have the right land in the right places to deliver the **homes and jobs** we need up to 2035, along with identifying the new infrastructure required to achieve this. The plan is currently out for consultation, with adoption planned for 2018. Stockport's local plan will develop with the GMSF.	GreatAir Manchester	The Greater Manchester authorities work together in execution of their Local Air Quality Management duties and to produced the regional **Air Quality Action Plan.** Priorities include the Cleaner Vehicles Campaign, Dirty Diesel Campaign, development control issues, open fires, emissions from taxis, low emissions strategies and monitoring.
A GOOD PLACE TO LIVE Stockport's housing strategy	One of the new Housing Strategy's priorities , is to increase housing options in relation to retirement and supported living allowing **older people and those with additional needs** to live independently which will contribute to maintaining health and related outcomes.	WAY AHEAD: TRANSPORT FOR GREATER MANCHESTER 2040	The Greater Manchester Transport Strategy is out for consultation. There are a range of priorities, including a transport network that makes it easier to stay healthy through **regular walking and cycling**; improved road safety and reduced crime; and local environments that are not dominated by traffic, noise and pollution.

Stockport Citizens

healthwatch Stockport

Since the Care Congress and vision launch for Stockport Together in January 2015,over **500 people have been engaged** and their views sought on the case for change and the **vision for future of health and social care**, including the creation of a Citizens reference panel to oversee designs; building on the findings from the Stockport Healthwatch JSNA engagement.

A variety of different events and surveys have been used across all programmes including experience-based design, workshops, public and staff surveys and standard presentation and discussion sessions. Many of these conversations and events have been **enabled by Healthwatch** and other local voluntary sector partners, for example, carers of adults with Learning Disabilities, University of the 3rd Age and patient reference groups. Stockport is **committed to ongoing engagement and co-production within design and implementation**.

Overall, views are expressed that services often treat a single condition, rather than looking at the needs of the individual. As a result, individuals feel pushed from pillar to post, with each appointment only dealing with one aspect of their care needs and a lack of communication between professionals about what care they have received.

Find out more:
http://www.stockportjsna.org.uk/2016-jsna-analysis/public-opinions/

Public View	Our Response
We should change the way services support people with long-term conditions with greater integration.	Neighbourhood integrated teams and plans for self-care recognise this.
Many services currently provided in hospital should be closer to home.	Plans will move more outpatient activity and diagnostics to neighbourhoods.
Greater emphasis on preventative measures and the better management of long-term conditions in GPs	Neighbourhood teams are built from general practice and include prevention and management.
People don't want to keep repeating their story at each appointment.	Creating a single shared record and single neighbourhood teams will create greater continuity of care.
GP surgeries should provide more appointments.	Extended primary care access to 8-to-8 and 7 day primary care.
Mental health is seen as having equal importance to physical health.	Integrating mental health into local teams.
Online access viewed as right thing to do but some fear less IT empowered people will be disadvantaged.	Online is an enhancement for those who wish to use and not the only route.
The sharing of care records to improve care is generally supported.	There are strong information governance agreements in place.
Clearer information about how to access services should be provided.	Simpler access points and clear digital messaging are being developed

Stockport Successes 2015/2016

Although the change programmes are still in development some significant successes have already been achieved, highlights from the previous year are summarised here:

- **Recruitment** to the Stockport Family structure was completed in April 2016 and staff have been aligned to locality teams which mirror the four Clinical Commissioning Group areas.
- Social workers and Stockport Family workers have been **allocated to schools** in each locality.
- Meanwhile 928 staff have now received training in **restorative practice**, this total includes 118 school staff.
- Multi-agency weekly **allocation meetings** continue to take place for each locality, with a focus on whole family working.
- The meetings provide an opportunity for high quality discussion where information is shared and **Early Help and Prevention Assessments** (formally CAFs) recommendations for coordinated support are agreed.

- Cost benefit analysis of the new **homeless outreach** project shows that three month costs for individuals before the intervention were £13k, and fell to below £3k in the three months post intervention – savings were made across the housing and heath sectors.

Healthy Communities

- We have developed a **Stockport Health and Care phone app** - downloaded by over 2,000 people – to help signpost people to the right care.
- We have run hypertensions and COPD **awareness campaigns**, testing blood pressure of around 2,000 people and the lung age of around 1,000 residents.

Proactive Care

- **Holistic care plans** have been developed for 2% of the population with the highest support needs to ensure that their conditions are managed outside of hospital.
- **Multi-Disciplinary Team** meetings are convened to ensure that staff across organisations come together to discuss and coordinate care plans for service users.
- GP ward rounds now take place in **care homes** to prevent unnecessary hospital episodes and provide training for staff.
- We have piloted real-time tests for **asthma patients** in Primary Care using video consultations and a **new Consultant-Connect** service, allowing GPs immediate access to advice from a hospital consultant to improve diagnosis and reduce unnecessary hospital referrals.
- Additional **patient education courses** have been funded to support people with long-term conditions to manage their condition well.

Neighbourhood Working

- **Integrated teams of health and social care staff** have started to work together in 8 new neighbourhoods.
- We have invested in a **GP Development Scheme** to support new recruitments and work to improve the care of people with long-term conditions and complex care needs outside of hospital, including **recruiting 7 pharmacists** to work part-time in Primary Care and care coordinators at 6 GP Practices.
- We have funded **145 additional opening hours** each week in General practice and no longer have any half-day closures.
- **All practices now offer online booking** and access to records.
- We **reviewed 11 out-patient clinics and 27 pathways, re**sulting in the discharge of just over 1,000 patients from secondary care.
- We invested in a **new community IV service** so people can get IV antibiotics at home, rather than having to go into hospital.
- We have **increased investment in mental health services** to improve access and quality and take the pressure off other health and social care services.

Stockport Aims and Ambitions for 2017 and beyond

Vision

The strategy for health and wellbeing in Stockport is ambitious, wide ranging and complex. It will require partners and the public to work together to achieve our aims of a health and care system which is:

All of the organisations within the Stockport Health and Wellbeing partnership, are agreed on these underlying principles and are designing their future services within this framework.

Throughout 2016/17 the major change programmes will continue to develop and some specific aims for 2017 have been identified.

Implementation

This strategy involves the implementation of number of programmes, action plans and organisational strategies. The role of the Health and Wellbeing board will be to holistically oversee implementation and to take action where needed to **move blockages**, **identify gaps** and to **hold programmes to account** for delivery.

With such a complex programme of change it is not possible to immediately identify all the actions needed to deliver the longer term ambition. It is therefore intended that this strategy be reviewed each year to:

- Assess progress towards outcomes
- Reflect on changes in governance, policy, and organisations
- Update plans for key change programmes
- Identify key priorities for the coming year

As the programme is implemented ongoing consideration will be given to whether there are genuinely enough resource available to deliver all the priorities and all the change programmes at once, and the Board may need to provide leadership to the system about identifying the highest priorities and scheduling actions.

Stockport Aims and Ambitions for 2017

The major change programmes have identified the following key ambitions for the coming year:

Identify **further transformation opportunities** with wider partners including Education, Stockport Together, the implications of the Greater Manchester Devolution Agreement; and work to support transition pathways between childhood and adulthood for vulnerable young people

Build **integrated neighbourhood teams** in each of the 8 neighbourhoods to:

- Use risk stratification and frailty scores to identify key groups
- Coordinate case management through regular multi-disciplinary teams
- Wrap services around the patient with a named case manager

Continue to build **capacity in primary care**, including access in primary care to:

- Direct Access Physiotherapy
- Enhanced Pharmacy Support
- Low level mental health support.

Integrate the current 20 **Intermediate Care** and reablement services into a single service providing:

- A single point of access and coordination
- Rapid response within 1 hour for those most at risk of admission to hospital
- Overnight sitting service
- Increased step-up support in community beds / patient's home to prevent hospitalisation
- Reablement services after hospital
- A new discharge to assess model

Continue to build capacity , choice and resilience in the **independent care sector**.

Embed **prevention and early-intervention** into every level of integrated health and social care, including:

- Community health champions
- Social prescribing
- Increased volunteering opportunities
- A community investment fund to support community driven solutions

Extend the opening hours of the **Medical Admission Unit** at Stepping Hill to prevent unnecessary admissions

Improve the management of **ambulatory case sensitive conditions** in the emergency department.

Develop **clinical signposting** so that triage staff in the Emergency Department can direct people to neighbourhood or intermediate care services.

Continue to develop an **Integrated Digital Health & Social Care Record** to ensure staff in all organisations have access to the most up-to-date records for their service users.

Develop an **outcomes based contract** framework for the over 65 population.

WORKING WITH COMMUNITIES
INSTOCKPORT

Work is underway to develop a business case for a Stockport **Community Investment Fund**, which would aim to support communities in tackling some of the borough's biggest challenges. Further details about a potential Community Investment Fund will be developed and will be subject to further scrutiny.

Greater Manchester plans will continue to develop and business cases are being drawn up and robustly evaluated before investment decisions are made. Priorities for 2017 include **early years** and **mental health**.

Over the course of the year as plans develop Stockport will continue to develop it's strategy from two perspectives:

- How **Stockport innovations contribute to the Greater Manchester objectives**
- How **Greater Manchester level programmes will be sensitive to needs of Stockport**.

Stockport Outcomes

The overall objectives for health and wellbeing in Stockport are to **improve life expectancy** and **reduce health inequalities** and these key outcome measures will remain the benchmark by which long term success is measured. Progress towards improving the JSNA priorities areas will be monitored and reported to the board as follows:

All outcomes contained in the Public Health, NHS, CCG, Adult Social Care Outcome Frameworks (http://www.stockportjsna.org.uk/2016-jsna-analysis/outcome-frameworks/) will be monitored and exceptions and issues reported to the board as needed. Reporting will also include the Outcome Framework for the MCP once developed.

	All Ages	Start Well	Live Well	Age Well
Prevention	**PHOF2.13i** Percentage of physically active adults	**PHOF2.03** Smoking status at time of delivery	**PHOF2.14** Smoking prevalence in adults **PHOF4.06i** Under 75 mortality rate from liver disease	**PHOF3.03xiv** Take up of flu vaccinations by over 65s
Wellness	**PHOF0.1** Life expectancy and healthy life expectancy, for Stockport and areas of inequality	**CYPMHW3.2** Hospital admissions as a result of self harm (10-24 years)	**PHOF4.05i** Under 75 cancer mortality rate	**PHOF2.24i** Injuries due to falls in people aged 65+ **PHOF4.15** Excess winter deaths aged 65
Systems	**NHSOF1a** Potential years of life lost from causes considered amenable to healthcare; all ages	**NHSOF2.3ii** Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	**PHOF2.23i** Self-reported wellbeing – people with a low satisfaction score **NHSOF2.3i** Unplanned hospital use for chronic ambulatory care sensitive conditions 18+	**ASCOF2ci** Delayed transfers of care
Support	**ASCOF1.18ii** – social isolation percentage of adult carers who have as much social contact as they would like.	**CFS.9** Emotional Health of Looked After Children	**PHOF4.09ii** Excess under 75 mortality in adults with serious mental illness	**PHOOF4.16** Prevalence rate for dementia

Most recent benchmarks to England average

Stockport Outcomes

In addition to the overall outcome measures, the major change programmes have identified the following key emerging outcomes, which will be monitored by programme governance structures as well as the Health and Wellbeing board:

- The full delivery of the Healthy Child Programme 0-19 being underpinned by skilled identification of need and effective evidence based intervention;
- Increased focus on intervention and prevention pf poor outcomes in pregnancy and the first 2 years of a child's life;
- A 20% reduction in the spend on looked after children with an increased emphasis on supporting children to live safely and happily within their family networks;
- A reduction in children subject to Child Protection Plans and a sustained reduction in families needing repeat support;
- A reduction in the need to remove any subsequent children from a family where a child has previously been removed;
- Better co-ordination of care for children and young people with disabilities leading to a reduction in high cost interventions

We expect to see:

- Fewer family breakdowns
- Better emotional and physical health outcomes for children and families
- Better educational outcomes for children
- Young people prepared for adulthood and independence
- Greater family resilience
- Reduced crime and anti-social behaviour

Our planned improvements to services will reduce non-elective and A&E activity by **30%** per year from current levels and they will also reduce length of stay by **40%**. Over hospitalisation and length of stay are shown to reduce independence of older people and thus we are also expecting these proposals to reduce admissions to care homes by **8%**. Further by supporting the most vulnerable in the community and introducing new approaches to the GP / Consultant relationship we expect to reduce traditional outpatient appointments by **50%**.

As well as reducing time spent in a hospital bed or waiting for an outpatient appointment we expect the following improvements in outcomes and service quality for people living in Stockport.

- A reduction in premature mortality from causes preventable by healthcare and healthy life expectancy increasing fastest in the most deprived areas of Stockport,
- Reduction in the number of people reporting social isolation,
- Increase in the number of people feeling supported to manage their condition,
- Reduced proportion of working adults with long-term sickness ,
- Increased number of people / carers who would recommend the service,
- An increased proportion of people at end of life die in their preferred place of choice,
- Meeting the national A&E waiting time and other NHS constitutional standards.

Stockport Health and Wellbeing Board

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https://www.stockport.gov.uk/health-and-wellbeing-board

December 2016