

## Agenda

### ONE Stockport Health and Care Board

Date: 27 May 2026  
 Time: 14:00 – 16:30 pm  
 Venue: Upper Ground Floor Conference Room, Stopford House

Item No.	Time	Subject	Paper / Verbal	For Approval/ Discussion/ Information	By Whom
<b>Meeting Governance</b>					
01.	14:00	Welcome and Apologies:			Chair
02.		Notification of items of Any Other Business			
03.		Declarations of Interest	Pages 03 - 06	To Note	Chair
04.		Minutes of previous meeting – 25 March 2026	Pages 07 - 17	<b>For Approval</b>	Chair
05.		Actions and Matters arising	Page 18	For Discussion	Chair
<b>Leadership Updates</b>					
06.	14:05	Place Based Lead and Deputy Place Based Lead Update / NHS Reform	Verbal	For Discussion	Michael Cullen / Philippa Johnson
07.	14:10	NHS GM Acting CEO update	Pages 19 – 27	To Note	Philippa Johnson
<b>Partnership Workin</b>					
08.	14:15	Stockport Families Partnership update	Pages 28 - 36	For Discussion	Heidi Shaw
<b>Assurance Updates</b>					
09.	14:25	Finance Report	Pages 37 - 44	For Discussion	David Dolman
10.	14:35	Quality update	Verbal	For Discussion	Jemma Billing
11.	14:40	Six-month report / deep dive on Long Term Conditions: Diabetes / CVD	Pages 45 – 59	For Discussion	Viren Mehta / Kim Roberts
12.	15:00	Cancer update (Including National Cancer Plan and implications for Stockport)	Pages 60 – 69	For Discussion	Cath Comley

13.	15:20	2025/26 End of Year programme delivery update: <ul style="list-style-type: none"> <li>• Mental Health, Learning Disability (LD) and Autism</li> <li>• Cancer and Palliative and End of Life Care</li> <li>• Elective Care</li> <li>• Safe and Timely Discharge and Improving Urgent and Emergency Care</li> <li>• Live Well – Connected Communities and Places</li> <li>• Live Well – Collaborative Health and Care</li> <li>• Improving access to Primary and Community Care and Medicines Optimisation</li> <li>• Improving the cost of living and anti-poverty</li> <li>• Maternity, Children, Young People and SEND (Special Educational Needs and Disabilities)</li> <li>• Delivering Adult Social Care (ASC)</li> </ul>	Pages 70 – 87	For Discussion	Gareth Lord Matt Walsh Cath Comley Paul Buckley Philippa Johnson Heidi Shaw Philippa Johnson and Sarah Dillon Viren Mehta Jilla Burgess-Allen Heidi Shaw Sarah Dillon
14.	16:00	Interim Governance Arrangements for ONE Stockport Health & Care Board (Terms of Reference)	Pages 88 – 100	<b>For Approval</b>	Fiona Smith
Updates from other Boards / Committees / Partnerships					
15.	16:05	SEND update (Including schools white paper and SEND Reform)	Pages 100 – 113	For Discussion	Chris Harland
Meeting Governance					
16.	16:20	Questions from the public:	Verbal	For Discussion	Chair
17.	16:25	Any Other Business	Verbal	To Note	Chair
<b>Date and time of next meeting: Wednesday 29 July 2026, 14:00 – 16:30 pm, Upper Ground Floor Conference Room, Stopford House</b>					
<b>For Information:</b>					

NAME	Current position(s) held in the NHS GMIC i.e. Governing Body member; Committee member; Member Practice; NHS GMIC employee or other	NAME OF INTEREST	NATURE OF INTEREST	TYPE OF INTEREST				Interest		ACTION TAKEN TO MITIGATE RISK	DATE SIGNED
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	From	To		
Billing, Jemma	Associate Director, Quality, CHC & Safeguarding, Member of ONE Stockport Health and Care Board	None declared						Aug-24	Present		25/03/2025
Buckley, Paul	Director of Strategy & Partnerships, Stockport NHS FT, Member of ONE Stockport Health and Care Board	None declared						Apr-24	Present		02/05/2024
Burgess-Allen, Jilla	Director of Public Health, Stockport MBC, Member of ONE Stockport Health and Care Board	None declared						Apr-23	Present		26/04/2024
CULLEN, Michael	Chief Executive, Member One Stockport Health and Care Board	Stockport MBC employee	Stockport MBC Employee	x				30-Oct-06	Present	N/A	29/04/2024
		GMPF Local Pension Board	Member	x				16-Jun-19	Present		
Dalby, Natalie	Chief Superintendent (Stockport), GMP, Member of One Stockport Health and Care Board	None declared									14/11/2025
Dillon, Sarah	Director of Adult Social Care, Stockport MBC, Member of ONE Stockport Health and Care Board	None declared									07/05/2024
Dolman, David	Associate Director of Finance, Member of ONE Stockport Health and Care Board	None declared						Oct-24	Present		28/03/2025



NAME	Current position(s) held in the NHS GMIC i.e. Governing Body member; Committee member; Member Practice; NHS GMIC employee or other	NAME OF INTEREST	NATURE OF INTEREST	TYPE OF INTEREST				Interest		ACTION TAKEN TO MITIGATE RISK	DATE SIGNED
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	From	To		
McDougall, Tim	Executive Director of Quality, Nursing & Healthcare professionals, Pennine Care NHS Foundation Trust, Member of ONE Stockport Health and Care Board	None declared									22/04/2024
McGrath, Jo	Sector 3, Member of ONE Stockport Health and Care Board	Sector 3	CEO	x				Jul-19	Present	Recusal from situations where interests are declared. Ensure Sector 3 enters competitive bidding arrangements with NHS to mitigate appearance of bias. Commitment to full transparency, disclosing my position with NHS and decision-making organisations.	15/07/2024
		Sector 3	CEO - advocating on behalf of the VCSFE sector representing particular groups of NHS patients		x			Jul-19	Present	Recusal from situations where interests are declared. Ensure Sector 3 enters competitive bidding arrangements with NHS to mitigate appearance of bias. Commitment to full transparency, disclosing my position with NHS and decision-making organisations.	15/07/2024
McLoughlin, Chris	Executive Director People and Neighborhoods, Stockport MBC, Member of ONE Stockport Health and Care Board	None declared									
MEHTA, Viren Dr	Primary Care Representative - ONE Stockport Health and Care Board	Cheadle Medical Practice	GP Partner	x				Aug-06	Present		29/04/2024
		Stockport GP Board	Chair		x			Aug-22	Present		
		Viaduct Care CIC	GP Chief Officer & Director	x				May-23	Present		
		Stockport Primary Care Board & Stockport GP Board	Chair		x			Aug-22	Present		
		Alvanley Family Practice	Partner	x				Jul-24	Present		
		Greater Manchester GP Board	Vice-Chair		x			Jun-23	Present		
		Jinendra Trust Charity	Trustee			x		Jul-12	Present		
		Dorothy Bulkeley Charity	Trustee			x		Jun-14	Present		

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				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect Interest	From	To		
		VNV Solutions Ltd	Director			x		Mar-23	Present		
REES, Kathryn	Member of ONE Stockport Health and Care Board	Royal Mencap	Trustee			x		Jan-22	Jan-26	Make the Board aware should any conflict arise	19/04/2024
	Director of Strategy, Stockport MBC	Stockport MBC employee	Employee	x				2019	Present		22/04/2024
Shaw, Heidi	Stockport MBC, Member of ONE Stockport Health and Care Board	None declared									22/04/2024
Woodworth, Simon Dr	Associate Medical Director, Member of ONE Stockport Health and Care Board	Beech House Medical Practice	Partner	x				Jun-16	Present	Make the Board aware should any conflict arise	23/04/2024
		East Cheshire NHS Trust	Wife employed by the Trust				x	2005	Present	Make the Board aware should any conflict arise	23/04/2024

\* not a current member

## Draft Minutes

### ONE Stockport Health and Care Board – Public Meeting

Date: 25 March 2026

Time: 15:45 – 16:45 pm

Venue: The Heatons Sports Club, Green Lane, Stockport. SK4 2NF

<b>Present</b>	<b>Apologies</b>
<p><b>Present:</b>            Cllr Mark Roberts, Leader of Stockport Metropolitan Borough Council (<b>Chair</b>)            Paul Buckley, Director of Strategy and Partnerships, Stockport NHS Foundation Trust            Jilla Burgess-Allen, Director of Public Health, Stockport Metropolitan Borough Council            Michael Cullen, Chief Executive and Place Based Lead, Stockport Metropolitan Borough Council            Natalie Dalby, Chief Superintendent, Stockport District Commander, GMP            Sarah Dillon, Director of Adult Social Care, Stockport Metropolitan Borough Council            David Dolman, Associate Director of Finance, NHS Greater Manchester (Stockport)            Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport)            Maria Kildunne, Chief Executive, Healthwatch Stockport            Helen McHale, Chief Executive, Stockport Homes            Kathryn Rees, Executive Director, Corporate and Support Services, Stockport Metropolitan Borough Council            Dr Simon Woodworth, GP &amp; Associate Medical Director, NHS Greater Manchester (Stockport)</p>	<p><b>Apologies:</b>            Jemma Billing, Associate Director of Quality, CHC and Safeguarding, NHS Greater Manchester (Stockport)            John Graham, Chief Finance Officer, Deputy Chief Executive, Stockport NHS Foundation Trust            Anthony Hassall, Chief Executive, Pennine Care NHS Foundation Trust            Karen James, Chief Executive, Stockport NHS Foundation Trust            Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport Metropolitan Borough Council            Katherine Sheerin, Chief Commissioning Officer, NHS Greater Manchester            Tim McDougall, Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust            Chris McLoughlin, Executive Director, People and Neighbourhoods, Stockport Metropolitan Borough Council            Jo McGrath, Chief Executive, Sector 3            Dr Viren Mehta, GP Partner, Cheadle Medical Practice &amp; Alvanley Family Practice, GP Chief Officer, Viaduct Care, Chair, Stockport GP &amp; Primary Care Board, Vice-Chair, GM GP Board</p>
<b>In attendance</b>	
<p>Matt Walsh, Mental Health Network Director of Quality, Nursing and AHPs, Pennine Care NHS Foundation Trust            Gareth Lord, Senior Strategy, Planning &amp; Performance Manager, NHS Greater Manchester (Stockport), for items 9 and 11            Fiona Smith, Strategy, Planning and Performance Programme Manager, NHS Greater Manchester (Stockport), for item 12 and meeting administration</p>	

1.	<b>Welcome &amp; Apologies</b>	<b>Action</b>
	<p>The Chair welcomed members to the meeting of ONE Stockport Health and Care Board. Apologies were noted as listed above.</p> <p>The Chair welcomed Matt Walsh, who was representing Pennine Care NHS Foundation Trust, Gareth Lord, and Fiona Smith to the meeting.</p> <p>Members introduced themselves.</p>	
2.	<b>Notification of items of Any Other Business</b>	
	<p>The Chair noted that there had been a question received from the public would be covered at agenda item 14.</p> <p>There were no other items of business to discuss, in addition to the items listed on the agenda.</p>	
3.	<b>Declarations of Interest</b>	
	<p>The Chair asked members of the Board to declare any interests held that would impact on the business conducted or changes to a previous declaration. There were no declarations of interest received.</p>	
4.	<b>Minutes from previous meeting</b>	
	<p>The minutes of the meeting of the ONE Stockport Health and Care Board held on 28 January 2026 were received and agreed as an accurate record.</p> <p><b>RESOLVED:</b> <b>The minutes of the ONE Stockport Health and Care Board meeting held on 28 January 2026 be APPROVED as a correct record.</b></p>	
5.	<b>Actions and Matters Arising</b>	
	<p>An update was provided on open actions:</p> <p>LB14: Plan a deep dive into healthy weight. J Burgess-Allen stated that this deep dive would be presented at the Live Well Board meeting rather than this meeting and therefore the action could be closed. <b>Action closed and removed from log.</b></p> <p>LB15: Discussion on resource allocation across the system to take place at a future Board Development session. DD responded that a discussion on resource allocation across the system is due to take place after NHS Reform is completed. <b>Action to remain on the log.</b></p> <p>LB17: Re-visit metrics for Stockport Delivery Plan. <b>Action Completed, remove from the log.</b></p> <p>LB20: Right Care Right Place update to Board: The Chair noted that updates are provided to the Safeguarding Partnership and will come to a future board meeting following the next update at the Safeguarding Partnership. <b>Action to</b></p>	

	<b>remain on the log.</b>	
<b>6.</b>	<b>Place Based Lead and Deputy Place Based Lead Update</b>	
	<p>P Johnson provided the update, including on NHS Reforms.</p> <p>P Johnson noted that this was the first time that the One Stockport Health and Care Board meeting had been held in the community. It is the intention that future meetings will be held at other venues across the borough to help connect with communities.</p> <p>P Johnson informed the Board that an announcement is expected tomorrow regarding recruitment of a new Chair of the ICB, after Sir Richard Leese completes his term in June 2026.</p> <p>On the subject of ICB reform, P Johnson informed the Board that the operating model for the ICB will go live on 1<sup>st</sup> April, with recognition that not everything will be in place initially and it will take some time to settle down in the new form. 2026/27 will therefore be a transition year.</p> <p>ICB staff are in middle of the process of change programme. 9 substantive post holders from Stockport left as part of the voluntary redundancy scheme at the end of January, with many years of valuable experience between them, plus a number of experienced and valued clinical leads, some of whom had a delayed leaving date, due to risks around loss of expertise. A second round of voluntary redundancy ended 11<sup>th</sup> March with post holders leaving by the end of March. Colleagues and partners will note gaps in some key areas.</p> <p>Population of the new structures is starting with staff awaiting outcome letters by end of March. There will be a slotting in process, followed by expressions of interest and then competitive interviews in April and May. We won't know the full impact on NHS GM Stockport Locality team until the process is complete.</p> <p>The Stockport Locality structure is leaner but there will be a focus on evolving our place partnership and developing stronger and more collaborative working between partners to deliver for Stockport residents. We are working closely with pan-GM functions and locally to ensure the needs of Stockport residents are met. Further work is needed on the granularity on how SEND, Safeguarding, individual packages of care functions will work and delivering on our ambitions for neighbourhood health approaches for our residents that we know has huge opportunities to deliver better outcomes and reduce inequalities.</p> <p>P Johnson advised that there was a real opportunity to work together around neighbourhood health, building on our strong history of collaborative work. The long-awaited Neighbourhood Health framework was published last week which sets out government plans across England to deliver more accessible, integrated and preventative care as part of the 10 year plan. There are 5 national minimum goals with associated objectives and metrics, which are complemented by locally developed aims and outcomes specific to communities, to improve health outcomes; access to general practice; experience of planned care; urgent and emergency care (UEC); and patient</p>	

	<p>and staff satisfaction. The letter advising of the framework was circulated with the meeting papers.</p> <p>We have been part of phase 1 of the National Neighbourhood Health Implementation Programme (NNHIP) and attended a second regional workshop with Stockport colleagues which gave reflections on the National Programme and learning from others with a focus on what we have learnt so far around frailty and dementia and how we continue the momentum after phase 1 support has finished.</p> <p>In the previous week there was a focussed session with Primary Care colleagues and partners on how we support the four disciplines of Primary Care to become key partners and deliverers within neighbourhood health and how we can further enable the system. The session covered clinical governance and culture, as well as enabling functions such as IT, Estates and Workforce.</p> <p>A second publication came out last week which focussed on Population Health delivery models including new forms of contract such as Single Neighbourhood provider / Multiple Neighbourhood provider and Integrated Health Organisation model.</p> <p>P Johnson also referred to the schools' white paper and SEND reform paper which has been published on 23<sup>rd</sup> February. An update will come to the next Board meeting, with a focus on what these papers will mean for Stockport residents.</p> <p>M Walsh extended his sincere thanks to Gina Evans for her tireless work around commissioning for mental health services. M Walsh added that Pennine Care had recently attended the national event in Leeds (referenced above) to make sure our mental health neighbourhood plans align with national direction of travel.</p> <p>P Buckley commented that there was a lot of strategic change included in the briefing and asked how the Board was going to come together to work through and develop and knit together to deliver the NHS Reform asks. P Johnson responded that the Board needs to work through with some granularity and suggested we do this at the next development session.</p> <p>The Chair thanked P Johnson for the update.</p> <p><b><u>RESOLVED:</u></b> <b>That ONE Stockport Health and Care Board NOTED the update from the Deputy Placed Based Lead.</b></p>	
7.	<p><b>One Stockport Safer Partnership Update</b></p>	
	<p>N Dalby presented the update and explained that OSSP is the community safety partnership for Stockport which undertakes many functions and has statutory responsibilities. These responsibilities include:</p> <ul style="list-style-type: none"> <li>• To engage and consult with the community about their priorities and progress with achieving them.</li> <li>• To set up protocols and systems for sharing information.</li> </ul>	

- To analyse a wide range of data, including crime levels and patterns, to link with our identify priorities.
- To set out a partnership plan and monitor progress with its delivery.
- To commission Domestic Violence Homicide reviews.
- To produce evidence-led Serious Violence Plans.

There is a community safety plan with priorities which mirror the GM Police and Crime Plan “Standing Together”, which is endorsed by the Mayor. It Pledges to keep people safe, reduce harm and offending, strengthen communities and tackle inequality. These objectives also underpin the GM police plan on a page.

N Dalby stated that as a partnership we want to prevent and reduce domestic violence and gender based violence, tackling anti-social behaviour and support people who are experiencing hate crime. Ultimately, we want to create safer spaces and prevent fear of crime as a something which, as a collective, we do really well as a partnership.

Overall crime is down, positives outcomes, where offenders are charged, cautioned or brought to justice, is up, and public trust and confidence is rising. In terms of Anti-social behaviour and organised crime the things that are troubling the residents of Stockport are drug dealing, bike enabled crime, electrically adapted scooters and neighbourhood crime including burglaries, theft of motor vehicles, and robberies.

Recent initiatives have had pleasing results and more work is planned. A multi-agency approach is used involving all system partners including education, housing, fire service, immigrations, adult and youth justice teams and VSFCE. The initiatives do involve some short term disruption but this is to allow long term sustainable change to make life better. Community engagement underpins all this work.

Community cohesion and addressing public tension is a real priority for the partnership. People are living in fear, and we need to police those tensions and disorder and support victims, but to do so we rely heavily on our partners. We have a link with multi faith networks, community cohesion leads, place leads and communicate on a regular basis. Solid prevent arrangements are in place and all benchmarks set by the government have been met or exceeded.

N Dalby referred to Right Care Right Person (RCRP) and explained that this is a national approach supported by the home office and the college of policing to ensure that people of all ages with physical, mental health or social needs are responded to by the right person with the right skills and training to best meet their needs. Greater Manchester Police has often been the first point of contact for concerns for welfare, but this may not have been the most appropriate. Under RCRP when a concern is reported to GMP they will strive to identify the nature of the concerns and where possible signpost to the right agency. It was launched in 2024 and the impact of change has been really positive, across GM thousands of officer hours have been saved with fewer deployments allowing them to spend more time preventing or dealing with crime.

	<p>The Chair commented that as RCRP had been in place across the country, there was an opportunity to see what worked well and what raised challenges or impacted on partners. We need to be assured that when members of the public see someone in distress and report it we know that they are signposted to someone who can help, as there are instances where people have called and have been told that it is not a policing matter.</p> <p>The Chair referred to community tensions commenting that it felt like anecdotally this had increased recently so what was the trend looking like overall. N Dalby responded that the reporting remained static but there were concerns over under reporting. More work is needed as a partnership as the information and intelligence cannot be understood properly if people don't share their experience. N Dalby noted that it is a two way conversation and we need to be held to account by the community and therefore encourage everyone to report.</p> <p>MW added that Pennine Care is working with GM Mental health on a hate campaign to promote and actively encouraging staff and patients who experience hate crime to report it.</p> <p><b><u>RESOLVED:</u></b> <b>That ONE Stockport Health and Care Board NOTED the content of the One Stockport Safer Partnership annual update</b></p>	
8.	<p><b>Finance Report</b></p>	
	<p>D Dolman presented the Finance Report and outlined the financial position as at 28 February 2026 (Month 11).</p> <p>It was highlighted that NHS Greater Manchester (Stockport) position had improved since the previous meeting and was reporting a forecast outturn underspend of £0.697m, due to the adjustment for neurodiversity expenditure that was now reported centrally in GM.</p> <p>The improved financial position compared with the last reported period is primarily driven by a reduction in mental health packages of care, particularly through a decrease in the level of observations and the number of patients requiring observations, alongside a reduction in continuing healthcare expenditure aligned with recovery plan initiatives.</p> <p>Favourable movements in community contracts, including reduced expenditure on Adult Audiology services, have also contributed to the improved financial position.</p> <p>The full-year Cost Improvement Plan (CIP) target of £4.490m was forecast to be exceeded by £1.443m, largely due to additional savings from individualised packages of care reviews aligned to the financial recovery plan.</p> <p>The locality is exceeding the recovery plan trajectory presented at M4, reflecting the improved financial position.</p> <p>The Chair thanked D Dolman for the update.</p>	

	<p><b>RESOLVED:</b> That ONE Stockport Health and Care Board NOTED the financial position as at 28 February 2026 (Month 11).</p>	
9.	<p><b>Locality Performance Report</b></p>	
	<p>The Chair invited G Lord to present the Locality Performance Report.</p> <p>G Lord informed the Board that the areas where positive performance was noted include:</p> <ul style="list-style-type: none"> <li>• Physical health check for people with LD and SMI</li> <li>• Screening and uptake particularly for breast screening</li> <li>• MMR vaccines and flu vaccines</li> <li>• Talking therapies and rates of recovery</li> <li>• No excessive long waits, over 65 weeks</li> <li>• Referrals for Suspected cancer who have had a diagnosis.</li> </ul> <p>The areas where performance was below the national average included:</p> <ul style="list-style-type: none"> <li>• Waiting times between 1<sup>st</sup> &amp; 2<sup>nd</sup> talking therapies, due to high level of demand and some staff sickness. Actions identified to support the wellbeing of staff include exploring on-line therapy and group interventions.</li> <li>• Contact with services for Serious Mental Illness and Children and Young People was below national average. However, there is a nuance in that there is no standard way of counting these contacts so there is variation across services. We are continuing to roll out the community mental health model and mental health support in schools.</li> <li>• There were long waits in Autism and ADHD, which is not unique to Stockport and is a national challenge. We continue to implement the new needs led model.</li> <li>• For Urgent and Emergency Care attendances under 78% of patients were seen, admitted or discharged within 4 hours. However, it should be noted that a performance of 70.1% was reached in March which is the highest percentage since June 2021</li> <li>• Diagnostics times were above 6 weeks in December, which was impacted by seasonal demand.</li> </ul> <p>J Burgess-Allen referred to breast screening which has seen significant improvement in uptake 8<sup>th</sup> in 21/22, now 2<sup>nd</sup> in GM due to partnership work with primary care colleagues and community of East Cheshire.</p> <p>P Johnson added that Stockport had been short listed for an award for this work.</p> <p>P Johnson also noted feedback from the SEND Board was that for the Mental Health learning disability &amp; physical health checks the Parent and Carers group don't recognise the good performance statistics. This could be the difference between how things are formally counted in the Learning Disabilities register and GP healthchecks compared with lived experience, more work is needed to understand this discrepancy and how the need is met.</p>	

	<p><b><u>RESOLVED:</u></b> That ONE Stockport Health and Care Board NOTED the content of the Locality Performance Report.</p>	
10.	<p><b>Stockport Quality Group Report</b></p>	
	<p>P Johnson advised that J Billing had given her apologies for this meeting but had advised that there were no new quality issues to report. The Quality Group had been paused during the NHS Reform processes but were expected to re-commence in April or May 2026.</p> <p><b><u>RESOLVED:</u></b> That ONE Stockport Health and Care Board NOTED the update on Stockport Locality Quality Group.</p>	
11.	<p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>• <b>Delivery Plan</b></li> <li>• <b>Neighbourhood Health Plan</b></li> </ul>	
	<p>G Lord presented the paper and advised members that there are two plans which outline our intended delivery for health and care at place for 26/27. One is the Delivery plan which describes how we frame our delivery against the OHC plan for 5 years. The second is the Neighbourhood health plan, set out in a template designed by NHS GM ICB. Both describe the same thing in different ways.</p> <p>The main areas described in the plans are:</p> <ul style="list-style-type: none"> <li>• Enhance our neighbourhood health model to provide proactive and preventative care through further developing our live well hubs, spaces, offers (including digital) and networks</li> <li>• Support those with complex health needs through our Making Every Adult Matters programme; support for Frailty / Dementia through our Neighbourhood Health Implementation Programme to help reduce hospital admission</li> <li>• Improving our Intermediate Care offer for those who are or have been acutely unwell to support hospital demand and to deliver against our Intermediate Care Strategy</li> <li>• Agreeing plans and processes for our new facility at St Thomas</li> <li>• Optimise single point of access within the Urgent Neighbourhood Services</li> <li>• Having our Community Urgent Treatment Centre continue as part of an all year offer at Stockport</li> <li>• Improving offer to support young people and families especially those with additional support need to get help where they need it – implementation family first partnership programme</li> <li>• Developing the SEND reform plan which needs to be approved by June</li> </ul> <p>G Lord asked the Board to approve the plans as they stand at the moment.</p> <p><b><u>RESOLVED:</u></b> That ONE Stockport Health and Care Board APPROVED the content of the Delivery Plan and Neighbourhood Health Plan.</p>	

12.	<b>Committee Effectiveness Annual Report</b>	
	<p>The Chair invited F Smith to present the Annual Review of Committee Effectiveness.</p> <p>F Smith informed the Board that this was the first time that this report had been presented. Following the Good Governance Institute review of the ICB which took place earlier this year it was recommended that each locality board complete a review of its effectiveness annually.</p> <p>F Smith explained that the review used a series of prompts covering:</p> <ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Composition and attendance</li> <li>• Administration</li> <li>• Meeting content</li> <li>• Collaboration between system partners</li> <li>• Risk Management processes</li> </ul> <p>F Smith reported that overall the Board was assessed to be working well, however, the following areas had been identified which could be further developed in 2026/27:</p> <ul style="list-style-type: none"> <li>• Less changes to annual forward plan in year</li> <li>• Continued development of reports to ensure the content of reports is meaningful and adds benefit to Stockport residents</li> <li>• Exploring the options for commissioning a provider to deliver the Healthwatch statutory duties.</li> <li>• Keeping Quality, safety and patient experience under review as it moves to NHS GM as part of the new operating model</li> <li>• Further enhancing the risk management process through the papers presented to the Board</li> </ul> <p>The Chair commented that there was always room for improvement but it is pleasing to hear that broadly the Board is considered to be working well.</p> <p><b>RESOLVED:</b> <b>That ONE Stockport Health and Care Board NOTED the Annual Review of Committee Effectiveness and areas for development</b></p>	
13.	<b>Flash Report – Stockport Primary Care Commissioning Committee</b>	
	<p>The Chair informed the Board that the flash report is for members to note, unless there were any specific comments or questions.</p> <p>No comments or questions were raised.</p> <p><b>RESOLVED:</b> <b>That ONE Stockport Health and Care Board NOTED the content of the Stockport Primary Care Commissioning Committee flash report.</b></p>	
17.	<b>Questions from the public</b>	

	<p>The Chair informed the Board that there had been a question from a member of the public and asked F Smith to respond to the question.</p> <p>F Smith noted that the question submitted was as follows:</p> <ul style="list-style-type: none"> <li>• What is the ICBs current approach to evaluating and adopting innovation within diagnostic services such as endoscopy and how can industry partners engage early in pathway re-design or pilot activity across provider trusts?</li> </ul> <p>F Smith explained that the response had been split into two parts. The first part of the response was from the NHS GM Diagnostics:</p> <ul style="list-style-type: none"> <li>• Innovation is captured within the programmes of work for the Diagnostic Network for 26/27. Innovation initiatives shared by the regional and national teams are maximised in GM with participation in proof of concepts. All domains within the Diagnostic Network have a Clinical Reference Group (CRG) /operational group/network meeting and these forums welcome opportunities to engage with industry partners and invite partners to present at such meetings where appropriate. The leadership of the Diagnostic Network also meet with industry partners who reach out to better understand potential opportunities for collaboration.</li> </ul> <p>The second part of the response was from our local provider, Stockport NHS Foundation Trust:</p> <ul style="list-style-type: none"> <li>• The Procurement Team work with clinical service leads to develop and drive innovation in any procurement process, so not just for the services mentioned. They would engage with industry partners and work collaboratively with other Trusts in Greater Manchester through our GM non-clinical procurement forum. They also regularly attend supplier meetings set up by the Health Innovation Manchester Team, which allows new suppliers to promote their innovative products and service to the GM Procurement Departments. Any collaborative diagnostic opportunities across GM would be raised on the GM Procurement non-clinical forum.</li> </ul> <p>F Smith asked if P Buckley had anything to add to the response. P Buckley had nothing further to add but commended the submission of a question from the public, and noted that without innovation we will not be able to improve our services.</p> <p>The Chair reiterated that the Board is happy to take public questions at its meetings.</p>	
18.	<b>Any Other Business</b>	
	<p>P Johnson thanked M Walsh for his earlier comments regarding Gina Evans, which were really valued and assured him that she would pass his comments on.</p> <p>There were no other items of business to discuss.</p>	

<b>Date &amp; Time of Next Meeting: Wednesday 27 May 2026: 13:30 – 16:45 pm, Upper Ground Floor Conference Room, Stopford House</b>		

## OSHCLB ACTION LOG

Action Ref	Meeting Date	Current Status	Action Description	Action Lead	Target Date	Comments
LB15	03/09/2025	in progress	Discussion on resource allocation across the system to take place at a future Board Development session	DD	25/03/2026	To be scheduled after NHS Reform completes
LB20	28/01/2026	in progress	Schedule a Board discussion on Right Care, Right Person (RCRP)	HS	25/03/2026	The SRO provides updates on RCRP to the Safeguarding Partnership: next update to come to future Board meeting

# Acting CEO's Report to the Board 2026-2027

**Board**

**20 May 2026**

**Report for Information**

Required information.	Details.
<b>Title of report.</b>	Acting CEO's Report to the Board
<b>Author.</b>	Professor Colin Scales
<b>Presented by.</b>	Professor Colin Scales
<b>Contact for further information.</b>	<a href="mailto:gmhscp.gmicb.corporate@nhs.net">gmhscp.gmicb.corporate@nhs.net</a>
<b>Executive summary.</b>	The paper details updates from the Acting CEO with reference to the national, regional and local system positions.
<b>The benefits that the population of Greater Manchester will experience.</b>	<p>The NHS Greater Manchester (GM) response to NHS Reform, with consideration being made through the necessary due diligence.</p> <p>The importance of Martha's Rule, which recognises that those who know the patient best may be the first to notice changes.</p> <p>Investing £3.2 million to improve support for children and young people (CYP) under 18, with suspected attention deficit hyperactivity disorder (ADHD) and autism.</p>
<b>How health inequalities will be reduced in Greater Manchester's communities.</b>	Proactively responding to Martha's Rule.

<b>The decision to be made and/or input sought.</b>	The Board is asked to note the contents of the CEO's Report to the Board. Also, disseminate and cascade the necessary key messages and information as appropriate.
<b>How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks.</b>	Delivering key messages in the context of NHS Reform which is BAF SR10. Specifically for the quality of care BAF SR3, in response to Martha's Rule. Radcliffe Primary Care Centre being selected as a neighbourhood health centre aiming to reduce health inequalities, which is BAF SR5.
<b>Key milestones.</b>	Key messages in the context of NHS Reform.
<b>Leadership and governance arrangements.</b>	For consideration and dissemination by the Board.
<b>Engagement* to date.</b> <b>*Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.</b>	Engagement has already commenced with the GM system's key stakeholders and NHS GM staff in response to NHS Reform. Any formal decisions to be taken, will proceed through the necessary governance routes.
<b>Financial or Legal Implications</b>	NHS GM proceeding with the organisational change programme in response to NHS Reform.

<b>Public engagement</b>	<b>Clinical engagement</b>	<b>Sustainability impact</b>	<b>Financial advice</b>	<b>Legal advice</b>	<b>Conflicts of interest</b>	<b>Report accessibility</b>
No	No	No	No	No	No	No

## Introduction

- 1.1. The paper details updates from the Acting CEO with reference to the national, regional and local system positions.

## National and Regional Updates

- 1.2. This section of my report is aimed to update the Board on the key areas of development from a national and regional position, since the last Acting CEO's Report to the Board in March.
- 1.3. Board members will be aware of the organisational change process currently underway across all Integrated Care Boards (ICBs) since the respective announcements made by the Prime Minister and Secretary of State for Health and Social Care in 2025. Moreover, a further announcement was made by the Secretary of State for Health and Social Care on 25<sup>th</sup> March 2026 regarding the health devolution arrangements which will come into place here in GM, as well as South Yorkshire.
- 1.4. This will mean that the communities here in GM and South Yorkshire will benefit from a greater focus on preventative healthcare. Also, the two respective ICB Chairs will report to NHS leaders and Mayors, putting democratically elected Mayors at the heart of local health services. This trial is a first of its kind to shift local decision-making out of Whitehall into regions, which is part of the Government's landmark 10 Year Health Plan and devolution bill. Under the plans, NHS England (NHSE) will appoint a new NHS ICB Chair, who will also serve as the Mayor's Health Commissioner. I have provided the link to the Government's press release for further information: [Health devolution in Greater Manchester and South Yorkshire - GOV.UK](#)
- 1.5. Staying with NHSE, I would like to congratulate and acknowledge the appointment of Kathy Cowell CBE as the new NHSE North West Regional Chair, who took up this post on 1<sup>st</sup> May. The new NHSE Regional Chair roles will provide visible, independent leadership across the regions, supporting the delivery of the NHS 10-Year Plan and working with provider and system Chairs to drive improvement, strengthen governance and help reduce health inequalities across the North West. Board members will be well aware of Kathy's previous role as Chair of Manchester University NHS Foundation Trust (MFT).
- 1.6. At the point of writing my Acting CEO's Report to the Board, we are still progressing the formalities of the consultation process. Where possible, and if necessary, I can verbally update the Board during the meeting itself.

## Greater Manchester (GM) System Updates

- 2.0** This section of my CEO Report is specifically focussed on what is happening here within the GM system.

### The NHS GM Board

- 2.1. Within March's Acting CEO Report to the Board, I referred to the formal advertisement of the substantive CEO role with our recruitment partner Alumni Global. I have been asked to report to the Board of the agreement which has been reached by Sir Richard and Louise Shepherd – NHSE's North West Regional Director, who have decided to pause the CEO recruitment, until the new Chair has been appointed. Therefore, Sir Richard has asked that I remain as Acting CEO, until the new Chair has been appointed and the CEO recruitment process is relaunched and subsequently concludes. I will appraise the Board, as required, on behalf of Louise Shepherd with any necessary updates.
- 2.2. It would be remiss of me, not to highlight that May's meeting with be Sir Richard's last formal NHS GM Board. Sir Richard will be retiring on 30<sup>th</sup> June having served a term as NHS GM's first Chair. I am sure Board members will be individually reaching out to Sir Richard to pass on their own thanks, but I would like the minutes to reflect Sir Richard's dedication to public and civic service over many decades. I would like to also thank Sir Richard personally for the support he has given me during my time as Deputy CEO and now as Acting CEO.
- 2.3. Also, since the last Board meeting in March, Mark Fisher has retired as the CEO of NHS GM. On 27<sup>th</sup> March Mark confirmed to Board Members and wider GM system colleagues that following a whistleblowing concern, he was pleased to announce that the process had concluded, and he was free to return to work. However, given the close proximity to his retirement date of 31<sup>st</sup> March, he would not be resuming his substantive duties. Mark will be moving onto a portfolio of non-executive work and other interests. I am sure the Board will join me in wishing Mark the very best for the future.
- 2.4. There is another change to notify the Board of, which is in relation to Dr Owen Williams, who is our Board member representing acute and community services, as well as being the Northern Care Alliance NHS Foundation Trust (NCA) CEO. Owen has announced he will be leaving the NCA in September. Owen's departure has implications for our Board, which myself and Sir Richard will discuss with the GM Trust Provider Collaborative (TPC).
- 2.5. Since the Board last met, there have been key governance milestones achieved, with new Board and Committee arrangements now operational. These changes strengthen assurance, support effective strategic commissioning and improve decision making as NHS GM transitions fully to its role as a strategic commissioner. Workforce transition activity is progressing in a controlled and compliant manner. The new staffing structures have also now been finalised. The filling of posts panels are imminent, and tailored transition and wellbeing support remains in place to support staff through change, mitigating risk to organisational stability and delivery.

## Industrial Action

- 2.6. Board members will be aware that resident doctors in GM took part in the industrial action between 7<sup>th</sup> April through to 13<sup>th</sup> April. The GM system has worked collectively to support and mitigate the risk, with all urgent care services continuing to be delivered and no immediate patient safety risks were experienced. The wider workforce acted collaboratively to cover any rota gaps and initial intelligence shows that around 50% of the resident doctor workforce took part in the action. Patients were supported through communications and engagement processes to ensure they knew how to access the most appropriate services to meet their needs.

## National spotlight on Martha's Rule

- 2.7. Martha's Rule has received significant national media attention in recent weeks following its phased rollout across acute hospitals in England. Martha's Rule recognises that those who know the patient best may be the first to notice changes that could be an early sign of deterioration and actively encourages patients, families and carers to tell staff if they are worried a health condition is getting worse. If, after speaking to the care team, they remain worried and feel their concerns are not being addressed, Martha's Rule means that they can call a dedicated number to request a rapid review from a different team. It also empowers staff to call for a rapid review if they feel their concerns about a patient are not being responded to.
- 2.8. Early evidence suggests Martha's Rule, which is led by the National Director of Patient Safety in NHSE, is saving lives and helping thousands of patients benefit from changes to their care. Data from September 2024 to February 2026 shows 12,301 Martha's Rule calls were made, with the highest proportion of calls being 72%, made via the family and carer escalation process. About one in three, 4,047, helped to identify a patient whose health was getting worse.

## ADHD and autism support – children and young people (CYP)

- 2.9. NHS GM is investing £3.2 million to improve support for CYP under 18 with suspected ADHD and autism. From April 2026, a new needs-led model will be implemented across all of GM to address long waits and inequity in the current diagnosis-led system. The new approach prioritises CYP with the highest levels of need, enables access to support with or without a formal diagnosis, and ensures earlier intervention. All children and families will receive a personalised offer of support based on assessed need, including advice, practical tools, workshops for parents, and access to enhanced online resources.
- 2.10. CYP currently on waiting lists will be reviewed under the new process and contacted where their care pathway changes. The programme aims to reduce delays, prevent avoidable harm, and ensure timely access to specialist support for those who need it

most. I have provided a useful link as follows: [Changes to Autism and ADHD support in Greater Manchester | Greater Manchester Integrated Care Partnership](#)

## **Radcliffe Primary Care Centre to be transformed into one of the country's first neighbourhood health centres**

- 2.11. I am pleased that Radcliffe Primary Care Centre in Bury has been selected as one of the first 27 sites nationally to be developed as a neighbourhood health centre. The scheme will refurbish existing NHS estate to support more integrated, community-based services by bringing a wider range of care and support together in one location. The model places greater emphasis on prevention, early intervention and personalised support. Radcliffe is one of 27 centres selected in areas with higher levels of deprivation, forming part of an initial cohort of 50 neighbourhood health centres supported through a £200 million national capital investment, with further rollouts planned through to 2036.
- 2.12. The centre currently hosts two GP practices and a range of health and wellbeing services. A £2.74 million capital investment will be used to convert under-used clinical space into flexible, multi-use areas to support outreach, diagnostics and additional community health services. The Work is expected to be completed by 2027. The aim is to make it easier for everyone to access the health care they need and to reduce the inequality. We believe that turning Radcliffe Primary Care Centre into a neighbourhood health centre will do just that, and will have a hugely positive impact on the local community.

## **Health Innovation Manchester (HInM) Update**

- 2.13. In obesity care, discussions are ongoing in relation to the potential future commissioning opportunities. In the meantime, HInM have won a bid to lead the UK-wide learning system for the 12 sites involved in the £85 million Obesity Pathway Innovation Programme. The 'Impact Collaborative' will enable the projects to collaborate effectively, share actionable insights, and accelerate the delivery of sustainable impact across NHS systems. This is a strong example of GM leading the way in this high-profile space.
- 2.14. The HInM Strategy has recently been refreshed to respond to national and local strategic drivers in health and life sciences. Our relationship with HInM continues to mature, with the recent agreement of an ICB-HInM partnership memorandum of understanding (MOU), and oversight via a Partnership Steering Group. This is to ensure alignment and effective working across our respective portfolios.

## **Health and Safety Oversight**

- 2.15. I have previously committed to update the Board on all matters relating to health and safety, with a standing item within my report to the Board. In my previous update, I advised

the Board that the last meeting of the Health and Safety Oversight Group had been stood down as part of the response to NHS Reform and the associated organisational change pressures. I am happy to report that the quarter one (Q1) meeting of the group took place on 12<sup>th</sup> May. The meeting focussed on key health and safety related areas, and drew out risks the organisation is currently facing in this respect.

- 2.16. The oversight arrangements for health and safety, as well as security continue to be reviewed as part of the organisational change programme, including reviewing the need to provide additional Health and Safety Management Training to all managers across the organisation, as well as the Leading for Safety Training for Executives of the organisation. As reported to the Audit Committee in March, progress in respect of the Mersey Internal Audit Agency (MIAA) Health and Safety Audit recommendations has not been as swift as we would have hoped due to ongoing pressures linked to organisational change. However, addressing these recommendations remains important, and will be progressed over the coming months. I will appraise the Board on progress at the next meeting in July.

## **Greater Manchester celebrates success at the first NHS Excellence Awards**

- 2.17. I am delighted that GM secured five regional wins at the NHS Excellence Awards 2026, showcasing innovation and collaboration across health services. The NHS Excellence Awards 2026 are run by, and for, the NHS, shining a light on local projects and teams who are making a real difference to patients and communities, delivering on the ambitions of the 10 Year Health Plan and inspiring others to adopt innovative approaches in their local area.
- 2.18. The ECO4 Flex Health Referral Pathways funded by NHS GM was named the regional winner for the North West in the Sustainable Healthcare category. The Working in Partnership Award was awarded to the Greater Manchester Urgent Primary Care Alliance, while Greater Manchester Mental Health NHS Foundation Trust (GMMH), MFT and Pennine Care NHS Foundation Trust (PCFT) were also crowned regional champions. More information on the award winners are on our website via the following link: [Greater Manchester wins five NHS awards 2026](#)
- 2.19. It is fantastic to see the outstanding work taking place across GM being recognised through these regional awards. I believe that the power of collaboration is essential in improving health outcomes and reducing inequalities. These projects show how innovation and sustainability can deliver real benefits, more joined-up care for patients whilst making the best possible use of public resources.

## **Award Winning Hospital Catering Team**

- 2.20. Earlier this month, I was informed about Stockport NHS Foundation Trust's Catering Team picking up awards in recognition of their 'excellent' standards. The Catering Team came first in the 'Hospital Catering' category at this year's Public Sector Catering Awards and Support Services Manager Erica Bell, was named 'Caterer of the Year' at the Annual

Hospital Catering Association awards. I am sure the Board will join me in passing on our congratulations in recognition of providing this important service to patients, when they are unwell in hospital.

## **Recommendations**

- 3.0** The NHS GM Board is asked to:
  - 3.1. Note the contents of the Acting CEO's Report to the Board.
  - 3.2. Provider feedback on any future topics they wish to be covered within the Acting CEO's Report to the Board in July 2026.

# Flash Report to the Locality Board from Stockport Family Partnership Board

<b>Report To (Meeting):</b>	One Stockport Health and Care Board		
<b>Report From: (Committee Chair)</b>	Chris McLoughlin, Executive Director People and Neighbourhoods, Director of Children’s Services, Stockport MBC		
<b>Drafted by: (SRO)</b>	Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport MBC		
<b>Date:</b>	27 May 2026	<b>Agenda Item No:</b>	08

<b>Decision</b>		<b>Assurance</b>		<b>Information</b>	<b>X</b>
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**Date of meeting Summary of updates provided during meeting**

The key priorities identified in the Stockport Family Flash Report brought in July 2025 were:

1. Responding to the outcomes of the ILACS inspection through the Continuous Improvement and Impact Plan.
2. Leading Stockport’s response to the Families First Partnership Programme FFPP (national reforms) in line with Live Well principles.

This report will provide an update on the Continuous Improvement and Impact Plan and progress on the FFPP alongside the broader suite of national and regional reforms currently bringing change to Children’s Services.

**1.0 Continuous Improvement and Impact Plan (CIIP)**

**1.1 The plan**

The plan aims to move Children’s Services from current Ofsted rating of "Requires Improvement" to "Good" or better, ensuring high-quality, safe, and effective services for children, young people, and their families. It was formally submitted to Ofsted in October 2025 and directly addresses findings from recent inspections and reviews, including the Ofsted ILACS inspection in May 2025 and the LGA corporate parenting peer review (July 2025). The plan is structured around the areas that Ofsted focus on to conclude the overall effectiveness grading with targeted priorities for each.

The plan is currently being refreshed for 2026-28. The refreshed two-year plan will be signed off at the September Continuous Improvement and Impact Board (CIIB). The new plan will consistently embed and build on what has already been delivered through the 2025–26 plan as well as addressing ongoing system pressures and FFPP reform delivery. Any outstanding actions (incomplete or still embedding) will be carried over into the new plan.



## 1.2 Progress to date

Progress monitoring following the end of Quarter 4 (March 2026) shows that 89% of actions have been completed. In addition, we are seeing emerging evidence of impact or consistently evidenced impact in relation to over 60% of the actions delivered. Progress against both delivery of actions and the impact of these actions is monitored and rated.

The Continuous Improvement and Impact Plan (CIIP) is Stockport's overarching framework for driving sustained improvement in outcomes for children and families, informed by inspection findings, self-evaluation, performance intelligence and learning from practice.

The CIIP provides assurance that:

- Improvement activity is deliberate, prioritised and outcome-focused
- Change is being driven across the whole partnership, not solely within the local authority
- There is a clear line of sight between system reform (such as FFPP) and improved experiences and outcomes for children

## 2.0 Childrens Service's Reforms

There are a variety of national and regional reforms that are currently being implemented across children's services that whilst coming from different government sectors, must all be seen as inextricably linked. These are outlines in brief in the figure below. The focus of the reforms update for this flash report is on the FFPP, SEND reforms and Best Start in Life.

**Seeing the whole system, not individual programmes.** These reforms are interconnected and mutually reinforcing:

- Families First Partnership Programme (FFPP)
- SEND – Schools White Paper
- Curriculum and Assessment Review
- Best Start in Life (0–5 and 1001 days)
- Family Hubs
- NHS 10-Year Plan
- Live Well
- Prevention Demonstrator

Children Wellbeing and Schools Bill and wider National Reforms

GM Response

These reforms are **not separate programmes**.

They are **chapters of the same book**, all aiming to:

- **Act earlier**
- **Work together**
- **Keep children thriving in families and communities**
- **Reduce avoidable escalation and crisis**

Each has a different emphasis – but all aim to intervene earlier, reduce escalation and improve outcomes for children.

## **2.1 Families First Partnership Programme (FFPP)**

The Families First Partnership Programme is a national reform programme, led by the Department for Education, designed to strengthen early, coordinated and family-centred support while improving how local safeguarding systems operate. **These reforms are the responsibility of all key statutory partners to implement at a local level.**

The programme responds to national evidence that systems can:

- Become overly fragmented across early help, child in need and safeguarding pathways
- Intervene too late, after risk has escalated
- Insufficiently involve families and their wider networks in decision-making

Locally, Stockport has aligned FFPP with its existing safeguarding and early help ambitions, recognising the programme as a key enabler of:

- More consistent thresholds and decision-making
- Earlier and more effective multi-agency intervention
- Stronger family-led planning, reducing escalation and repeat involvement
- Clearer shared accountability across partners

FFPP therefore plays a central role in the Council and partnership's wider improvement and reform journey for children and families.

### **2.1.1 Programme Overview**

In Stockport, FFPP is being delivered through four inter-connected workstreams:

1. Family Help – a single, joined-up approach to supporting families with multiple needs
2. Multi-Agency Child Protection Teams (MACPT) – strengthened multi-agency safeguarding arrangements for children at risk of significant harm
3. Family Networks – embedding family-led decision-making and wider network support
4. Co-production – ensuring children, young people and families shape services through lived experience

At this stage of delivery, activity is purposefully focused on design, engagement and testing, ahead of phased implementation.

### **2.1.2 Progress by Workstream**

1. *Family Help*

The Family Help workstream is developing a whole-system Family Help model, bringing together targeted early help and Child in Need activity into a single, coherent service approach.

This aims to ensure that:

- Families experience one assessment and one coordinated plan
- Thresholds for support are applied more consistently across partners and the full system
- Multi-agency working happens earlier and more effectively

Progress to date includes:

- Ongoing development of the internal Stockport Family, Family Help model and scope with agreement anticipated in June 2026
- Early multi-agency partner engagement to shape shared expectations, thresholds and ways of working
- Formal work underway to refresh the Levels of Need Threshold Document, aligned to embedding One Assessment and One Plan as the system standard

While early design milestones are green, implementation-level milestones (including shared systems and new workforce roles) remain amber due to workforce and system dependencies.

Key risks include:

- Inconsistent understanding and application of thresholds across partners
- Workforce readiness for new ways of working

Mitigation is focused on co-production, phased implementation, workforce engagement and testing.

## *2. Multi-Agency Child Protection Teams (MACPT)*

The MACPT workstream is central to FFPP's safeguarding ambition. It seeks to establish multi-agency teams around children at risk of significant harm, improving:

- Joint decision-making
- Shared accountability
- Professional oversight across local authority, police, health and education

Key progress includes:

- A shared understanding across partners of national MACPT intent
- Early multi-agency engagement to explore feasibility, capacity and dependencies
- Initial alignment discussions with Family Help pathways and the thresholds refresh

This is the highest-risk workstream within FFPP. Partner capacity constraints — including workforce, estates and co-location challenges — have been identified as a red risk.

Mitigation includes:

- A phased approach to implementation
- Early escalation of capacity issues
- Clear dependency mapping and risk management

Critical decisions remain around pace, scale and partner contribution, which will directly affect safeguarding impact.

### *3. Family Networks*

The Family Networks workstream aims to ensure that families and their wider networks are supported to lead decision-making wherever it is safe and appropriate.

This builds on existing Family Group Conferencing (FGC) activity and extends family-led approaches across safeguarding, Family Help and early help pathways.

Progress includes:

- Agreement of a shared ambition to strengthen Family Networks as part of FFPP
- Learning from current FGC practice
- Early practitioner engagement to understand barriers and enablers
- Strong alignment established with Family Help and MACPT

Current activity focuses on:

- Developing a Family-Based Decision Making (FBDM) model
- Producing consistent practice guidance
- Workforce development and testing

Risks relate to inconsistent or late use of family networks, which are being addressed through guidance, training and closer alignment with thresholds.

### *4. Co-production*

Co-production is a core principle of FFPP, aiming to ensure that children, young people and families actively influence service design, delivery and improvement.

Progress includes:

- Agreement of ambition and principles for co-production
- Mapping of existing engagement and participation activity
- Early alignment with the other FFPP workstreams
- Commitment to embedding lived experience into governance and decision-making
- Co production of key elements of the reforms, for example the One Assessment

Risks include fragmented engagement and the over-burdening of families. These are being mitigated through coordinated planning, clear principles and prioritisation.

### **2.1.3 Key Cross-Cutting Themes and Risks**

Across the programme, the following themes are particularly significant:

- Threshold consistency – the thresholds refresh is a critical dependency for safeguarding and early help
- Workforce capacity and readiness – especially for MACPT and implementation phases
- Early help delivery by partner agencies
- Partnership delivery – progress is strongest where shared ownership and early engagement are in place

### **3.0 Best Start in Life Programme**

The Best Start in Life programme represents a core element of Stockport's ambition to improve outcomes for children from conception through the early years, recognising this period as critical for long-term health, development, safety and life chances. Our local [Best Start in Life Delivery Plan 2026 to 2029](#) was published in March 2026.

The programme aligns closely with national reform priorities and local partnership strategies, and contributes directly to:

- Early identification and response to need
- Reducing demand on statutory and specialist services
- Improving safeguarding and prevention outcomes over time

Best Start in Life is part of a long-term prevention and system reform agenda, rather than a discrete project.

Best Start in Life is closely connected to FFPP through shared principles:

- Early, coordinated intervention
- Stronger partnership working across health, early help and children's social care
- A focus on family strengths and resilience, reducing escalation later in childhood

Together, FFPP and Best Start in Life aim to shift the system upstream — ensuring that concerns are identified earlier, support is better coordinated, and safeguarding risks are mitigated before they escalate.

### **3.1 Current Focus**

Current work within Best Start in Life is focused on:

- Strengthening prevention and early support pathways

- Improving coordination across services working with babies, young children and families
- Ensuring that the early years system is aligned with safeguarding thresholds, Family Help and wider family support models

This work forms a critical foundation for later safeguarding and family support activity.

### **3.2 Key messages**

- Best Start in Life is a foundational pillar of the wider children and families reform programme
- Its impact will be seen over the medium to long term, particularly in reduced safeguarding escalation and improved outcomes
- Continued partnership leadership and alignment are essential to success

### **4.0 Stockport's Response to SEND Reforms**

Alongside the Families First Partnership Programme and wider safeguarding reform, Stockport is responding to national SEND reforms, which aim to improve outcomes for children and young people with special educational needs and disabilities (SEND) through:

- Greater system coherence across education, health and care
- Improved timeliness and quality of Education, Health and Care Plans (EHCPs)
- Stronger engagement with children, young people and families
- Improved financial sustainability of local SEND systems

These reforms are closely linked to safeguarding, early help and prevention, given the higher vulnerability and risk of escalation experienced by many children and young people with SEND.

#### **4.1 Local Programme Approach**

Stockport has developed a local SEND Reform Plan, which is nearing final draft stage and is being prepared for wider circulation and governance review.

The SEND Reform programme is being approached as a system change programme, rather than a standalone SEND initiative.

This ensures that SEND reform activity contributes to, and benefits from, wider transformation of early help, safeguarding and partnership working.

#### **4.2 Current Position**

As of late April 2026:

- A full draft of the Local SEND Reform Plan has been developed, with final refinements underway, including:

- Strengthening the Year 1 delivery roadmap
- Finalising appendices, including funding and delivery models
- Completing sections on children and young people's engagement
- The Plan sits within agreed word limits and reflects national expectations.
- Workstreams are being re-engaged to support finalisation and readiness for delivery.

Governance, timelines and ownership have been clarified through parallel work on SEND programme planning and corporate reporting, including preparation of materials for senior leadership and corporate boards.

### **4.3 Key Areas of Focus**

The SEND Reform programme is focused on:

- Improving timeliness, quality and sustainability of EHCP processes
- Strengthening partnership ownership across education, health and care
- Embedding meaningful participation of children, young people and families
- Ensuring that SEND reform aligns with early help, safeguarding thresholds and Family Help pathways

This alignment is critical to avoiding duplication, reducing escalation and improving lived experience for families with SEND.

Taken together, these programmes aim to strengthen outcomes for children with SEND while reducing longer-term safeguarding risk and system pressure.

### **5.0 How this All Fits Together**

FFPP, SEND Reforms, the CIIP, Best Start in Life and the NHS 10 Year Plan should be viewed as **inter-connected components of a single system change programme**, rather than standalone initiatives:

- **CIIP** – provides the improvement and assurance framework
- **FFPP** – delivers national reform of family support and safeguarding
- **SEND Reforms** – delivers national reform of how education, health and care systems support children and young people with SEND aged 0–25 in England, moving away from a crisis-driven, EHCP-heavy model to a graduated, inclusive and prevention-focused system
- **Best Start in Life** – strengthens prevention and early years foundations

Together, they support Stockport's ambition for **earlier help, stronger safeguarding, and better outcomes for children and families**.

**Key decisions taken**

Key priorities identified for the next 12 months are:

- Continue our improvement journey to move to 'Good' or beyond
- Deliver the change ambitions in the Families First, Best Start in Life, SEND reforms and NHS 10 year plan national programmes for children young people and families.

**Matters referred to the Locality Board for approval, debate or further consideration**

- Board asked to note, support and jointly lead where required the reforms agenda for children and young people.

**Risks and mitigations raised**

- Reputational Damage due to poor performance – Mitigation: System partner discussions take place to look at impact of emerging quality issues to come together to share the risk, explore system solutions and promote system learning.

# Finance Report

<b>Report To (Meeting):</b>	ONE Stockport Health and Care Board		
<b>Report From (Executive Lead)</b>	David Dolman		
<b>Report From (Author):</b>	David Dolman		
<b>Date:</b>	27 May 2026	<b>Agenda Item No:</b>	09
<b>Previously Considered by:</b>	This report is being presented for the first time		

## Purpose of the report:

The purpose of this report is to report the financial outturn of the Stockport Locality for the year ended 31 March 2026

## Key points (Executive Summary):

### Financial Position

Stockport reported an underspend of £0.687m (M11 £0.697m underspend) for the financial year ended 31 March 2026 after adjusting for neurodiversity expenditure which is now reported centrally. If neurodiversity expenditure was still reported in the locality position a £1.5m forecast overspend would be reported.

The £0.687m underspend was primarily driven by reduced continuing healthcare expenditure, in line with recovery plan initiatives, alongside lower spending on mental health packages of care. This was mainly due to a reduction in the number of patients requiring observations and a decrease in the level of observations needed. Favourable movements in activity-based community contracts and primary care contracts also contributed to the underspend.

### Cost Improvement Plan (CIP)

Savings for the year totalled £5.958m, £1.468m above the full year plan of £4.490m mainly due to additional savings from individualised packages of care reviews aligned to the financial recovery plan.

### Recovery Plan

The locality exceeded the recovery plan trajectory presented at M4, which resulted in the locality reporting a £0.687m underspend.

## Recommendation:

The ONE Health and Care Board are asked to:

- **Note** the financial position

<b>Decision</b>		<b>Discuss/Direction</b>		<b>Information/Assurance</b>	<b>X</b>
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<b>Aims (please indicate x)</b>		
Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	
	There are safe, high-quality services which make best use of the Stockport pound	<b>X</b>
	Everyone takes responsibility for their health with the right support	
	We support local social and economic development together	

<b>Conflicts of Interests</b>	
Potential Conflicts of Interest:	No conflicts of interest have been identified.

<b>Risk and Assurance:</b>	
List all strategic and high-level risks relevant to this paper	Failure to deliver financial balance

<b>Consultation and Engagement:</b>	
<b>Local People / Patient Engagement:</b>	No
<b>Workforce Engagement:</b>	No

<b>Potential Implications:</b>				
<b>Financial Impact:</b> Please note - All reports with a financial implication require detail of the level of funding, funding stream and comments from Finance.	Non-Recurrent Expenditure			
	Recurrent Expenditure (please state annual cost)	Full year expenditure of £106.011 which is £0.687m below plan		
	Funding stream	Yes		No
	Included in the s75 Pooled Budget	£25.8m		
	GM ICB (Stockport) delegated budget	£106.7m of which £25.8m is pooled under s75 Agreement		
	Other, please specify			
<b>Finance Comments:</b>	NHS Greater Manchester is fully briefed via regular assurance meetings on the issues impacting the financial position including identified financial risks.			
<b>Performance Impact:</b>	The cost improvement plan may impact on the ability deliver against statutory duties including the NHS constitutional targets.			
<b>Workforce Impact:</b>	<i>Not applicable</i>			
<b>Quality and Safety Impact:</b>	<i>Not applicable</i>			

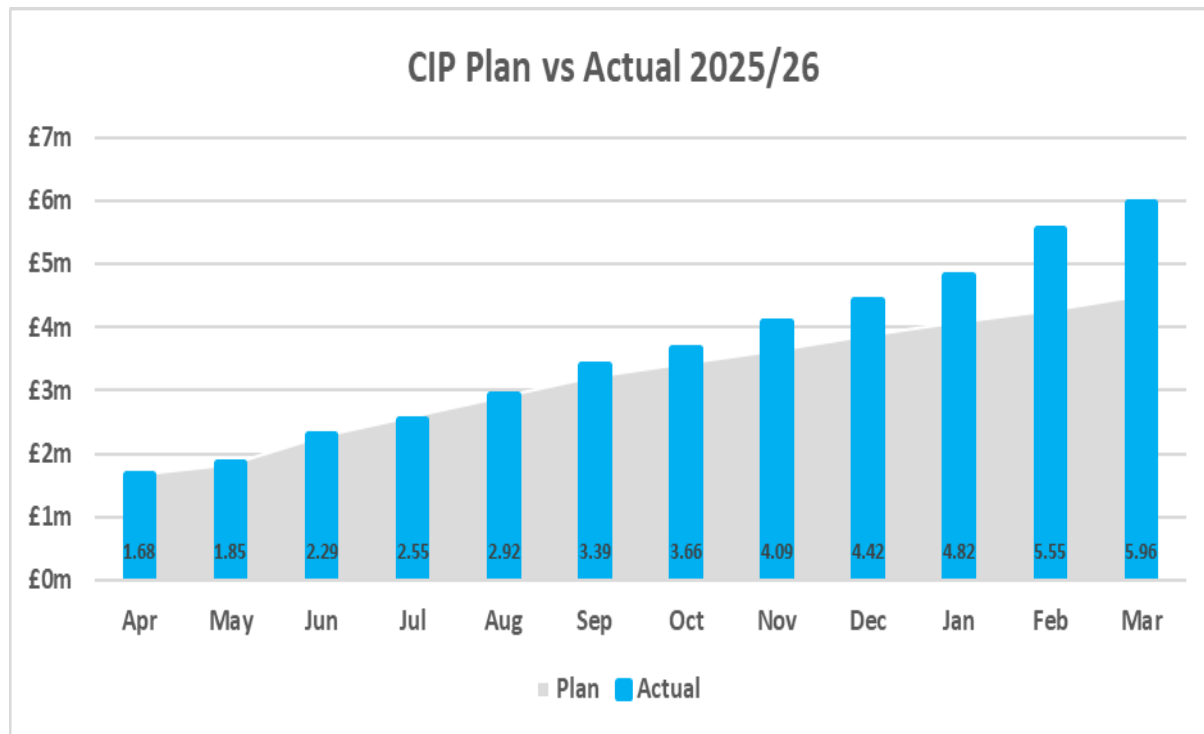
<b>Compliance and/or Legal Impact:</b>	<i>Not applicable</i>					
<b>Equality and Diversity:</b>	General Statement:					
	Has an equality impact assessment been completed?	<i>Not applicable</i>				
<b>Environmental Impact:</b>	General Statement:					
	Has an environmental impact assessment been completed?	Yes		No	N/A	X
	If Not Applicable please explain why					

# ONE Stockport Health and Care Board Finance Report

Stockport reported an underspend of £0.687m (M11 £0.697m underspend) for the financial year ended 31 March 2026 after adjusting for neurodiversity expenditure which is now reported centrally. If neurodiversity expenditure was still reported in the locality position a £1.5m forecast overspend would be reported.

Expenditure Category	Annual Budget £ million	Outturn £ million	Variance Adverse / (Favourable) £ million	M11	
				Forecast Variance £ million	Movement M11 to M12 £ million
Acute	£2.084	£2.079	(£0.005)	£0.000	(£0.005)
Community	£33.235	£33.157	(£0.078)	(£0.068)	(£0.010)
Mental Health	£16.852	£16.532	(£0.321)	(£0.245)	(£0.076)
Continuing Health Care	£42.045	£41.955	(£0.090)	(£0.199)	£0.109
Other	£0.707	£0.733	£0.026	£0.033	(£0.007)
Primary Care	£11.774	£11.555	(£0.219)	(£0.218)	(£0.001)
<b>Grand Total</b>	<b>£106.698</b>	<b>£106.011</b>	<b>(£0.687)</b>	<b>(£0.697)</b>	<b>£0.010</b>

The £0.687m underspend was primarily driven by reduced continuing healthcare expenditure, in line with recovery plan initiatives, alongside lower spending on mental health packages of care. This was mainly due to a reduction in the number of patients requiring observations and a decrease in the level of observations needed. Favourable movements in activity-based community contracts and primary care contracts also contributed to the underspend.

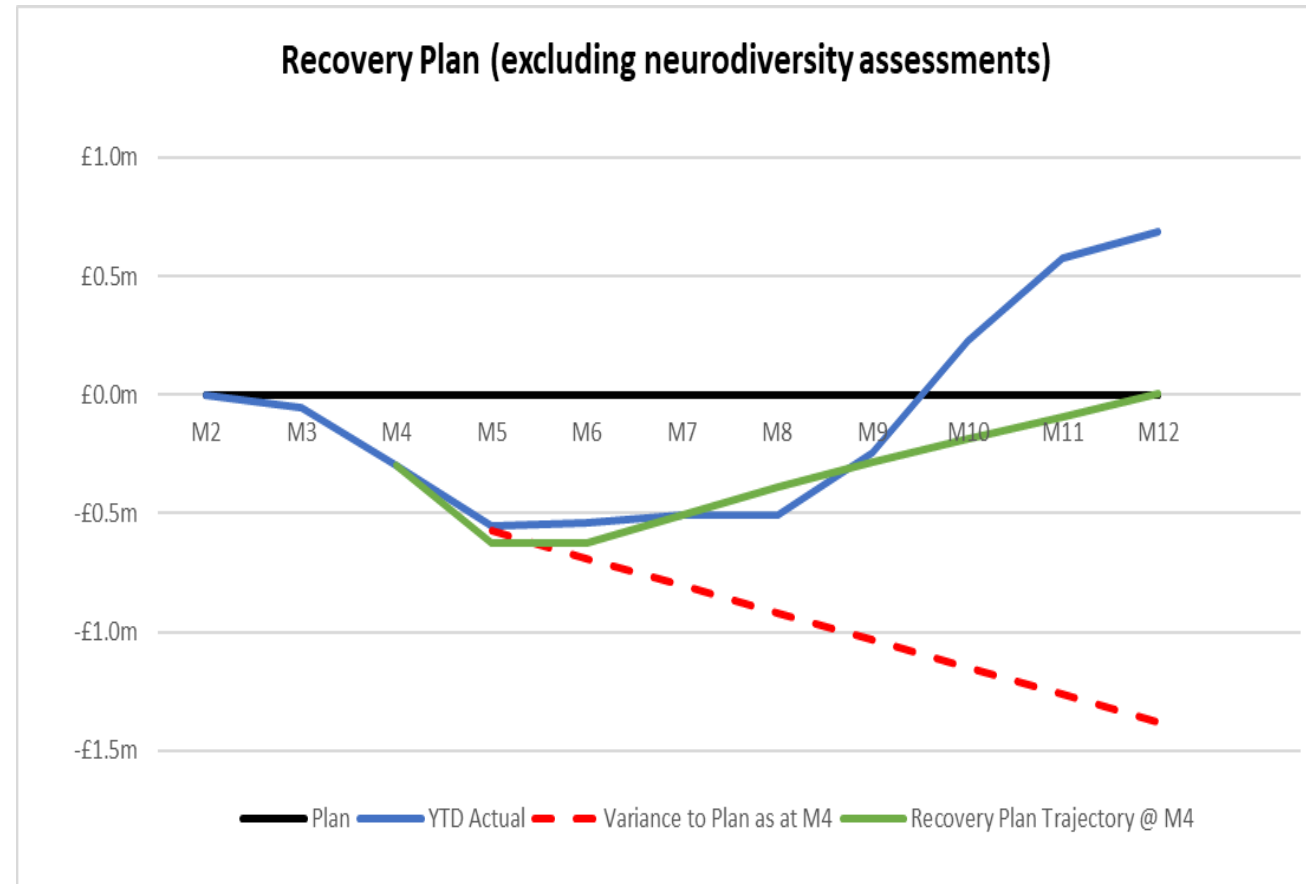


Savings for the year totalled £5.958m, £1.468m above the full year plan of £4.490m mainly due to additional savings from individualised packages of care reviews aligned to the financial recovery plan.

Risk Category	Savings 25/26
Fully Implemented - No Risk	£5,958,381
Low Risk	£0
Medium Risk	£0
High Risk	£0
<b>Total</b>	<b>£5,958,381</b>
<b>Saving Target</b>	<b>£4,490,000</b>
<b>Variance to Target</b>	<b>£1,468,381</b>

The graph opposite illustrates the high-level progress made against the Stockport Locality Financial Recovery Plan.

The locality exceeded the recovery plan trajectory presented at M4, which resulted in the locality reporting a £0.687m underspend as detailed earlier in the report.



# Recommendations

The Board are asked to:

- **Note** the financial position

## Stockport Live Well – Diabetes and Cardiovascular Disease Update

<b>Report To (Meeting):</b>	One Stockport Health & Care Locality Board		
<b>Report From (Executive Lead)</b>	Viren Mehta and Jilla Burgess Allen		
<b>Report From (Author):</b>	Kimberly Roberts (Senior Programme Manager, Primary & Community Care & Neighbourhoods)		
<b>Date:</b>	27 <sup>th</sup> May 2026	<b>Agenda Item No:</b>	11
<b>Previously Considered by:</b>	N/A		

<b>Decision</b>		<b>Assurance</b>		<b>Information</b>	<b>x</b>
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### Purpose of the report:

This report provides an update on the diabetes and cardiovascular disease workstreams across Stockport, setting out key priorities for system partners to improve pathways, strengthen prevention, and support residents to better manage their health

### Key points (Executive Summary):

Diabetes and cardiovascular disease remain major causes of morbidity and premature mortality in Stockport, strongly linked to deprivation and health inequalities.

During 2025/26, progress has been made across prevention, case finding, neighbourhood delivery and optimisation, including targeted hypertension case finding, high-risk reviews exceeding the 60% target (65.9%), and delivery of the Circulation Health project supporting over 8,400 residents.

The Transition and Young Adult (TYA) Diabetes programme continues to demonstrate improved engagement, self-management, and reduced diabetes-related admissions through community-based support.

Future priorities focus on a more integrated neighbourhood approach across diabetes, cardiovascular disease and multimorbidity; strengthening links with mental health services; addressing inequalities in access to technology and services; and building on community-based rehabilitation and prevention models.

Key risks include cost and demand pressures from expanded GLP-1 therapies, uncertainty regarding future commissioning of structured diabetes education, and the Transition and Young Adult (TYA) programme now being unfunded following the end of pilot funding, alongside workforce capacity constraints affecting transformation delivery at scale.

### Recommendation:

It is recommended ONE Stockport Health & Care Locality Board:

- **NOTE** the progress to date of the diabetes and cardiovascular disease programme and associated workstreams
- **NOTE** the key risks and emerging areas of consideration
- **AGREE** the proposed future focus for delivery across the programme

## 1. INTRODUCTION

- 1.1. This report provides an update on the diabetes and cardiovascular disease workstreams, outlining key priorities for system partners to improve pathways and outcomes, with a focus on prevention and supporting residents to be empowered to manage their health.
- 1.2. Diabetes and cardiovascular disease continue to have a significant impact on health outcomes in Stockport, contributing to around 750 circulatory disease deaths each year, including over 200 premature deaths before the age of 75.
- 1.3. Over 53,000 residents are living with hypertension, more than 21,000 with diabetes, and almost 40,000 with pre-diabetes, with the greatest impact seen in more deprived communities and reflected in increasing demand on urgent and acute care services.
- 1.4. Earlier identification and proactive management can reduce complications, admissions, and early deaths, while improving quality of life. A coordinated neighbourhood approach will be essential to improving outcomes and managing future demand.

## 2. CONTEXT AND SCOPE

- 2.1. Cardiovascular disease and diabetes pathways are priority workstreams of the prevention and integrated pathways, within the Stockport Live Well Model aligned to expected locality deliverables in the NHS Greater Manchester Multi-Year Prevention Plan.
- 2.2. Due to their interdependencies, primary and secondary prevention priorities for diabetes and cardiovascular disease are aligned and delivered jointly.
- 2.3. As our Stockport neighbourhood approach evolves, there will be a growing focus on supporting people with multiple long-term conditions (multimorbidity) in a more joined up way, recognising the whole person rather than individual conditions.

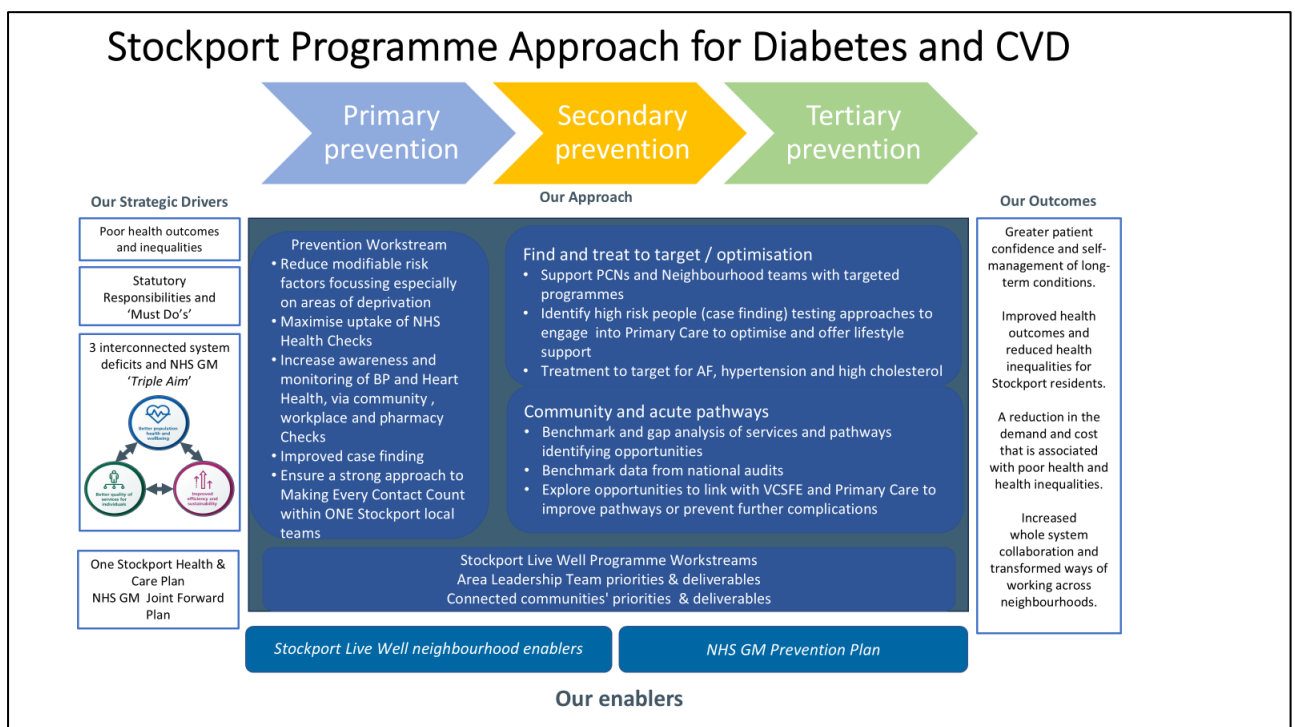
## 3. DEVELOPING OUR APPROACH

- 3.1. Agreed programme priorities are structured around three prevention-focused workstreams, primary, secondary, and tertiary, each supported by dedicated task and finish groups with strong collaboration from system partners across the borough.
- 3.2. The aim is to build on existing services and offers by better connecting the strengths and assets across our neighbourhoods to increase reach, impact and improve outcomes.

### 3.3. Delivery focuses on a coordinated, system wide partnership approach that:

- Supports Area Leadership Teams to take a population health management approach, focused on local population need and prioritising those at greatest risk and experiencing the highest levels of inequality.
- Strengthens the role of the Voluntary, Community, Faith, and Social Enterprise (VCSFE) sector in neighbourhood delivery.
- Works with general practice to proactively identify and support those at highest risk through targeted reviews and multidisciplinary approaches involving wider neighbourhood and specialist services.
- Addresses the wider determinants of health by reducing modifiable risk factors and supporting people to adopt healthier behaviours.

Figure 1: Stockport Programme approach for 2025/2026



## 4. EXAMPLES OF WORK UNDERWAY

### 4.1. HYPERTENSION CASE FINDING

There has been a proactive and targeted approach to hypertension case finding across Stockport during 2025/26, supporting the identification of people with previously undiagnosed high blood pressure, and helping to reduce unwarranted variation and health inequalities.

- **Community pharmacy (ABPM): 2,233** ambulatory blood pressure monitoring (ABPM) tests were undertaken, with 19% of individuals identified with Stage 1 hypertension and 9% with Stage 2 hypertension. In addition, pharmacy colleagues have delivered several community pop-up sessions within

neighbourhoods to improve access and increase awareness of cardiovascular health.

- **Optometry pilot:** A hypertension case finding pilot across six optometry sites completed **375** blood pressure checks for eligible residents. Of these, 22% required onward referral for further investigation, with 26% of those measured living in the most deprived communities (IMD1).
- **Public health outreach:** Stockport's public health team measured **1,515** blood pressures across community events, including Know Your Numbers Week, Brinnington Wellfest, and workplace settings such as Robinsons Brewery. Outreach also included visits to 9 care homes, focusing on 135 staff who may be less likely to access GP services. Of those screened across the programmes, 25% had high blood pressure and a further 49% were within pre-hypertensive ranges receiving lifestyle support.
- **Targeted inclusion:** Additional targeted approaches have focused on populations experiencing higher levels of deprivation or disadvantage, including individuals experiencing homelessness and those affected by substance misuse.



## 4.2. NEW INITIATIVES

- **A new psychological wellbeing group:** “Living Well with Heart and Lung Problems” was developed through collaboration between cardiac rehabilitation, the heart failure service, pulmonary rehabilitation, and talking therapies. The programme supports people to manage the emotional and psychological impact of living with long-term heart and lung conditions.
- **Education:** The inaugural Stockport Diabetes Specialist Interest Group, coordinated by Viaduct Care CIC, was launched in January 2026, bringing together 47 clinicians from primary and secondary care with an interest in diabetes. The session focused on improving understanding of Cardio-Renal-Metabolic (CRM) disease, medicines optimisation, and supporting people living with multiple long-term conditions. This will be complemented by a wider programme of planned

education sessions during 2026 to support local and Greater Manchester priorities across diabetes and cardiovascular risk management.

- **Targeted approach to pre-conception support - Brinnington practice:** Communications were sent to patients at the practice serving the most deprived population in Stockport to raise awareness of support available for people with Type 1 diabetes planning pregnancy, including access to Hybrid Closed Loop technology and specialist diabetes midwifery support. Outcome data is currently being evaluated; however, this is expected to improve uptake and engagement with the services.

#### 4.3. NEIGHBOURHOOD APPROACHES

- **‘You and Your Health Day’:** Delivered as a collaborative health and wellbeing event between Victoria Primary Care Network practices and Stockport County F.C., offering free mini health checks, health information and signposting into local community support and wellbeing services.
- **Urdu Diabetes Structured Education (Cheadle Neighbourhood)**  
A successful course was delivered with average weekly attendance of 13–17 participants. Feedback highlighted improved understanding, positive lifestyle changes, increased confidence in self-management, and the development of strong peer support between participants. A range of engagement approaches were used, with promotion through Cheadle Mosque proving most effective. Learning from this programme will inform future approaches to engagement and delivery of structured education as part of targeted neighbourhood models.

**Community Trust**

**VICTORIA**  
PRIMARY CARE NETWORK  
(STOCKPORT) LIMITED

## ‘You and Your Health...’

We are inviting you to a ‘You and Your Health’ session hosted by your GP practice with our neighbours - Stockport County Football Club.

We are offering **FREE** mini health checks along with other useful health information.

This is a free information session for you and your health. A variety of health care professionals will be available on site.

**Date: Tuesday 30<sup>th</sup> September 2025**  
**Time: 12:30pm – 17:00**  
**Place: The Cheadle Suite, Stockport County FC**

N.B.: Victoria Primary Care Network (VPCN) are a group of GP practices centrally located in Stockport. For more detail, please visit our website at [www.victoriapcn.co.uk](http://www.victoriapcn.co.uk). Our members are:

- Stockport Medical Group
- Caritas GP Partnership
- Breconate Medical Centre
- Adshill Road Medical Practice

**Parking**  
The Cheadle Suite, located Cheadle End Main Entrance (door left of the club shop), with an accessible lift, and free parking

**مفت ذیابیطس کی تعلیم - اب دستیاب**

**NHS**  
Greater Manchester and Eastern Cheshire Strategic Clinical Networks

**اپنی صحت کو باختیار بنائیں**

ذیابیطس کی مفت تعلیم اردو میں جنوبی ایشیائی کمیونٹی

Join our upcoming programme starting Thursday 2nd October, 10am till 12.30pm, at Heald Green Village Hall, Outwood Road, Heald Green, Cheadle, SK8 3JL

اپنے خون میں گلوکوز کنٹرول، وزن اور مجموعی صحت کو بہتر بنائیں

کون شامل ہو سکتا ہے؟ جنوبی ایشیائی بالغ افراد جن کو ٹائپ 2 ذیابیطس کی تشخیص ہوئی ہو۔ سیلف ریفرل یا جی پی ریفرل قبول کیا جاتا ہے۔ گریٹر مینچسٹر میں رہنا چاہیے۔

رجسٹر کیسے کریں؟ آج ہی ہم سے رابطہ کریں۔  
E: [patienteducation@stockport.nhs.uk](mailto:patienteducation@stockport.nhs.uk)  
T: 0161 835 6689

#### 4.4. OPTIMISATION

A range of programmes are underway across Stockport to ensure people at highest Cardiovascular and diabetes risk are identified and supported to achieve recommended treatment targets.

- **CVD and Diabetes High-Risk Reviews:** Reviews were completed for cohorts identified using tools to identify people with the highest cardiovascular risk. Practices had a target to complete reviews for 60% of this cohort during 2025/26, with year-end achievement reaching 65.9%. Greater Manchester evaluation of this scheme estimated this work prevented or avoided presentation of around 180 heart attacks and 200 strokes, approximately 10% relating to Stockport residents.
- **Circulation Health Project:** Developed in collaboration with industry partners and delivered across all Stockport PCNs to improve outcomes for people at risk of, or living with, chronic kidney disease (CKD) and related long-term cardiovascular conditions. Using a population health approach, the programme supports earlier identification, effective treatment, and proactive care for over 8,400 residents, alongside regular MDT working between primary and secondary care.
- **Viaduct Care Lipid Optimisation Project:** The Stockport Integrated Pharmacy service at Viaduct Care have been undertaking a project in partnership with all Stockport PCNs and industry partners to highlight people who have had a previous cardiovascular event and whose lipids are overdue or above target levels, as it is well established that this places these individuals at higher risk of subsequent events. These individuals are being invited for pharmacist-led reviews to optimise their lipids and reduce their cardiovascular risk.
- **Northwest Healthy Hearts Lipid Optimisation – Tame Valley PCN:** A targeted approach supports people on the CVD register who have not had a cholesterol check within the last year despite remaining at high cardiovascular risk. Many are affected by deprivation, disability, language barriers, and wider social factors. To date, 472 people have been identified, with 247 engaged for blood testing, including reasonable adjustments where required.

#### 4.5. STOCKPORT TRANSITION AND YOUNG ADULT SERVICE

- Stockport was successfully awarded funding to participate in the national Transition and Young Adult (TYA) Diabetes Pilot Programme, supporting young people moving into adult diabetes services through more personalised, holistic care. A key enabler has been the non-clinical youth worker role, providing

outreach and relationship-based support in community settings, improving access and engagement alongside clinical care.

- Latest reporting demonstrates sustained engagement, improved peer support and stronger connection with services, alongside increased use of diabetes technology. This is also associated with a reduction in diabetes-related admissions, including diabetic ketoacidosis (DKA), indicating improved stability and outcomes for young people supported through the programme.

## 5. IMPACT

### 5.1 PRIMARY PREVENTION

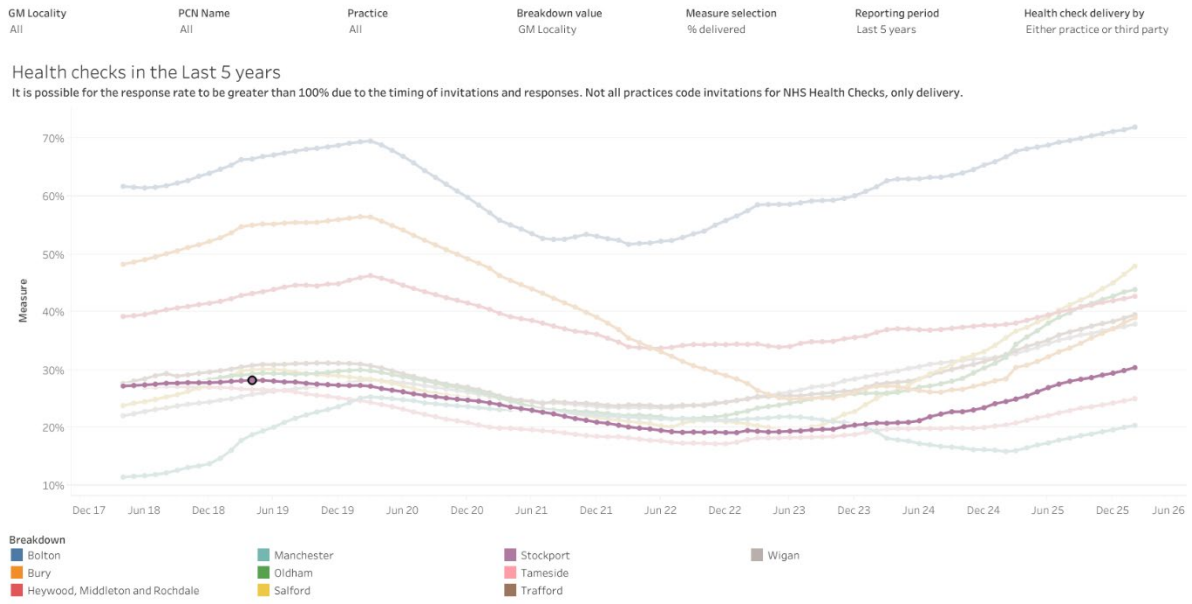
Figure 2: NHS Health Check Invitation and Uptake rate by GM Locality

GM Locality	PCN Name	Practice	Breakdown value	Reporting period	Health check delivery by					
All	All	All	GM Locality	Last 5 years	Either practice or third party					
Health checks in the Last 5 years by GM Locality, data as of 28 February 2026										
It is possible for the response rate to be greater than 100% due to the timing of invitations and responses. Not all practices code invitations for NHS Health Checks, only delivery.										
Breakdown	Eligible	Invited	% invited	Delivered	% delivered	Response rate	Health Checks delivered with all e..	% Health Checks delivered with all e..	Not delivered	% not delivered
Bolton	72,632	67,887	93.47%	52,294	72.00%	77.03%	31,019	59.32%	20,338	28.00%
Salford	64,878	58,906	90.80%	31,104	47.94%	52.80%	9,766	31.40%	33,774	52.06%
Oldham	47,650	35,538	74.58%	20,908	43.88%	58.83%	8,230	39.36%	26,742	56.12%
Heywood, Middleton and ..	52,440	44,633	85.11%	22,394	42.70%	50.17%	8,208	36.65%	30,046	57.30%
Trafford	64,855	47,629	73.44%	25,628	39.52%	53.81%	7,728	30.15%	39,227	60.48%
Bury	49,678	33,331	67.09%	19,380	39.01%	58.14%	11,426	58.96%	30,298	60.99%
Wigan	82,427	70,500	85.53%	31,245	37.91%	44.32%	12,847	41.12%	51,182	62.09%
Stockport	82,846	54,470	65.75%	25,167	30.38%	46.20%	9,043	35.93%	57,679	69.62%
Tameside	44,092	31,715	71.93%	11,022	25.00%	34.75%	2,790	25.31%	33,070	75.00%
Manchester	140,035	79,551	56.81%	28,528	20.37%	35.86%	8,637	30.28%	111,507	79.63%
Grand Total	701,533	524,160	74.72%	267,670	38.16%	51.07%	109,694	40.98%	433,863	61.84%

The table above (Figure 2) shows that over the past five years, approximately two thirds of the Stockport population have been invited for an NHS health check, but just under one third (30.4%) have attended, which is below the Greater Manchester average of 38.2%.

The chart below (Figure 3) suggests that whilst there has been a steady improvement in the uptake of NHS health checks over the past 3 years, this may be a suitable area of focus in future plans.

Figure 3: Trend of NHS Health Check Delivery over the past 5 years by GM locality (% of eligible population who have had an NHS health check in the previous 5 years)



## 5.2 CVD

Through the CVD high risk reviews focussing on optimising those at greatest risk, the graphs below suggest system impact through reduced ED attendances (Figure 4) and non-elective admissions (Figure 5) for those in the Very High Need cohort on using the CVD Need stratification tool.

Figure 4: ED attendance Trend by CVNeed Risk Stratification Cohort

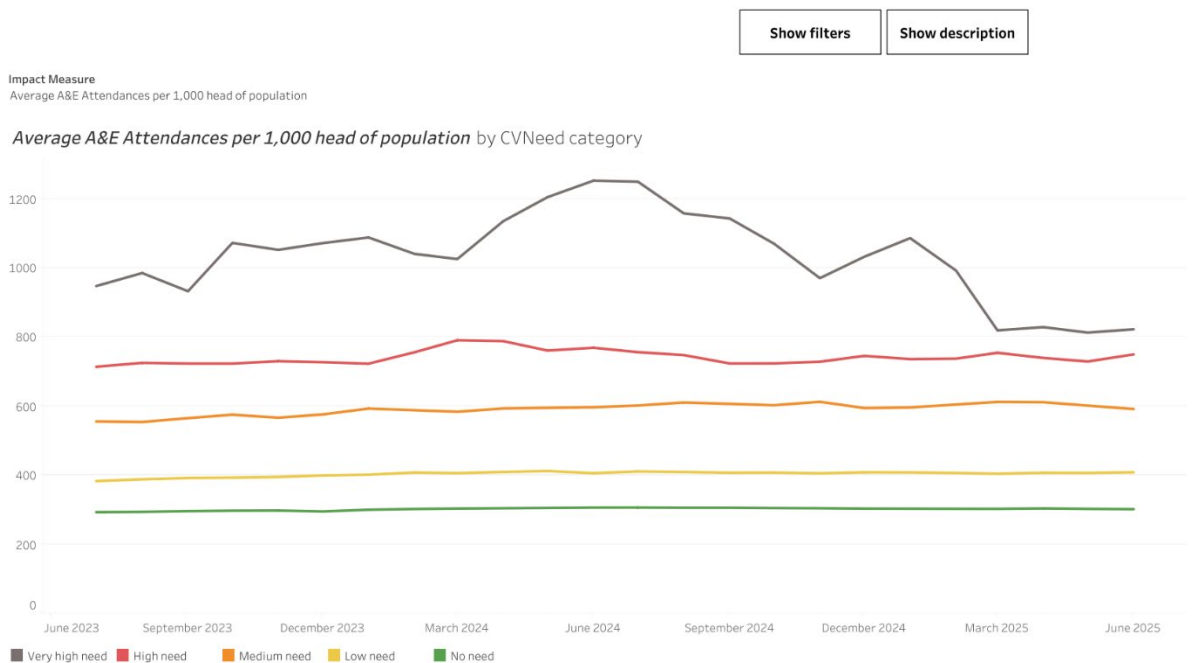
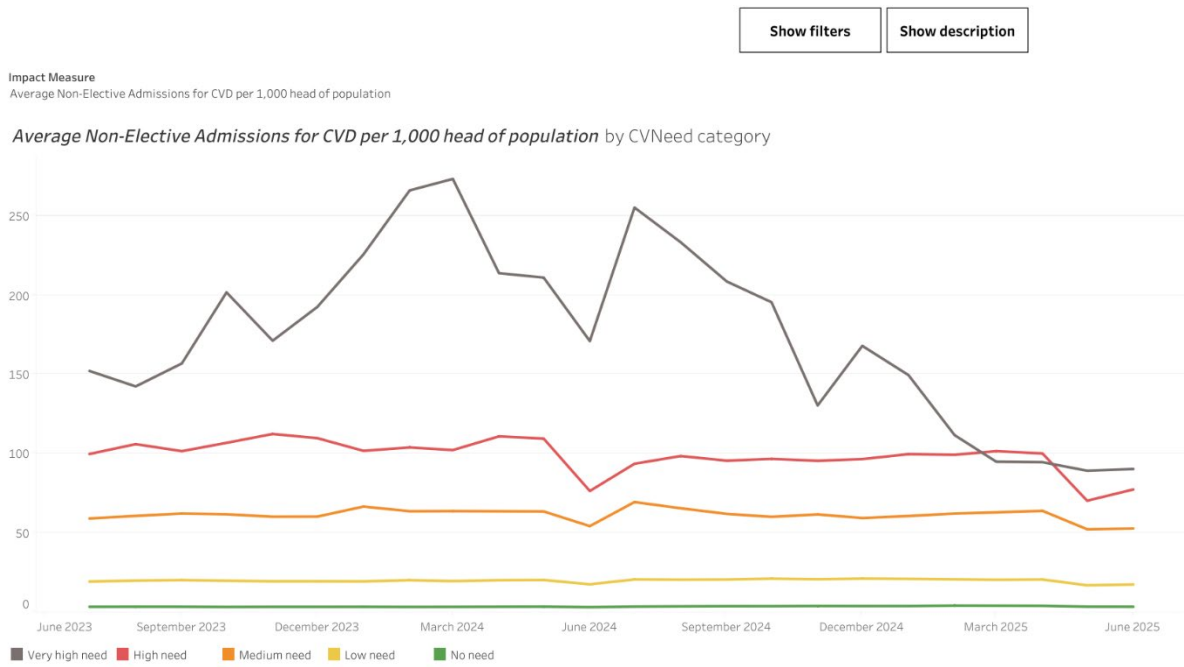


Figure 5: Non-Elective Admission Trend by CV Need Risk Stratification Cohort



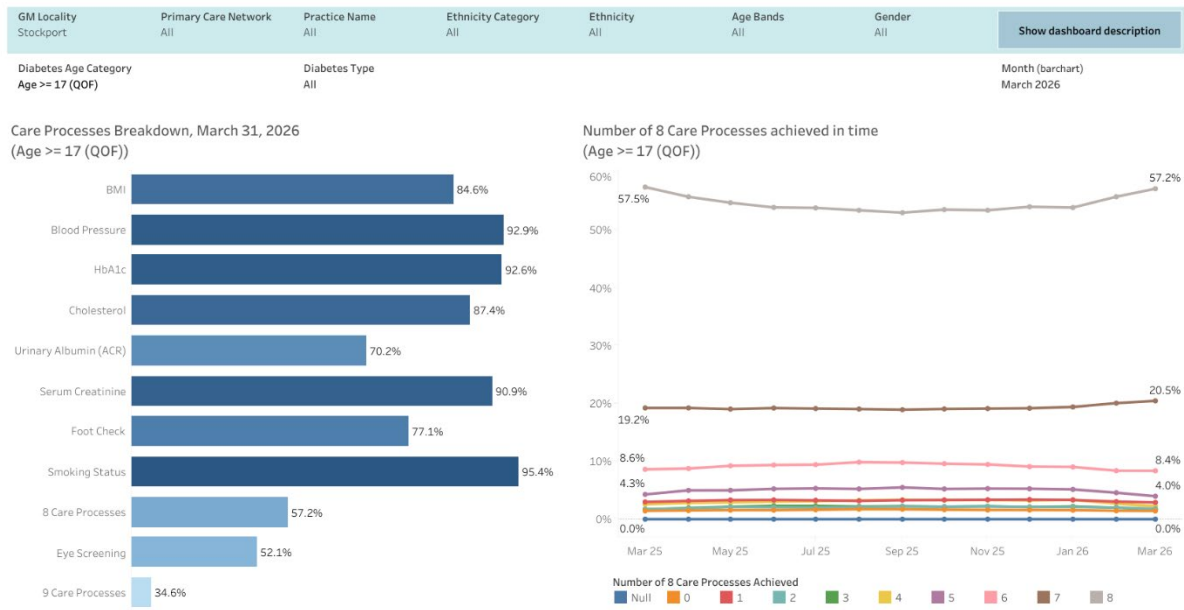
### 5.3 DIABETES

The graphic below (Figure 6) shows the delivery of 9 care processes for the Stockport population with Diabetes. Whilst Stockport benchmarks well against many of the care processes, the data suggests we are below GM average for the following indicators:

- Urine Albumin Creatinine Ratio (ACR) – 70.2%
- Diabetes Foot Check – 77.1%
- Diabetes Eye Screening – 52.1%

When combining all processes together, 57.2% of people with Diabetes have had all 8 care processes in 25/26 (excluding Eye Screening) and 34.6% have had all 9 care processes (including Eye Screening). This remains a priority area for improvement in 26/27.

Figure 6: Achievement of Diabetes Care Processes for Stockport Population



Stockport generally benchmarks well for the proportion of people with Diabetes who have had their HbA1c, blood pressure and Cholesterol checked in the previous 12 months.

When looking at HbA1c results (which is the most commonly used measure of glucose control) in Figure 7, approximately 70% of patients have good glycaemic control. This has been steadily improving over the past three years and is now the highest level of achievement in Greater Manchester (Figure 8).

Figure 7: Glycaemic Control (HbA1c) for Stockport Population with Diabetes (2025/6)

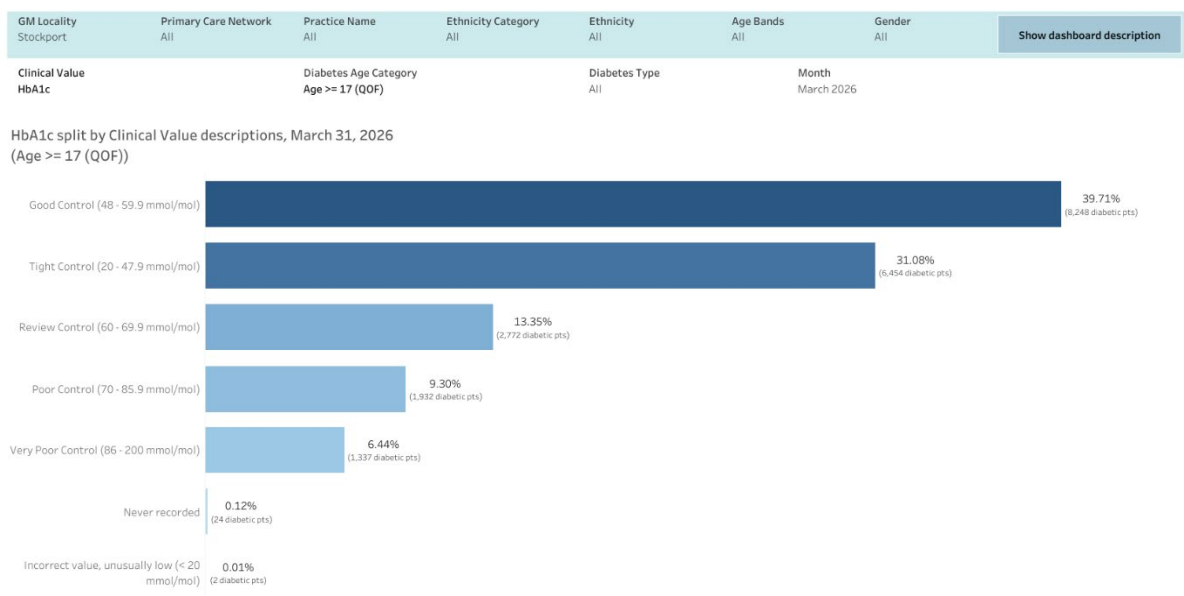
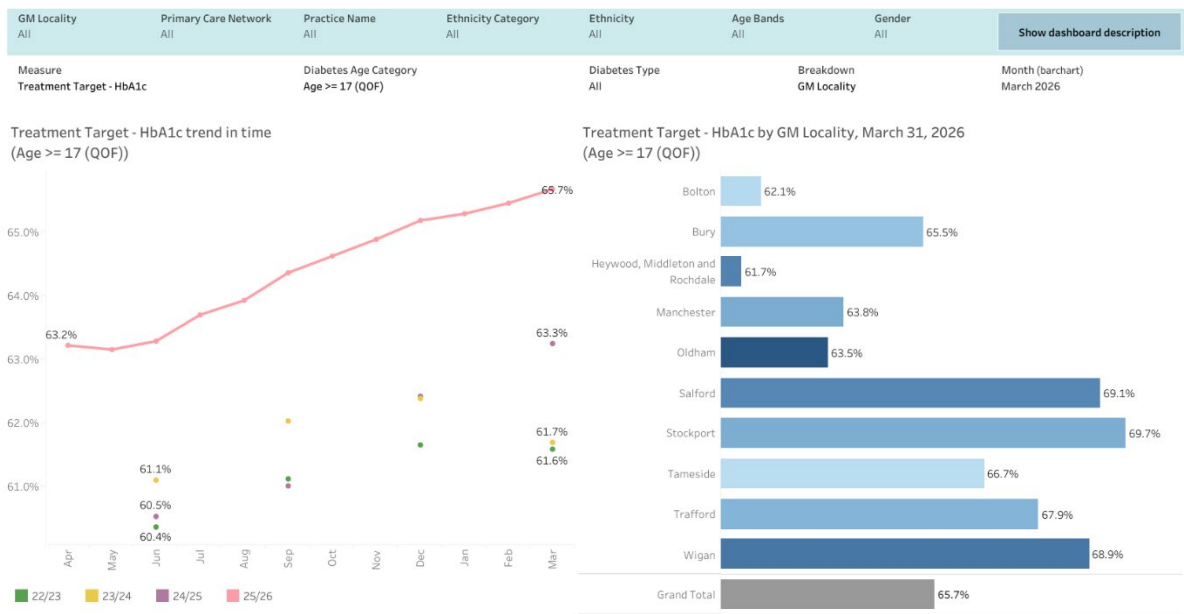


Figure 8: Trend of Glycaemic Control (HbA1c) for Stockport Population with Diabetes over time (GM comparison)



Blood Pressure and LDL Cholesterol are both important risk factors for diabetes complications. Over 2025/6, the Stockport population with Diabetes has achieved blood pressure control better than the GM average and has one of the best levels of cholesterol control in all Greater Manchester.

Figure 9: Blood Pressure Outcomes for Stockport Population with Diabetes (2025/6)

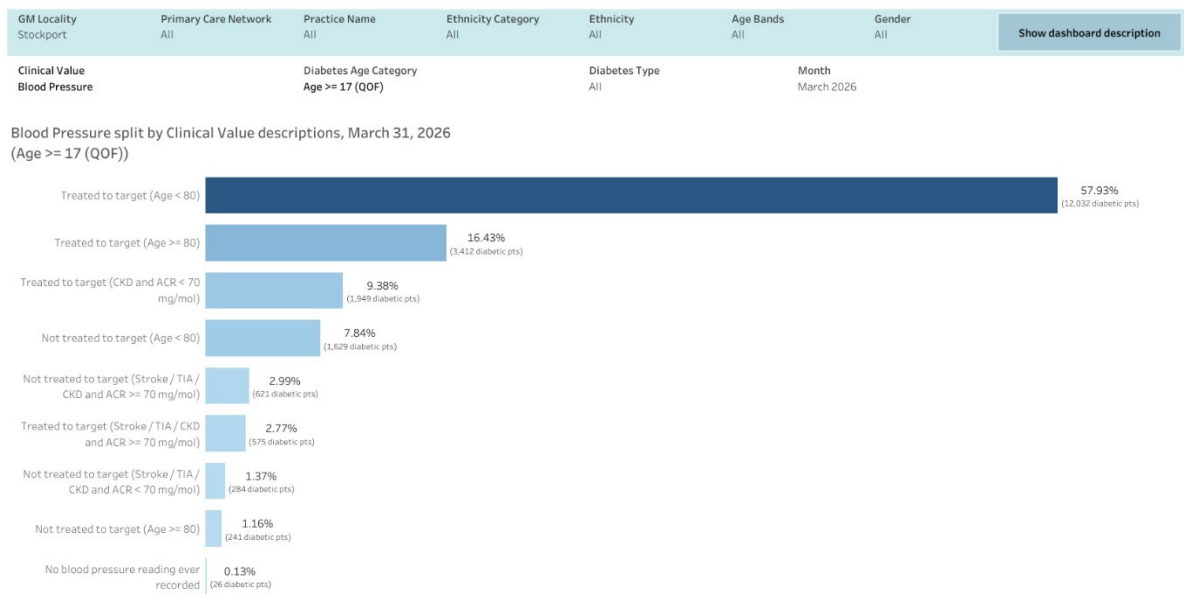


Figure 10: LDL Cholesterol Control for Stockport Population with Diabetes (2025/6)



## 6. PROPOSED FUTURE FOCUS

- 6.1. Continue embedding and expanding the improvements seen through the BeCCoR programme for optimising high risk patients with CVD and Diabetes.
- 6.2. Build on progress made over the last year, ensuring workstreams are aligned to support delivery of Stockport Live Well neighbourhood programme priorities, including continued use of community assets and social prescribing approaches with a particular focus on improving screening and primary prevention.
- 6.3. Further develop new ways of working to move towards an integrated neighbourhood “team of teams” approach, with a stronger focus on pathway development across diabetes, cardiovascular disease, and related long-term conditions.
- 6.4. Although Stockport is performing well in relation to insulin pump rollout, further work will explore potential inequalities in access and uptake, particularly in areas of higher deprivation. This will include postcode-level analysis to identify variation and inform targeted action.
- 6.5. The Diabetes Inpatient Accreditation Programme (Royal College of Physicians) is underway to improve the quality, safety and consistency of inpatient diabetes care, delivered in phases over the next two years.
- 6.6. Strengthen the interface between diabetes and mental health services, to develop joint pathways, enhance multidisciplinary working, and improve identification of mental health needs in patients admitted with acute diabetes complications.

- 6.7. Build on the established cardiac rehabilitation pathway from hospital into community-based provision delivered with Life Leisure and the emerging partnership with Stockport County F.C., with opportunities to extend this model into other pathways. Social prescribing has recently been introduced into the pathway, strengthening community-based support to enhance rehabilitation outcomes and sustain behaviour change.

## 7. RISKS

- 7.1. Expansion of GLP-1 therapies prescribed to new eligible cohorts may increase demand and create significant cost pressure, requiring close monitoring of uptake and affordability across the system.
- 7.2. The loss of ICB primary care education and training resource through NHS reform, as well as an erosion of primary care protected learning time risks the ability for primary care teams to engage in training, upskilling, and improvement activity.
- 7.3. A proposed pan-Greater Manchester approach to commissioning structured diabetes education is currently under development and subject to governance and approval processes. It is therefore too early to understand the full implications for Stockport delivery. This creates potential uncertainty regarding future commissioning arrangements and local delivery models.
- 7.4. The pilot funding for the Transition and Young Adult (TYA) Diabetes programme has now concluded. In the absence of agreed ongoing arrangements, there is a risk that Diabetes Nurse and Youth Worker capacity may be prioritised to wider service pressures, creating uncertainty for future delivery.
- 7.5. While strong progress has been made in prevention, case finding and optimisation, opportunities remain to further develop joined-up pathways across primary care, community, acute, mental health, public health, and voluntary sector services. However, system-wide workforce capacity and dedicated resource will be required to support delivery at scale and enable sustained transformation.

## 8. RECOMMENDATIONS

It is recommended ONE Stockport Health & Care Locality Board:

- 8.1. **NOTE** the progress to date of the diabetes and cardiovascular disease programme and associated workstreams.
- 8.2. **NOTE** the key risks and emerging areas of consideration.
- 8.3. **AGREE** the proposed future focus for delivery across the programme.

## APPENDIX 1: CASE STUDIES

### Optometry Hypertension pilot



Norma from Stockport shared an overwhelmingly positive experience of the optometry hypertension service. After experiencing some unusual symptoms, she attended her local optometry practice, Dixon Optometrists in Stockport, where optometrist Gohar Majid offered a blood pressure check. Her readings were found to be at emergency levels, and she was urgently referred to hospital, where it was confirmed, she had been experiencing a silent heart attack.

Norma said “the hypertension service was an absolute life saver. I cannot thank my optometrist enough for helping me.”

<https://www.youtube.com/watch?v=bwlmjHLrsBg>

### Public health hypertension programme



A member of staff at Robinsons Brewery shared their experience following a previous Healthy Heart check, which identified previously undiagnosed high blood pressure and raised cholesterol, leading to GP follow-up and treatment. Since then, he has made significant lifestyle changes, including increased physical activity and healthier eating, supported by a better understanding of his cardiovascular risk. He reflected positively on how earlier identification enabled timely treatment and behaviour change.

The recent visit to Robinsons Brewery (Stockport town centre and Bredbury sites) provided further workplace health checks, with staff attending and additional cases of raised blood pressure identified and advised accordingly.

## Stockport Foundation Trust Transition and Young Adult Service



### [Patient story - Diabetes Transitioning Young Adults Service](#)

“When first diagnosed, I was referred to hospital clinics where everything was managed in one place. This has now moved into community-based support, which feels much more accessible. I found the service very helpful and felt the staff really understood me and my diabetes. It didn’t feel like they were telling me what to do but instead supporting me to help myself.

Having extra support, along with a social element, has made a big difference. It has helped me feel peer supported and less alone. Without this group, I wouldn’t have had the opportunity to speak to others in the same situation, share experiences, and have a laugh with people who understand the condition.

We also talk about how we are getting on with digital technology while meeting through football and other social groups, which makes the experience feel more normal and connected to everyday life rather than just healthcare appointments.”

When young adults were asked to describe the service in one word, responses included: caring, exceptional, life changing, a godsend, and incredible.

## Cancer update

<b>Report To (Meeting):</b>	ONE Stockport Health and Care Board		
<b>Report From (Board Lead)</b>	Philippa Johnson, Deputy Placed Based lead, NHS Greater Manchester (Stockport)		
<b>Report From (Author):</b>	Cath Comley, Senior Project Manager for Cancer and End of Life Care, NHS Greater Manchester (Stockport)		
<b>Date:</b>	May 27 <sup>th</sup> 2026	<b>Agenda Item No:</b>	12
<b>Previously Considered by:</b>	Not applicable		

### Purpose of the report:

The purpose of this report is to provide an overview about the work being undertaken in Stockport in response to NHS Cancer Plan and the collaborative approach being taken to achieve its aims. Long term this will lead to an increasing number of people who are diagnosed earlier, treated sooner, surviving/recovering from and living with cancer as a long term condition.

### Key points (Executive Summary):

NHS Cancer Plan is a system transformation plan, not just a clinical strategy and describes the changes needed to improve outcomes. Delivery requires whole-system working across the NHS, Public Health, Neighbourhoods and VCFSE.

Key focus areas for local delivery include:

- Early diagnosis and screening uptake
- Reducing inequalities
- Community-based care models
- Workforce and capacity
- Digital and data integration

### Recommendation:

The Board are asked to:

**Note** the contents of the report and the ongoing work to ensure that the aims of the NHS Cancer Plan are achieved in Stockport to the benefit of the local population.

<b>Decision</b>		<b>Discuss/Direction</b>		<b>Information/Assurance</b>	<b>X</b>
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### Aims (please indicate x)

Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	<b>X</b>
	There are safe, high-quality services which make best use of the Stockport pound	<b>X</b>
	Everyone takes responsibility for their health with the right support	<b>X</b>
	We support local social and economic development together	<b>X</b>



<b>Conflicts of Interests</b>	
Potential Conflicts of Interest:	None

<b>Risk and Assurance:</b>	
List all strategic and high level risks relevant to this paper	There is a risk that Cancer outcomes/survivorship in Stockport will not improve unless there is a system wide approach to the NHS Cancer Plan.

<b>Consultation and Engagement:</b>	
<b>Local People / Patient Engagement:</b>	None
<b>Workforce Engagement:</b>	All partners in Stockport are fully committed to ensuring that the local community is provided with appropriate evidence based information/messaging, support, and high quality care in an appropriate setting.

<b>Potential Implications:</b>				
<b>Financial Impact:</b> Please note - All reports with a financial implication require detail of the level of funding, funding stream and comments from Finance.	Non-Recurrent Expenditure	£		
	Recurrent Expenditure (please state annual cost)	£		
	Funding stream	Yes	No	
	Included in the s75 Pooled Budget			
	GM ICB (Stockport) delegated budget			
	Other, please specify:			
<b>Finance Comments:</b>	<b>No financial impact anticipated at present</b>			
<b>Performance Impact:</b>	This should further improve Early Cancer Diagnosis/treatment			
<b>Workforce Impact:</b>	It is anticipated that the existing workforce may need further training to support the aims of the National Cancer Plan.			
<b>Quality and Safety Impact:</b>	Patient outcomes should be improved by the use of technology to support early diagnosis, treatment and care following Cancer treatment.			
<b>Compliance and/or Legal Impact:</b>	This will ensure that the Stockport system supports ongoing improvement of early cancer diagnosis through greater awareness, cancer screening programmes leading to better outcomes for the Stockport population.			
<b>Equality and Diversity:</b> Has an equality impact assessment been completed?	General Statement:			
	If Not Applicable please explain why	Yes	No	N/A
<b>Environmental Impact:</b> Has an environmental impact assessment been completed?	General Statement:			
	If Not Applicable please explain why	Yes	No	N/A
		No environmental impact		

## Introduction

The much anticipated NHS Cancer Plan was published in February 2026. It should be seen to compliment the ambitions of the 10 Year NHS Plan-analogue to digital, sickness to prevention and hospital to community.

Delivering the Cancer Plan will depend on strong local leadership and effective system working. Commissioners and providers will play a key role in turning national ambition into practical local action. This will mean more joined-up planning across pathways, a stronger focus on population health management, and better use of data and digital tools to support earlier diagnosis and more proactive care. It will also be important to build on the strong partnerships already in place with Public Health, Primary Care, and the voluntary, community and social enterprise (VCFSE) sector, to ensure services are accessible, equitable and responsive to local needs, particularly for communities experiencing poorer outcomes or barriers to access.

Work is currently underway to develop the Greater Manchester (GM) response to the NHS Cancer Plan, which will be shared in a future update. This will set out how the national priorities will be tailored to the GM context, aligned with existing programmes and system priorities, and delivered through collaborative working at place and neighbourhood level. This paper therefore provides an early overview of the national direction, highlights the main themes and expectations in the Plan, and outlines the initial considerations for Stockport, including areas where further local planning, engagement and assurance will be needed as the GM approach is finalised.

## NHS Cancer Plan overview

The National Cancer Plan sets a clear long-term ambition to achieve 75% five-year cancer survival rate by 2035, driving significant improvements in outcomes and patient experience.

Delivery is structured around the following key priorities:

- **Performance and standards:**  
Recovery and delivery of cancer waiting time standards by 2029, alongside increased diagnostic capacity and improved pathway efficiency to reduce delays to treatment.
- **Earlier diagnosis and prevention with a strong focus on reducing inequalities.**  
Increased early-stage diagnoses through expanded screening programmes and improved public awareness. A core priority is to narrow the gap in outcomes between the most and least deprived populations and marginalised groups, with action required across the full pathway.
- **Shift to community-based care:**  
Greater delivery of care closer to home where appropriate, supported by community diagnostics, streamlined pathways, and coordinated, patient-centred models of care.
- **Digital and data transformation:**  
Increased use of digital tools, including the NHS App to be the primary digital

front door for cancer care by 2028. Alongside improved data integration and adoption of AI to support diagnostics and pathway management.

- **Personalised care and genomics:**  
Expansion of genomic testing and personalised approaches to prevention, diagnosis and treatment. With an expectation that all patients who require genomic testing will receive this in a timely way.
- **Workforce and capacity:**  
Development of a skilled and sustainable workforce, supported by new roles, innovation and improved productivity.
- **Governance and accountability:**  
Stronger system leadership, with clear executive accountability and robust governance arrangements. Trusts and ICBs will be required to establish clear executive accountability for cancer, supported by Cancer Boards with oversight of performance, quality and outcomes
- **Living with and beyond cancer:**  
Improved long-term support for people living with cancer, recognising it as a long-term condition.
- **Research and innovation:**  
Greater focus on research, innovation and clinical trials to improve outcomes and drive continuous improvement

## **GM response**

GM Cancer is well established as a system leader with early diagnosis rates across GM are 60.2%. (Stockport 61.8%) compared to the England average of 58.7%. This puts GM Cancer first in the NW region. Significant improvements have been achieved within the last 12 months, with a 6.2% increase in GM when compared to the England average of 3.7%. The biggest improvements have been in lung Cancer and prostate Cancer.

GM Cancer already supports strong system collaboration across providers, Primary Care, Public Health and the VCFSE sector. However, these will need to be further strengthened in some key areas to support GM delivery for the NHS Cancer Plan. Initial areas of focus already identified where work is either already underway or planned include:

- **Reducing inequalities in screening and early diagnosis**, by increasing collaboration with locality system partners to develop targeted outreach and community-based engagement aimed at those patients who experience access barriers to screening and subsequent early diagnosis. GM are continually building relationships with VCSFE partners to ensure this works takes place in face-to-face conversations where people are going about their daily lives – often parking at shopping centres or supermarkets and offering physical information for those who are not digitally enabled to access resources.
- **Scaling innovation and best practice**, including initiatives such as “This Van Can” and targeted public awareness campaigns including ‘Get Cancer Clever’ to support recognition of the five most common ‘red flag’ symptoms of cancer.

- **Strengthening system pathways**, GM has already standardised its referral processes including the use of single queue diagnostics which is supporting national work to deliver faster diagnosis and treatment. Self-referral pathways are being developed and following a successful trail of self-referral to chest x-ray for patients with a persistent cough, Stockport will be first GM trust to implement this pathway as BAU in Summer 2026.
- **Harnessing digital and AI technologies** to improve diagnostic efficiency and workforce productivity. The use of AI tools to read Chest X rays has speeded up the diagnosis of lung Cancer across 7 GM trusts including Stockport. A further pilot is planned for AI to review prostate MRIs scan which Stockport are also part.,
- **Developing workforce capability**, supported through the Aspirant Cancer Career Education and Development (ACCEND) programme which details standardised career development approaches which is well embedded within SFT.

Further details on the development of the GM Cancer implementation plan aligned to the NHS Cancer plan is expected over the coming months.

### **What does the Cancer Plan mean for Stockport?**

Stockport is well positioned to respond to the NHS Cancer Plan. There is a strong foundation of partnership working across Primary Care, Secondary Care, Public Health and community partners, with all stakeholders taking responsibilities for various parts of the delivery within Stockport systems.

Key local implications include:

- **Alignment of the emerging Stockport Cancer Strategy** to National and GM priorities across the full pathway, including prevention, early diagnosis, treatment and living with cancer
- **Continued focus on early diagnosis**, supported through Primary Care, screening programmes and neighbourhood-based interventions
- **Strengthening community-based models of care**, including improved care coordination and support for people living with and beyond cancer
- **Reducing inequalities**, through targeted outreach and place-based interventions in areas of greatest need
- **Adoption and scaling of innovation**, including digital tools, AI-supported diagnostics and self-referral pathways

### **How are Stockport system partners working towards Cancer Plan priorities.**

#### **Primary Care/Neighbourhoods**

The Network Contract Directed Enhanced Service (DES) includes a focus on early cancer diagnosis, with key objectives to improve referral quality, increase screening uptake, and reduce variation across practices. This includes:

- Working with partners to review cancer referral practices against NICE guidance, with a focus on timely referral to support improved survival,

supported using electronic safety-netting systems to monitor patients with potential cancer symptoms.

- Increasing uptake of the lung cancer screening programme which is included in the GP contract.
- Proactively identifying individuals eligible for screening who have not engaged with NHS programmes and working with partners to raise awareness and improve access.
- Working with screening commissioners and providers to improve uptake across breast, cervical and bowel screening programmes, including understanding and addressing barriers to participation.

Each Primary Care Network (PCN) is supported by a GM Cancer Early Diagnosis Facilitator to develop and deliver local action plans focused on:

- Increasing early diagnosis rates and improving referral practice
- Strengthening and standardising safety-netting processes
- Auditing cancer referrals to identify learning and reduce emergency presentations
- Implementing streamlined diagnostic pathways, including tools such as teledermatology

There has been strong engagement from all Stockport PCNs in progressing the early diagnosis agenda. This is further supported by a dedicated Primary Care Engagement Officer (Public Health), who works with practices to improve screening uptake through targeted engagement, follow-up of non-responders, education and pathway support.

The approach is to work with communities, including trusted local leaders within those communities, to build meaningful relationships and ensure engagement is inclusive, culturally appropriate, and responsive to local needs. This involves listening carefully to community voices, understanding existing strengths and challenges, and co-designing solutions that reflect lived experience. By partnering with established networks and individuals who already have credibility and trust, the approach aims to improve reach, reduce barriers to access, and support more sustainable, community-led outcomes.

Looking ahead, further developments are planned to support more coordinated, patient-centred care. These include initiatives to support people to return to and remain in work, expansion of workforce skills (including genomic counselling), and the introduction of neighbourhood care leads to coordinate care and support. Further detail and implementation timelines are awaited from the National team.

## **Public Health**

The Public Health team delivers data-led, evidence-based cancer prevention and early diagnosis work across communities, workplaces and health and care settings. Activity is underpinned by Making Every Contact Count (MECC) and a focus on reducing health inequalities.

The collaborative work with community leaders, workplaces and trusted local voices, and provide clear evidence-based messages to share in person and online.

Engagement happens where people are, using trusted settings such as community and faith venues, libraries/leisure centres, social groups and local support services. They support people with lived experience to share stories, reduce fear, challenge myths and encourage earlier presentation. This approach led to the team winning the 2024 GM Cancer Award for Commitment to Equality.

### Screening, prevention, and lifestyle risk factors

The table shows the England and Stockport averages for the different screening programmes. Whilst this shows positive performance there are wide ranging differences in uptake across the borough. Priority areas and communities are targeted where lower screening rates, late diagnosis and poorer outcomes are seen.

Screening	Stockport	England	Range for Stockport GP practices
Bowel (2024/5)	75.0%	72.9%	58.2% – 83.2%
Breast 53–70 (2024/5)	75.8%	71.7%	58.3% – 82.0%
Cervical 25–49 (2023/4)	75.9%	66.1%	68.9% – 90.3%
Cervical 50–64 (2023/4)	78.2%	74.3%	72.2% – 87.4%

Highlighted below are some of the actions undertaken in Stockport to support early Cancer diagnosis and Cancer prevention.

- Screening: bowel, breast, lung and cervical—education, community outreach and targeted follow-up. Brinnington breast screening reached 70% (+12pp), meeting the national target for the first time
- HPV catch-up vaccination: to support elimination of cervical cancer by 2040.
- Lifestyle services: Public Health commissions and promotes lifestyle support to reduce cancer risk.
- Healthy Stockport: local web hub promoting healthy lifestyles, services and screening

### Secondary care

GM Cancer has pathway Boards in place for each Cancer type e.g. Head and Neck, Urology. These Boards are made up of clinicians, cancer managers, commissioners and service users i.e. patients. They work together to address any issues identified in the pathways as well as reviewing pathways to ensure that they include the latest national guidelines.

Stockport Foundation trust has an ongoing Cancer Improvement Programme which will support achieving the aims of the NHS Cancer Plan. The key workstreams will support Cancer Wait Times being achieved by 2029.

These are:

- Second De Vinci robot planned implementation for May 2026 to support both 31 and 62 day performance. Using the robot can potentially shorten a patients length of stay/speed up recovery as well as reducing complications.
- Identifying improvement opportunities in the lung clinic and learning from other trusts.
- Expansion of the use of AI supported tools to speed up the diagnosis of lung cancer
- Close monitoring and management of turnaround times for MRI and CT scans ensuring that scans for patients on a Cancer pathway are prioritised.
- Developing a bladder cancer case finding project.
- Pancreatic cancer case finding pilot.

The actions highlighted will not only support Cancer Waiting Times but also ensure that people are told at the earliest opportunity whether they have a Cancer diagnosis (or not).

## **VCFSE**

VCFSE organisations in Stockport are crucial in the support that they offer for patient and their families. These include Beechwood Cancer Care who provide counselling for those affected by Cancer.

Moya Cole Hospice offers support to people with Cancer within their 'Being You' centre. They have a range of specialist services which can be tailored to meet an individual's needs. Moya Cole have recently completed a move to new premises. This means that our residents will benefit from purpose built facilities. There are plans that a future Locality Board will take place there and will include a tour of the facilities.

In addition, in the next few months a McMillan Information Centre is opening at Stockport Foundation trust. This will provide information about Cancer to those newly diagnosed with Cancer as well as those wanting further information.

## **How Stockport are already working against Cancer plan priorities**

Alongside the workstreams outlined above, the initiatives below highlight strong, collaborative action already making a meaningful impact across Stockport.

### **Lung Cancer Screening**

Over the past six months, eligible residents aged 55–74 with a history of smoking from five of the six Primary Care Networks (PCNs) have been invited to take part in the NHS Lung Cancer Screening Programme. The sixth PCN is due to be onboarded

within the next quarter, which will complete full coverage across all Stockport PCNs—around four years ahead of the national target of December 2030.

To date, more than 18,000 lung health checks have been completed, leading to 183 suspected cancer referrals to secondary care and 95 confirmed lung cancer diagnoses. Encouragingly, approximately 83% of these cancers were identified at an early stage (Stage I/II), significantly improving patient outcomes. In addition, over 8,000 individuals have been placed on a surveillance pathway and will benefit from ongoing, proactive monitoring through scheduled scans.

### **Self-Request Chest x-ray (SRCXR)**

From summer 2026, the SRCXR pathway will further strengthen early diagnosis by enabling individuals aged over 40, registered with a Stockport GP practice, who have experienced symptoms of lung cancer for three weeks or more (such as cough or shortness of breath), to access a same-day, drop-in chest X-ray directly via secondary care, without requiring a GP referral.

The aim this pathway is to support earlier diagnosis and timely presentation by removing barriers to access. SRCXR also offers an additional route to diagnosis for those cohorts not invited for screening, including never smokers and those under the age of 55 or 75 and over.

Patient feedback from the 2 pilot GM Localities highlighted that this pathway has broken down barriers in seeking help for concerning symptoms.

### **Brinnington Prostate Cancer – place-based intervention**

Data highlighted Brinnington as an area with higher rates of late diagnosis of prostate cancer, linked to fear, stigma, myths and low awareness of symptoms. In response, a targeted, place-based, multi-agency intervention was delivered, bringing together primary care, secondary care, public health and community partners.

#### ➤ Impact:

- 11 cancers diagnosed.
- 6 radical treatment.
- 4 earlier diagnosis with improved prognosis.

### **Conclusion**

The NHS Cancer Plan sets out an ambitious and positive vision to:

- improve awareness of cancer risks and symptoms,
- support earlier diagnosis,
- and ensure timely access to effective treatment—key drivers of better outcomes for patients.

As survival rates continue to improve, there is a growing and welcome opportunity to support more people living well with cancer as a long-term condition, with care needs that span prevention, treatment, recovery and ongoing support.

In Stockport, we have a strong track record of collaborative working across health, local authority, and voluntary and community sector partners. Our Live Well programme positions us extremely well to build on this momentum. By continuing to work collectively, we can further strengthen prevention and early diagnosis pathways, enhance personalised care and support, and ensure services are well aligned to meet both current and future demand. In doing so, we are well placed to deliver the NHS Cancer Plan successfully at a local level.

# Stockport 2025/26 Delivery Plan: End of Year Report

May 2026  
V1.2

One Stockport Health and Care Board

15 May 2026

Required information		Details				
<b>Title of report</b>		Stockport 2025/26 Delivery Plan: End of Year Report				
<b>Author</b>		Gareth Lord, Senior Strategy, Planning and Performance Manager				
<b>Presented by</b>		Gareth Lord and programme SRO's and leads as per the agenda				
<b>Contact for further information</b>		Gareth Lord <a href="mailto:Gareth.lord@nhs.net">Gareth.lord@nhs.net</a>				
<b>Executive summary</b>		The purpose of this paper and the accompanied report is to provide an update to the One Stockport Health and Care Board on the workstreams set out in the 2025/26 delivery plan at the end of the year (as of 31 <sup>st</sup> March 2026). This includes progress made, high level risks/issues, good news stories and any impact made so far.				
<b>The benefits that the population of Greater Manchester (GM) will experience.</b>		Transparency of the Stockport locality assurance				
<b>How health inequalities will be reduced in GM communities.</b>		Inequalities are addressed as part of the deliverables.				
<b>The decision to be made and/or input sought</b>		The One Stockport Health and Care Board is asked to note the content of the report.				
<b>How this supports the delivery of the strategy and mitigates the BAF risks</b>		Provides information relating to risk - Failure to achieve statutory duties including the NHS Constitutional targets				
<b>Key milestones</b>		Continual monitoring				
<b>Leadership and governance arrangements</b>		Following approval at the One Stockport Executive Group.				
<b>Engagement* to date</b>		None				
<b>*Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.</b>						
Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	N	N	N	N	N	Y

## Introduction

### One Stockport Health and Care Delivery Plan (2025/26)

- 1.0 The Locality Health and Care Delivery Plan sets out the high-level system-wide programmes of the One Health and Care Plan 2024-2029, and the transformation work in year 2 (2025-2026). The plan contains transformational workstreams as part of Stockport's Sustainability Plan proposals.
- 1.1. Transformational programmes within the plan include:
- Mental health, learning disabilities and autism,
  - Elective care, cancer and palliative and end of life care,
  - Safe and timely discharge (and urgent and emergency care),
  - Live Well (formerly our neighbourhood programme that consists of our Connected Communities pillar and Collaborative Health and Care),
  - Improving access to primary and community care,
  - Improving the cost of living and anti poverty work,
  - Maternity and children and young people, and,
  - Delivering adult social care.
- 1.2. The delivery plan was previously presented to the One Health and Care Board in the summer of 2025 with a proposal to present progress against the intended deliverables via 'flash reports' after six months, and after twelve months. Six-month progress was reported to the Board in November 2025. The accompanying report features the flash reports.
- 1.3. Flash reports on our enabler work programmes (Quality, Finance, Workforce and Carers, Estates, Community Voices and Information and Technology) were shared earlier this year.

### High level overview

- 2.0 In our delivery plan for 2025/26, we set out 42 aims across our 2025/26 programmes that encompassed 74 deliverables. At year end, 44 were identified as 'completed' (60%), 6 were 'delayed' (8%), 18 are 'ongoing' (24%), 4 were 'not achieved' (5%), and 2 were 'paused' (3%).
- 2.1 Many of the aims set out in our 2025/26 plan were aims to be achieved over multiple years. This means that whilst some work as part of the aim is defined as 'completed', the aim itself may not

be completed, and further work will be required in 2026/27 and beyond. This may also account as to why 24% of work is defined as 'ongoing'. The 2 paused projects relate to deliverables that have since been superseded by the National Neighbourhood Implementation Programme (NNHIP).

2.2 Of the 4 deliverables 'not achieved', 2 were dependent on core standards being delivered by NHS Greater Manchester (central team) to support community services, 1 was target focussed (virtual ward occupancy), and 1 was the plan to commission effective community bed capacity to support hospital flow, as part of Safe and Timely Discharge.

2.1 Delayed deliverables:

### **Mental Health (MH), Learning Disabilities and Autism**

- Supporting people with dementia: Agreed future utilisation of Saffron Ward (1a4) Pennine Care Foundation Trust (PCFT) have sustained bed optimisation / utilisation of Saffron ward. An options appraisal for future use to best support the system need is overdue. Progress has been impacted by NHS reforms.
- Community Mental Health Transformation: Voluntary Community Faith Social Enterprise (VCFSE) procurement, mobilising mental health neighbourhood model, recruitment to the model (1c / 4b4).  
There have been delays in recruitment of management due to a candidate being appointed then withdrawing, forcing the recruitment process to restart. Further interviews were undertaken 14<sup>th</sup> May. At PCFT level, this service is being transformed and rebranded as the Stockport Neighbourhood Mental Health Team to align with recent government directives outlined in the 10-year plan.

### **Safe and Timely Discharge and Improving urgent and Emergency Care**

- Develop Stockport's intermediate care offer: Review of current Intermediate Care bedded capacity (4 Discharge to Assess (D2A) units and Saffron ward) (3a4) Bramhall exited the market from September 2025. The plan was to mitigate the reduced number of commissioned beds by recommissioning 17 beds and better utilise Saffron ward. Further bed commissioning proved challenging as no substantial market availability. The system relied on spot purchase for D2A need where required. Mitigations included action to increase home first and improve integration between the transfer of care hub and the ASC REACH team to reduce delays, improve utilisation of all bed capacity and reduce length of stay in community beds. Additional transport services from Age UK support discharge in times of pressure, and additional home care support funded for March 26 supported Pathway 1, and 7-day service.
- Improve hospital front door processes: Sustain improvement to triage (95% within 15 mins) (3b1).  
Additional triage Staff have been recruited allowing more triage resource at peak times. Streaming is in place from the Rapid Access Unit to both medical and surgical Same Day Emergency Care (SDEC) and the Urgent Treatment Centre) as appropriate and there's been an improvement in streaming to Medical SDEC/Frilty SDEC.

### Improving the cost of living and anti poverty

- Power and Voice – supporting residents to have a voice and influence: Delayed delivery regarding poverty awareness training. Plan to launch training in June 2026.

### Delivering Adult Social Care

- Working in Partnership: Implement a trusted assessor model to support delivery of reviews (8c3).  
We continue to explore options to develop and deliver a trusted assessor and reviewer model for Stockport. This is currently being tested with our in-house provider, with a review to expansion into the external sector in due course.

## 2.2 Good news stories:

Whilst transformation work continues, there are plenty of good news / success stories reported for 2025/26 and work that has resulted in impact for our residents. These include:

**A new Offerton Memory hub** is now supporting people with Dementia, and cognitive problems.

The **extension of Children and Adolescent Mental Health Services up to 18 years of age** is place (Mental Health, Learning Disabilities and Autism)

**Good uptake of targeted lung health screening programme** by Stockport residents. Of those diagnosed with lung cancer as part of the programme, 58.1% have been diagnosed at stages 1 and 2. This against the GM average of between 51% and 52%. Early diagnosis will mean early treatment and improved prognosis. (Elective, Cancer and Palliative and End of Life)

**Long waiting times (>65 weeks from referral to treatment) for Stockport residents reduced to zero** as of February 2026. Additional clinical staff recruited in year across services to support ongoing referral to treatment recovery (Elective Care).

**Our Intermediate Care Strategy** has been signed off by the One Health and Care Board. The **St Thomas's build is ahead of schedule** and a **new Frailty consultant** is in place at Stockport Foundation Trust. (Safe and Timely Discharge)

**Live Well Executive Board** is up and running bringing together partners to oversee the Live Well programme and making important connections. **Stockroom, our flagship Live Well centre is in place** ahead of the target date. **Work and Skills navigators and neighbourhood coordinators are now in place** and showcased their great work to Mayor Andy Burnham and ICB Chief Executive. Stockport was **successful in becoming part of the National Neighbourhood Implementation Programme**. The **Health and Social Care Academy was launched** in January, with some people from the cohort securing employment.

**Stockport GP practices delivered a higher rate of appointments** compared with peer localities across Greater Manchester. (Live Well)

Stockport continues to improve on the GP patient survey and have **some of the top performing practices in the country.**

**£3.06m of prescribing Cost Improvement Plan (CIP) savings were delivered** by March 2026. (Improving access to Primary and Community Care and Medicines Optimisation)

In 2025/26, the **Resident Advice and Support Alliance have helped 45,626 residents' access £27,711m in new cash gains** (benefits, one-off payments, debt written off). **The Household Support Fund phase 7 has supported >35k households, £2,076m distributed in Family Support Vouchers, £0.546m spent in crisis & discretionary awards.** (Cost of living and anti-poverty)

**The Balanced system delivers significant reduction in the number of children waiting** and their time waiting for Speech and Language Therapy. We **successfully expanded funded childcare to eligible families.** We delivered strong breastfeeding performance; the **infant feeding team achieved the prestigious UNICEF Baby Friendly Award.** (Maternity and CYP).

We supported more people to avoid admissions to hospital where the need is mainly social by including an **Adult Social Care Practitioner in the Single Point of Access** (formerly the role in the crisis team). We have improved our approach to Tech enabled care with two Senior **Tech Enabled Care (TEC) officers now in place** and we have two experts by experience working as TEC leads informing practice. **Funding has been secured to continue with the Making Every Adult Matter programme,** with stronger links into primary health services. (Adult Social Care).

2.3 Further details are found in the flash reports.

# One Stockport Locality Delivery Plan 2025 – 2026 (v1.4)

End of Year Report  
Progress as of 31<sup>st</sup> March 2026



# Delivery Programme Flash Report

## Mental Health, LD and Autism

<b>Period Ending: Quarter 4</b>		<b>SRO: Tim McDougall</b>																																			
<b>Delivery Plan Aims 2025/26</b>		<b>High Level deliverables/Outputs</b>																																			
<p><b>1a.</b> Improve the way we support people with dementia to remain independent and well as far as possible</p> <p><b>1b.</b> Improve the Mental Health Urgent Care Pathway</p> <p><b>1c.</b> Continue the Community Mental Health Transformation to support access to mental health in the community</p> <p><b>1d.</b> Implement components of Children and Young People (CYP) neurodevelopment pathway to shift to an early help/needs led model</p> <p><b>1e.</b> Improve CYP Access to Mental Health Services</p>		<p>1a1. Establish a Dementia Hub, 1a2. Agreed a crisis pathway, 1a3 Review of Saffron utilisation and 1a4 Define future utilisation</p> <p>1b1. Initially implement MH dashboard, 1b2. Crisis pathway, 1b3. Continued reduction in Out of Area Placements 1b4. Reduce Long Length of Stay for all inpatient pathways</p> <p>1c. Voluntary Community Faith Social Enterprise (VCFSE) procurement, mobilising mental health neighbourhood model, recruitment to the model</p> <p>1d. Introduce use of screening tools and a neuro diverse (ND) profiling tool</p> <p>1e1. Enhanced MH support teams in schools, 1e2. Full implementation of whole school approach, 1e3. Full mobilisation of CYP crisis pathway, 1e4. Full extension of CAMHS to 18 years, 1e5. Reduce CYP waits</p>																																			
<b>Status</b>		<b>Key Risks/Issues</b>																																			
<table border="1"> <thead> <tr> <th>Aim</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>1a1</td> <td>Complete</td> </tr> <tr> <td>1a2</td> <td>Complete</td> </tr> <tr> <td>1a3</td> <td>Complete</td> </tr> <tr> <td>1a4</td> <td>Delayed</td> </tr> <tr> <td>1b1</td> <td>Complete</td> </tr> <tr> <td>1b2</td> <td>Ongoing</td> </tr> <tr> <td>1b3</td> <td>Complete</td> </tr> <tr> <td>1b4</td> <td>Complete</td> </tr> <tr> <td>1c</td> <td>Delayed</td> </tr> </tbody> </table>	Aim	Status	1a1	Complete	1a2	Complete	1a3	Complete	1a4	Delayed	1b1	Complete	1b2	Ongoing	1b3	Complete	1b4	Complete	1c	Delayed	<table border="1"> <thead> <tr> <th>Aim</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>1d</td> <td>Complete</td> </tr> <tr> <td>1e1</td> <td>Complete</td> </tr> <tr> <td>1e2</td> <td>Ongoing</td> </tr> <tr> <td>1e3</td> <td>Complete</td> </tr> <tr> <td>1e4</td> <td>Complete</td> </tr> <tr> <td>1e5</td> <td>Ongoing</td> </tr> </tbody> </table>	Aim	Status	1d	Complete	1e1	Complete	1e2	Ongoing	1e3	Complete	1e4	Complete	1e5	Ongoing	<p>1.a4. Risk – VCSFE partners and Estate footprint are dependent on funding / resource being agreed. Mitigations – Current review of roles commissioned and exploring Live Well resource opportunities. Interviews being held in May2026.</p> <p>1.a.4 Saffron sustained bed optimisation / utilisation. Mitigations – Pennine Care Foundation Trust (PCFT) reviewing utilisation data for an options appraisal on future use. Progress impacted by NHS reforms.</p> <p>1c. There have been delays in recruitment of management due to a candidate being appointed then withdrawing, forcing the recruitment process to restart. Further interviews were undertaken 14th May. At PCFT level, this service is being transformed and rebranded as the Stockport Neighbourhood Mental Health Team to align with recent government directives outlined in the 10-year plan. Interviews for recruitment to the model being held in May 2026.</p> <p>1c.Development of multi- agency triage panels for referrals for diagnostic ND assessments - delay due to capacity within NCA.</p> <p>1d.Profiling tool currently being utilised however ND hub mobilisation has delays GM wide. Mitigations – roll out of ND hubs – Stockport plan is January 2026 - April 2026.</p> <p>1e. Reduce CYP waits - ability to achieve this is dependent upon implementation of refreshed GM Core Children and Adolescent Mental Health Service specification and GM Neuro Development transformation work.</p>	
Aim	Status																																				
1a1	Complete																																				
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<b>Good News Stories/ Success</b>		<b>Impact of work programmes so far</b>																																			
<ul style="list-style-type: none"> <li>Implementation of GM Triage tool for referrals to CAMHS for ND assessment ensuring CYP with most need are offered assessment at earliest opportunity</li> <li>MH Crisis Pathway review GM wide – ongoing work to inform commissioning intentions and innovation.</li> <li>Employment of Parent Link worker in CAMHS – is a positive step to supporting CYP and their families ensuring the CYP voice is heard and informs service delivery .</li> <li>Offerton Memory hub is now live supporting people with Dementia</li> <li>PCFT have launched the Neighbourhood Living Well model in Stockport and moving to align to the National community framework</li> </ul>		<p>1b. Improved data to support SEND inspection, inform recovery plans and support better understand cohort and access</p> <p>1b. New 111 in place for MH, new 136 suites developed.</p> <p>1c. Neighbourhood team has been reinvigorated with VCFSE monies for sustainability</p> <p>1d. Better use of Data use: Dashboards and “Big Picture” insights developed to guide planning ongoing work SEND dashboard.</p> <p>1e. Extension of CAMHS up to 18 years of age in place as of 1<sup>st</sup> September 2025, is key preventative measure and strengthens transitioning arrangements.</p>																																			

# Delivery Programme Flash Report

## Cancer and Palliative and End of Life Care

**Period Ending: Quarter 4** **SRO: Gale Edwards**

**Delivery Plan Aims 2025/26** **High Level deliverables/Outputs**

**2a.** Improve earlier detection of cancer and survival rates  
**2b.** Improve the co-ordination and care for people requiring palliative and end of life services  
**2c.** Improve efficiencies in service delivery in palliative care

**2a.** Year 2 rollout of the Targeted Lung Cancer Screening Programme in The Heatons Primary Care Network (PCN), Stockport East and South PCN, Bramhall and Cheadle Hulme PCN.  
**2b.** Targeted approach to Embed Electronic Palliative Care Coordination System (EPaCCS) in PCNs with lower use to record treatment, including requests of how patients wish to be cared for and decisions on care. Use Greater Manchester (GM) Care Record dashboard to inform which organisations are using the dashboard then engage the local workforce. Baselineing and actions scheduled for quarters 3 and 4.  
**2c.** Review service delivery in line with the frailty workstream to identify opportunities to better support care for palliative and end of life

**Status** **Key Risks/Issues**

Aim	Status
2a	Completed
2b	Paused
2c	Paused

**2a.** Full rollout will require the onboarding of Cheadle PCN planned for June 2026.  
**2b.** Paused and superseded by National Neighbourhood Implementation Programme (NNHIP) ambitions.  
**2c.** Frailty workstream paused. Our focus changed to deliver the NNHIP tests of change within neighbourhoods rather than system-wide transformation in quarters 3 and 4. This enables rapid learning on what works in practice and demonstrating the value of neighbourhood-based delivery. Building on this learning, the Stockport Frailty and End of Life group will be re-established to support a more coordinated and consistent system-wide approach.

**Good News Stories/ Success** **Impact of work programmes so far**

Continued good uptake of targeted Lung Cancer Screening Programme by Stockport residents. Of those diagnosed with lung cancer as part of the programme, 58.1% have been diagnosed at stages 1 and 2. This against the GM average of between 51 and 52%. Eligible Cheadle PCN patients will be invited towards the end of June.

This Van Can raising awareness about cancer risks, signs, symptoms visited Stockport over 6 dates through the autumn/winter. They visited areas of high footfall in the Locality providing people with the opportunity to ask questions, obtain information regarding signs/symptoms of cancer. There was good engagement from members of the public.

**2a.** Stockport continues to have some of the highest uptakes of NHS screening programmes in GM leading to increased early diagnosis rates.. This is supported by Public Health colleagues especially in practices where there is lower uptake/high number of non responders/failed to attend  
**2b.** Up until November 2025, use of EpaCCS in some PCNs have doubled in volume compared to November 2024.

# Delivery Programme Flash Report

## Elective Care

<b>Period Ending: Quarter 4</b>	<b>SRO:</b>
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<b>Delivery Plan Aims 2025/26</b>	<b>High Level deliverables/Outputs</b>
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<b>2d.</b> Reduce elective waiting times – specifically the reduction in incomplete >65 week waits (referral to treatment). This is a multi year workstream.	<b>2d.</b> Reduced incomplete 65 week waits - Trusts working with GM to reduce waits for admissions, diagnostics and outpatient appointments through harnessed digital innovation, including virtual outpatients and telehealth, advice / alerts, patient initiated follow ups and single point of access referral gateways
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<b>Status</b>	<b>Key Risks/Issues</b>
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Aim	Status	<b>2d.</b> Current long waits <ul style="list-style-type: none"> <li>Overall waits waiting 65 weeks was zero at the end of February 2026, however, some specialities have seen a growth in their waiting times.</li> <li>There is growth in Ophthalmology waiting list, and capacity challenges in the adult squint service.</li> <li>Increase in paediatric Attention Deficit Hyperactivity Disorder (ADHD) waiting list.</li> <li>Overall RTT waiting list size fell slower than planned during 2025-26, primarily driven by increases in Ophthalmology and Paediatric ADHD wait lists.</li> <li>Long waits for first appointments continue to drive overall RTT long wait pressures in several specialties.</li> <li>Orthopaedic knee admitted waiting list is a pressure.</li> </ul>
2d	Complete as a deliverable given there's been a reduction seen in 65 week waits but work continues to reduce waiting times.	

<b>Good News Stories/ Success</b>	<b>Impact of work programmes so far</b>
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<ul style="list-style-type: none"> <li>Trust reduced the number of patients waiting more than one year for elective treatment by 86% in 2025-26.</li> <li>Trust surpassed plan for RTT 18 week performance, achieving a 7 point improvement over the year (62.2% March-26).</li> <li>Trust successfully delivered on commitments within the Q4 National RTT Sprint plan.</li> <li>Trust over delivered on plan to reduce 1st Outpatient appointment wait times. 69.7% waiting less than 18 week for 1st appointment (March-26) against a plan of 67%</li> <li>Additional GM ICB funding agreed within 2026-27 Trust contract to support RTT delivery</li> </ul>	<b>2d.</b> <ul style="list-style-type: none"> <li>Contracts in place with Independent Sector providers to support delivery of additional activity to reduce wait times</li> <li>Additional clinical staff recruited in year across services to support ongoing RTT recovery</li> <li>New Outpatient transformation programme launched focusing on elective Single Point of Access implementation and reduction of low value/low risk outpatient follow up appointments</li> </ul>
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# Delivery Programme Flash Report

## Safe and Timely Discharge and Improving Urgent and Emergency Care

**Period Ending: Quarter 4**      **SATD SRO: Philippa Johnson**

**Delivery Plan Aims 2025/26**      **High Level deliverables/Outputs**

**3a.** Develop Stockport’s intermediate care offer to support people to remain well and independent at home for as long as possible  
**3b.** Improve hospital front door processes to reduce wait in emergency departments

**3a1.** Community Urgent Treatment Centre in all-year-round Stockport out of hospital offer, 3a2. Integrated hub and Adult Social Care (ASC) teams, 3a3. Increased Virtual Wards occupancy from 65%-80%, 3a4. Review of current Intermediate Care bedded capacity (4 Discharge to Assess (D2A) units and Saffron ward), 3a5. Commissioned effective community bed capacity to support hospital flow. 3a6. Review capacity and demand and plan for the delivery of the St Thomas’s development (March 2027).  
**3b1.** Sustain improvement to triage (95% within 15 mins), 3b2. Implement streaming from Rapid Assessment Unit (RAU) to other available Same Day Emergency Care (SDEC) or Clinical Decision Unit (CDU). 3b3. Improve streaming to medical SDEC, CDU fit to sit. 3b4. Re-implement frailty SDEC.

**Status**      **Key Risks/Issues**

Aim	Status
3a1	Complete
3a2	Complete
3a3	Not achieved
3a4	Delay due to reform
3a5	Not achieved: market constraint
3a6	Ongoing
3b1	Delayed
3b2	Complete
3b3	Complete
3b4	Complete

**3a.** Bramhall exited the market from Sep 25. The plan was to mitigate the reduced number of commissioned beds by recommissioning 17 beds and better utilise Saffron ward. Further bed commissioning proved challenging as no substantial market availability. The system relied on spot purchase for D2A need where required. This process delays flow and creates higher No Criteria to Reside (NCTR). D2A bed provision remained at 65 commissioned beds compared to planned 82 beds. Spot purchase beds averaged 15 per calendar month since Sep 25. Saffron monthly average occupancy was 19 beds out of 23 - April 25 - March 26 (noting 7 days closure to flu in Dec 25 and 6 days closer to plumbing March 26)  
 Action was taken to increase home first and improve integration between the transfer of care hub and the ASC REACH team to reduce delays, improve utilisation of all bed capacity and reduce length of stay in community beds. Additional transport services from Age UK support discharge in times of pressure, and additional home care support funded for March 26 supports Pathway 1, and 7-day service. Alternatives to the Emergency department include work to improve care co-ordination and deliver a Single Point of Access (SPoA), whilst pathways support out of hospital urgent care. A single telephone number for the SPOA mobilised in December 2025.

- The Community UTC was delivered to plan, and St Thomas is on track for delivery in 26/7.

**3b.** Risk to meeting the target - March performance within 15 mins was approximately 65% showing a steady and sustained improvement with average time to triage being 16 mins. Additional triage Staff have been recruited allowing more triage resource at peak times. Streaming is in place from RAU to both medical and surgical SDEC and the UTC as appropriate and there’s been an improvement in streaming to Medical SDEC/Frailty SDEC.

- A new pathway for GP or Outpatient referred admissions directs to Medical SDEC. The North West Ambulance Service pathway is also live targeting 230 patients per week.
- Leadership of the department from both an operational and nursing perspective has been restructured to avoid conflicting strategic direction and ensure continuity

**Good News Stories/ Success**      **Impact of work programmes so far**

**3a.** IMC strategy signed off at Locality Board  
 St Thomas’s build ahead of schedule  
 Community UTC contract in place for whole year at 48 appointments per day

**3b.** Frailty - new consultant in place.

**3a.** Community UTC in operation and delivered up to 5% against the 4-hour care standard  
 March ED performance 70.1% (below plan of 78%)

**3b.** Frailty - new consultant in place. Exploring opportunities to commence weekly MDT with H@H and a dedicated frailty line for MasterCall to support advice and guidance and admission avoidance

- Improved streaming to and from CDU
- Achieved daily average of 40 patients in March, however performance against the 4hr standard is falling below trajectory, mostly apportioned to long wait to be seen prior to referral to CDU. Wait to be seen is a workstream in the 26/27 UEC improvement programme.
- Bed utilisation much better, routinely at full occupancy. Bed base utilised by multiple specialties with LOS and flow monitored via daily site meetings.

# Delivery Programme Flash Report

## Live Well - Connected Communities and Places

**Period Ending: Quarter 4** **SRO: Chris McLoughlin**

**Delivery Plan Aims 2025/26** **High Level deliverables/Outputs**

**4a. Connected Communities and Places**  
**4a1.** Develop Centres, Spaces and Offers  
**4a2.** Enhance Work and Skills  
**4a3.** Deliver Neighbourhood Model  
**4a4.** Ensure VCFSE Collaboration  
**4a5.** Programme Enablers (inc. Fair and Inclusive)

Since the delivery plan for 2025/26 was agreed there have been some updates to the governance structure for the Live Well programme. To recognise the importance of the fair and inclusive workstream it is now being reported as a cross-cutting theme, spanning both Connected Communities and Places and Collaborative Health and Care.

4a1.1 Deliver Live Well centres and spaces, building on the family hubs model. With a flagship site being in place by 31<sup>st</sup> March  
 4a1.2 Develop and deliver the Live Well offer which will be available both digitally and from our live well centres and spaces.  
 4a2 Increase work and skills navigators and integrate the work and skills offer as part of the Live Well programme.  
 4a3 Neighbourhood coordinators to be in place, delivering three neighbourhood network meetings per year. Develop and deliver neighbourhood action plans.  
 4a4 Deliver investment and funding opportunities for the VCSFE sector, supporting communities to improve their involvement in decision making processes.  
 4a5 Enable residents of Stockport to access financial support and advice in neighbourhoods  
 4a5 Deliver Welcome to Live Well training, strengthening partnerships between communities and organisations

**Status** **Key Risks/Issues**

Aim	Status
4a1.1	Flagship centre completed, programme to continue throughout 26/27
4a1.2	First iteration live, programme to continue throughout 26/27
4a2	Completed
4a3	Completed
4a4	Ongoing
4a5	Ongoing

4a Following feedback from partners about the length of the Welcome to Live Well training, a purposeful pause has been taken, and the training has been refreshed. A blended model of training is now available including, in person in neighbourhoods, online, outreach to teams. The team are also developing seven-minute briefings. Dates for new training will be launched imminently.

4a The pre-election period has delayed communication regarding the onboarding of Live Well Centres and the launch of the community grant round. Plans are in place to move at pace following local elections on 7<sup>th</sup> May.

**Good News Stories/ Success** **Impact of work programmes so far**

**4a1** Stockroom, our flagship Live Well centre was in place ahead of the target date of 31<sup>st</sup> March. Further development of the Shell space will enable more Live Well offers to be delivered from the space. A virtual live well centre is available on the council website, with digital toolkits in place for staff. Work and skills navigators now in place.  
**4a4** A second round of Live Well Implementation Fund has been announced for the Stockport Locality for 26/27. A minimum of 50% must be passed to VCSFE sector, with the rest being available to support centres, spaces and offers and the wider Live Well Programme.  
**4a5** The Health and Social Care Academy was launched in January, with some people from the cohort securing employment

**4a1.** Over 3000 people access Stockroom everyday, offers are being developed based on community need and now include birth registrations, infant feeding clinic and work and skills support.  
**4a2.** Since 2024, there have been over 600 referrals into Work Well. 65% of participants have remained in or returned to work. 80% of referrals have come through primary care, demonstrating strong relationships and partnership working.  
**4a3.** Turning Brinnington Blue is a community led men’s mental health initiative working with Mentell to take support directly into everyday local spaces, moving away from seeking help in clinical settings or in crisis. It responds to a locally identified gap, men reported that there was no accessible local mental health support.

# Delivery Programme Flash Report

## Live Well - Collaborative Health and Care

**Period Ending: Quarter 4** **SRO: Chris McLoughlin**

**Delivery Plan Aims 2025/26**

**4b1.** Improve access to GP appointments and patient experience  
**4b2.** Multi Disciplinary Teams (aligned to population health management, Team Around the Practice, Multiple Disadvantage)  
**4b3.** Integrated Pathways (Diabetes, Cardiovascular disease, Alcohol Related Harm, Frailty)  
**4b4.** Community Mental Health (Living Well) – covered under 1c  
**4b5.** Urgent Focused Community focused neighbourhood services (Out of hospital urgent community care)  
*ASC actions outlined in Delivering ASC slide*

**High Level deliverables/Outputs**

4b1 Move to modern general practice access model with delivery of a capacity and access improvement plan to improve access and reduce call wait times  
 4b2.1 Established functions and priorities of Area Leadership Teams (ALTs)  
 4b2.2 Develop a proactive care approach using an integrated multidisciplinary team approach  
 4b3.1-3.4 Improve care pathways between system partners, ensuring a focus on reducing unwarranted variation and embedding neighbourhood approaches in diabetes, frailty, alcohol related harm and CVD  
 4b4. Neighbourhood mental health team model mobilised  
 4b5.1 Single Point of Access (SPOA) with Integrated Care Co-ordination implemented  
 4b5.2 Up to date directory of services  
 4b5.3 Conclude the phases of our Alternatives to Emergency Department (ATED) pilot building on the work done so far

**Status**

**Key Risks/Issues**

Aim	Status	Aim	Status
4b1	Complete	4b4/1c	Delayed (in progress)
4b2.1	Complete	4b5.1	Complete
4b2.2	Ongoing	4b5.2	Complete
		4b5.3	Complete
4b3.1	Complete		
4b3.2	Complete		
4b3.3	Complete		
4b3.4	Complete		

**4b1.** In-year GP contract changes focused on access have created some operational challenges for practices moving to total triage models, particularly in relation to consistent risk identification and management  
**4b2.** Provider capacity to release teams to work proactively in a multidisciplinary approach due to system pressures and lack of digital interoperability which presents further barriers  
**4b3.** Significant progress has been made across the system; however, transformation at scale has been constrained by limited project management capacity due to NHS reforms and business continuity, impacting the pace of delivery  
**4b4./ 1c** Delayed governance for MH neighbourhood team model implementation and funding for VCFSE elements however this is now in the process of being rolled out  
**4b5.** The Stockport SPOA was implemented in December 2025 however further work is underway to optimise care coordination as a priority for 2026/2027.  
**4b5.** The ATED exercise has been completed; however, several significant pathway-related actions were identified as part of the work. These actions require further development and delivery and have been incorporated into this year’s programme

**Good News Stories/ Success**

**Impact of work programmes so far**

- Pathway in place with Carecall pendant alarm company and Urgent Care Response
- Diabetes education programme mobilised for Stockport Healthcare Professionals and specialist interest group launched
- All Stockport Practices have moved to Modern General Access Model (MGPAM) and have delivered on the PCN capacity and access improvement plans
- Stockport GP practices deliver a higher rate of appointments compared with peer localities across Greater Manchester and benchmark strongly against national comparators

The Stockport SPOA was implemented in December 2025 however further work is underway to optimise care coordination as a priority for 2026/2027

The strong infrastructure of ALTs and Stockport’s previous approach to frailty has supported quick identification and design on agreed tests of change for the National Neighbourhood Health Implementation Programme (NNHIP)

As part of the NNHIP programme, partners have worked together through MDT approaches across neighbourhoods, the learning from this will support us to shape the development of our neighbourhood “team of teams” model and strengthen integrated working across services.

# Delivery Programme Flash Report

## Improving access to Primary and Community Care and Medicines Optimisation

**Period Ending: Quarter 4** **SRO: Gale Edwards**

**Delivery Plan Aims 2025/26** **High Level deliverables/Outputs**

**5a.** Population Health Management – to support Area Leadership Teams (ALT’s) with proactive care  
**5b.** Ensure locality community services support the delivery of the locality plans, and align with the Neighbourhood model at place  
**5c.** Ensure effective use of medicines across the borough

5a. Population Health profiles for PCNs and Neighbourhoods  
 5b.1 Develop a core community services offer, Not achieved. Awaiting GM to develop core standards and push down for local implementation.  
 5b.2 Embed core standards for community services. Not achieved. No core standards received from GM.  
 5b.3 Review of community services provision against the population need and support the reduction in community waits to manage population need.  
 5c. Delivery of efficient and effective model of medicines optimisation that includes cost improvements against plan and reduction in antimicrobial risk through prescribing in line with National Target.

**Status** **Key Risks/Issues**

Aim	Status
5a	Complete
5b1	Not achieved
5b2	Not achieved
5b3	Partially complete
5c	Complete

**5b.** A significant risk is our reliance on the GM programme to develop core standards, which affects our locality's ability to meet key deliverables. To mitigate this, a subgroup meets every eight weeks with the provider to align community services with the 'Live Well' initiative. Work needs to be undertaken in 26/27 to map the neighbourhood population health plans and align community service capacity to meet the needs.

**5c.** Prescribing budget spend growth is highest in GM, due to early adoption of novel agents, particularly in diabetes management such as Continuous blood Glucose Monitoring (CGM), GLP-1’s, Tirzepatide, and is set to continue with publication of NICE NG28 and Weight loss integrated into QOF. We are aligned with preventative medicines, long term condition management and left shift in NHS 10-year plan. Medicine supply issues affecting availability and price due to Global events & US price regulation.

**Good News Stories/ Success** **Impact of work programmes so far**

Safer Prescribing Need Dashboard live April 2026, will support identifying patients with highest unmet need due to polypharmacy, frailty, anticholinergic burden & support the National Neighbourhood Implementation Programme.  
 Stockport Promazine Quality Improvement Project in collaboration with Pennine Care Foundation Trust and SIPS recognised with award for Best Quality Improvement Project at College of Mental Health Pharmacy conference 2025 and presented at Clinical Pharmacy Congress North 2025.  
 Stockport continues to improve on the GP patient survey and have some of the top performing practices in the country.

5c. £3.06m of prescribing Cost Improvement Plan (CIP) savings delivered by SIPS at March 2026. An average of 3700 medication reviews carried out per month by SIPS team. Patient satisfaction levels remain excellent. 98% of patients rate SIPS as good or very good. Stockport has lowest Drugs of Dependence forming medicines in GM, and lowest prescribing unmet need. Prescribing Cost per Age-Sex Related Prescribing Units 43.72, below GM and England Average.

# Delivery Programme Flash Report

## Improving the cost of living and anti-poverty

<b>Period Ending: Quarter 4</b>		<b>SRO: Jilla Burgess-Allen</b>	
<b>Delivery Plan Aims 2025/26</b>		<b>High Level deliverables/Outputs</b>	
<p><b>6a.</b> Maximising income through work  <b>6b.</b> Maximise income through benefits  <b>6c.</b> Prevention –working with children, young people and their families  <b>6d.</b> Dealing with crisis  <b>6e.</b> Power and Voice – supporting residents to have a voice and influence.</p>		<p><b>6a1.</b> Stockport Skills and Employment Plan - completed.</p> <ul style="list-style-type: none"> <li>GM Economic Inactivity Trailblazer - since launch in September 2025, 36 Stockport residents supported into paid work experience placements</li> <li>Economic Inactivity Community Grants - £100K allocated to 6 VCFSE organisations via Sector 3 to test new approaches to employability support for key cohorts. To date, 176 individuals supported.</li> <li>Work &amp; Skills Navigators - supported 172 people by the end of March 2026. The Navigators have become an integrated part of the local Live Well offer.</li> <li>78 people have been supported by the Refuge Welcome Programme in Stockport.</li> </ul> <p><b>6a2.</b> GM Good Employment Charter - 120 Stockport employers now signed up to GEC, up from 112. Now have 85 Living Wage employers in the Stockport)</p> <p><b>6a3.</b> In Work Progression Employment support - supported 175 people to enable them progress or supported to find alternative employment with &gt; earnings</p> <p><b>6a4.</b> WorkWell Programme - supported 515 residents with a health condition Dec 24 to 31 March 26. WorkWell funded for 3 years from 2026/27.</p> <p><b>6b.</b> Successful delivery of proactive benefit uptake via Resident Advice &amp; Support Alliance (RAS) – see Good News Stories</p> <p><b>6c.</b> Poverty Proofing in Schools – during 25/26 academic year, a further 6 Primary schools and 3 Secondary Schools will begin working on the Poverty Proofing Stockport programme. This will increase the number of schools to complete an audit from 43 to 49. ReLoved Uniform For All launched in April 2025 and received over 2.6 tonnes of donations and supported 855 pupils with pre-loved school uniform.</p> <p><b>6d.</b> Household Support Fund Phase 7 – delivery complete – see Good News Stories</p> <p><b>6e.</b> New Integrated Impact Assessment launched Autumn 2025. Disability Stockport commissioned to set up and facilitate an Anti-Poverty Network and first meeting held in Feb 2026.</p>	
<b>Status</b>		<b>Key Risks/Issues</b>	
<b>Aim</b>	<b>Status</b>	<p><b>6a.</b> N/A</p> <p><b>6b.</b> HSF7 ends March 2026 but is replaced by the Crisis &amp; Resilience Fund. CRF confirmed for 3 years until March 2029 - £3.500m per year. This is 17% (£0.653m) less than grant for HSF7.</p> <p><b>6c.</b> N/A</p> <p><b>6d.</b> As 6b.</p> <p><b>6e.</b> Delayed delivery regarding Poverty awareness training. Plan to launch training in June 2026.</p>	
6a1- 6a4	Completed		
6b	Ongoing		
6c	Ongoing		
6d	Completed		
6e	Delays in delivery		
<b>Good News Stories/ Success</b>		<b>Impact of work programmes so far</b>	
<p>In 2025/26, the RAS Alliance has helped 45,626 residents access £27,711m in new cash gains (benefits, one-off payments, debt written off). Household Support Fund phase 7 – supported &gt;35k households, £2,076m distributed in Family Support Vouchers ,£0.546m spent in crisis &amp; discretionary awards</p>		<p><b>6a.</b> Contributing to greater resilience amongst individuals and increased household income leading to reduced inequalities</p> <p><b>6b.</b> Contributing to greater resilience amongst individuals and increased household income leading to reduced inequalities</p> <p><b>6c.</b> Tackling inequalities through increased awareness of the impact of poverty within schools and reviewing school policies</p> <p><b>6d.</b> Provision of crisis support as a gateway to accessing wider resilience support leading to reduced inequalities</p> <p><b>6e.</b> Improved decision-making across council</p>	

# Delivery Programme Flash Report

## Maternity, Children, Young People and SEND

<b>Period Ending: Quarter 4</b>		<b>SRO: Chris McLoughlin</b>	
<b>Delivery Plan Aims 2025/26</b>		<b>High Level deliverables/Outputs</b>	
<p><b>7a.</b> Maternity and Neo Natal Transformation Programme - Implement the 3-year Delivery Plan</p> <p><b>7b.</b> Children's Therapies Transformation - Final phase of balanced system implementation for Speech and Language Therapy in early years settings</p> <p><b>7c.</b> Implement our Healthy Child programme</p>		<p><b>7a</b> The Maternity &amp; Neonatal 3-Year Delivery Plan concluded 31<sup>st</sup> March 2026. Modified Early Warning Scores and Neonatal Early Assessment and Treatment System, implementation of the optimisation bundle for preterm infants, Implementation of maternity equity standards,</p> <p><b>7b.</b> Further development of the Speech Language Therapy (SLT) Communication Local Offer, Alignment of Occupational Therapy (OT)/Physiotherapy (PT) to the Balanced system</p> <p><b>7c.</b> Improved health visiting, school nursing and family nurse partnership offer opportunities</p>	
<b>Status</b>		<b>Key Risks/Issues</b>	
<b>Aim</b>	<b>Status</b>	<p><b>7a.</b> Local Maternity and Neonatal System (LMNS) confirm no current risks specific to Stockport Maternity Services- Significant national scrutiny and recommendations coming down the line for Maternity Services potential for ICB reform to destabilise</p> <p><b>7b.</b> National workforce challenges</p> <p><b>7c.</b> Sustainability of workforce in context of increasing demands and complexity of cases. Gap in outcomes continue to demonstrate borough polarisation. Healthy child focus on targeted evidence-based interventions &amp; integrated working bringing more core 0-19 services into Family Hubs</p>	
7a	Complete		
7b	Ongoing		
7c	Ongoing		
<b>Good News Stories/ Success</b>		<b>Impact of work programmes so far</b>	
<p><b>7a</b> Stockport Care Quality Commission Action Plan complete. The subsequent national review returned positive findings for maternity services. NHS resolution confirms compliance with all Safety Actions required to achieve Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year 7. Maternity Service fully engaged in GM Equity and Equality Action Plan.</p> <p><b>7b.</b> Balanced system delivers significant reduction in the number of children waiting and their time waiting for SLT. Special Educational Needs and Disability (SEND) reforms confirm additional investment will flow into Stockport Local Authority (LA) to support Childrens SLT, OT and Education Psychology via Experts at Hand. Successful procurement of the LA therapy commission and contract award to single provider supports improved experience and system efficiency</p> <p><b>7c.</b> Successful expansion of funded childcare to eligible families. Developmental Assessments, Healthy Child Programme mandated contacts above North-West and England averages. Strong breastfeeding performance, infant feeding team achieve prestigious UNICEF Baby Friendly Award. Enhanced Maternity Pathway with midwifery embedded.</p>		<p><b>7a.</b> GM Integrated Care Board (ICB)/LMNS is reviewing evidence submissions against 58 deliverables of the Maternity and Neo natal 3-year delivery plan. A challenge re digital maturity will be resolved via procurement and implementation of the electronic patient record. Stockport has rolled out the Modified Early Warning Scores and continues to work through the action plan agreed as part of GM ICB/LMNS enhanced surveillance including compliance with the Royal College of Obstetricians and Gynaecologists Maternity triage principles.</p> <p><b>7b</b> . Developing evidence base that the Balanced system is supporting inclusive practice aligned to ordinarily available provision at school. Rich feedback from teaching staff on the impact the Link worker role is having on outcomes for children. Work to align the full Therapy offer (OT and PT) to the balanced system continues.</p> <p><b>7c.</b> Increase in contacts via digital opportunities</p>	

# Delivery Programme Flash Report

## Maternity, Children, Young People and SEND (contd)

<b>Period Ending: Quarter 4</b>		<b>SRO: Chris McLoughlin</b>									
<b>Delivery Plan Aims 2025/26</b>		<b>High Level deliverables/Outputs</b>									
<p><b>7d.</b> Stockport Schools Health, Activity, Physical Education &amp; Sport (SHAPES Alliance)</p> <p><b>7e.</b> Review Special Needs School Nursing offer</p> <p><b>7f.</b> Reduce inequalities in Children and young People (CORE 20PLUS5)</p>		<p><b>7d.</b> Education Stockport Local Authority (SLA) with schools - supporting to schools to develop high quality physical education, sport &amp; physical activity as part of a healthy lifestyle</p> <p><b>7e.</b> Review Special Needs School Nursing offer so that medical needs of children are met throughout the day</p> <p><b>7f.</b> Improved health inequalities - to review and identify opportunities to reduce asthma admissions, improve completion of diabetes care processes, improve access to epilepsy specialist nurses, access to mental health services and reduce tooth extractions.</p>									
<b>Status</b>		<b>Key Risks/Issues</b>									
<table border="1"> <thead> <tr> <th>Aim</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>7d</td> <td>Ongoing</td> </tr> <tr> <td>7e</td> <td>Review Complete but work ongoing</td> </tr> <tr> <td>7f</td> <td>Ongoing</td> </tr> </tbody> </table>	Aim	Status	7d	Ongoing	7e	Review Complete but work ongoing	7f	Ongoing	<p><b>7d.</b> National review of strategy complete but ongoing uncertainty over future strategy structure &amp; associated funding. SHAPES funded by school SLA buy back through the Primary Physical Education &amp; School Sport Premium Grant to key stage 1 &amp; 2 schools.</p> <p><b>7e.</b> Gap in Special Needs School Nursing and Healthcare training to schools. Business case submitted to GM ICB for inclusion in 26/27 commissioning intentions. Decision pending. In the interim, NHS GM Stockport Individual Care panel is in place to consider funding requests in respect of individual children's medical needs in schools recognising a more sustainable solution is required</p> <p><b>7f.</b> Rising cost-of-living pressures and the Council's financial deficit are increasing demand for early help while reducing capacity for prevention work. Smoking in pregnancy and asthma remain more prevalent in deprived areas and workforce constraints impact delivery pace. Public Health is working with Family hubs to target high-risk groups, aligning tobacco and asthma actions with core service delivery and preparing a SEND Joint Strategic Needs Assessment (JSNA) update to improve understanding of health inequalities in children with additional needs.</p>		
Aim	Status										
7d	Ongoing										
7e	Review Complete but work ongoing										
7f	Ongoing										
<b>Good News Stories/ Success</b>		<b>Impact of work programmes so far</b>									
<p><b>7e</b> Excellent feedback on the impact of Enteral Feeding training across schools. Department for Education statutory guidance for meeting medical needs in schools is out for consultation strengthening the expectations around Individual Health Plans at school and includes new expectations on allergy and the management of risk. Transition pilot for young people with diabetes demonstrates excellent clinical outcomes. Access to Diabetes closed loop monitoring technology scaled up.</p>		<p><b>7d.</b> Creating Active Schools Stockport Programme – all schools currently engaged have reported improved outcomes across the 4 criteria (Policy, Environment, Stakeholders &amp; Opportunities). Early Years Physical Development school readiness programme – headteachers report that they are reviewing practice, with more effective targeting of pupils where need is greatest &amp; greater involvement of parents/carers</p> <p><b>7e</b> Resource secured to deliver refresher enteral feeding training to support children starting school in 2026 academic year. Independent trainer, working with Public health and School Leadership to co-ordinate and deliver</p> <p><b>7f</b> The Department of Public Health (DPH) Annual Report on health inequalities, updated in November, and ongoing JSNA analysis have strengthened understanding of child health inequalities and informed Start Well priorities.. Provision for improved outcomes for children with Asthma made in the GP Locally commissioned service and National Quality Outcomes Framework</p> <p>Family Nurse Partnership analysis demonstrates reduced social care involvement and improved outcomes for young parents in deprived areas.</p> <p>Planning for supervised toothbrushing is building local capacity to improve oral health in priority early years settings</p>									

# Delivery Programme Flash Report

## Delivering Adult Social Care (ASC)

**Period Ending: Quarter 4** **SRO: Sarah Dillon**

**Delivery Plan Aims 2025/26** **High Level deliverables/Outputs**

<p><b>8a.</b> Integration of our ASC Front Door  <b>8b.</b> Delivery of the Technology Enabled Care (TEC) action plan  <b>8c.</b> Working in Partnership  <b>8d.</b> Gloriously Ordinary Lives  <b>8e.</b> Strategy – development and delivery of action plans.  <b>8f.</b> Safeguarding  <b>8g.</b> Specialist and Supported Housing Strategy</p>	<p><b>8a.</b> Embed crisis response at the ASC front door and further integration with Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector.  <b>8b.</b> Increase the number who have TEC as part of their care and support plan.  <b>8c.</b> (8c1) Increase lived experience on partnership boards, (8c2) Embed the Making Every Adult Matter (MEAM) Hub (8c3) Implement a trusted assessor model to support delivery of reviews  <b>8d.</b> (8d1) Increase the number with employment as an outcome in their support plan. (8d2) Deliver second phase of Gloriously Ordinary Lives Training  <b>8e.</b> Refresh the intermediate care strategy ASC actions, Think Carer action plan and Learning Disability action plan  <b>8f.</b> Deliver safeguarding for the people of Stockport  <b>8g.</b> Develop approved provider list for developers and landlords ,utilise gateway process for prospective supported living providers</p>
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**Status** **Key Risks/Issues**

Aim	Status	Aim	Status
8a	Ongoing	8d1 8d2	Ongoing Ongoing
8b	Ongoing	8e	Complete
8c1 8c2 8c3	Complete Complete Delayed	8f	Ongoing
		8g	Complete

**8c.** We continue to explore options to develop and deliver a trusted assessor and reviewer model for Stockport. This is currently being tested with our in-house provider, with a review to expansion into the external sector in due course.

**8e.** The longevity of regional funding decisions impact on the sustainability of the intermediate care strategy for Stockport.

**8f.** The Casey review advocates for a national safeguarding board, it is important that Stockport contributes towards the planning and implementation of this

**Good News Stories/ Success** **Impact of work programmes so far**

<p><b>8a.</b> There is an ASC practitioner in the Single Point of Access (formerly the role in the crisis team). The independently in Stockport Suite is due to open in early June.  <b>8b.</b> Senior TEC officers are now in place and we have two experts by experience working as TEC leads informing practice. TEC and Digital delivery board is also in place to oversee the delivery of the action plan.  <b>8c.</b> Funding has been secured to continue with the MEAM, with stronger links into primary health services. Linked to 8g this has enabled us to increase additional supported accommodation in Stockport.</p>	<p><b>8d.</b> The co chair of the Age Friendly Board and senior representative for the Making it Real board has been working with our Quality Officers to identify community offers and groups that deliver Live Well in Stockport. Examples include offers that support people to reduce social isolation.  <b>8e.</b> The Think Carer work recently received an award at the annual Ambitious Stockport Awards recognising partnership working between ASC, Signpost for Carers and Children’s Social Support Services.  <b>8e.</b> The short breaks framework has recently been recommissioned to respond to feedback received as part of the Think Carer programme.</p>
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# Interim Governance Arrangements for the ONE Stockport Health and Care Board

<b>Report To (Meeting):</b>	ONE Stockport Health and Care Board		
<b>Report From (Executive Lead)</b>	Philippa Johnson, Deputy Place Lead NHS GM (Stockport)		
<b>Report From (Author):</b>	Fiona Smith, Strategy, Planning and Performance Programme Manager, NHS GM (Stockport)		
<b>Date:</b>	27 May 2026	<b>Agenda Item No:</b>	14
<b>Previously Considered by:</b>	ONE Stockport Health and Care Executive Group		

## **Purpose of the report:**

The report provides an overview of the proposed governance arrangements for the ONE Stockport Health and Care Board in the interim period until the Partnership Agreement is put in place.

## **Key points (Executive Summary):**

The new NHS GM Operating Model became effect from 01 April 2026, however, implementation of the model within localities relies on the development of a formal Place Agreement between system partners.

The Place Agreement is likely to confirmed around July 2026 and until this time localities have been advised to continue with their existing Locality Board arrangements.

Our current Terms of Reference have a review date of April 2026 and therefore these need to be extended until later in the year. It is proposed that the Terms of Reference are extended until July 2026, with the understanding that if the Place Agreement is operational before that date an earlier review can take place.

In addition, with the closure of Healthwatch, Board representation in the Terms of Reference has been amended to reflect that there will be representation rather than specifically the Chief Executive.

Appendix 1 includes the amended Terms of Reference.

Appendix 2 includes the amended Terms of Reference on a Page.

## **What is required:**

The ONE Stockport Health and Care Board is asked to:

- Support the amendments made to the Terms of Reference

<b>Decision</b>		<b>Discuss/Direction</b>	<b>X</b>	<b>Information/Assurance</b>	
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<b>Aims (please indicate x)</b>		
Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	<b>X</b>
	There are safe, high-quality services which make best use of the Stockport pound	<b>X</b>
	Everyone takes responsibility for their health with the right support	<b>X</b>
	We support local social and economic development together	<b>X</b>

<b>Conflicts of Interests</b>	
Potential Conflicts of Interest:	None

<b>Risk and Assurance:</b>	
List all strategic and high-level risks relevant to this paper	This report covers all aspects of the ONE Stockport Health & Care Board remit and therefore all locality risks are relevant to this paper.

<b>Consultation and Engagement:</b>	
<b>Local People / Patient Engagement:</b>	N/A
<b>Workforce Engagement:</b>	N/A

## **One Stockport Health and Care Board**

### **Terms of Reference**

#### **1. PURPOSE**

These Terms of Reference set out the requirements of ONE Stockport Health and Care Board in supporting the Operating Model of NHS GM ICB.

The One Stockport Health and Care Board (known as ‘the Board’) brings together senior leaders from Stockport, including NHS (primary, secondary, community and mental health), Local Authority and the Voluntary, Community, Faith & Social Enterprise (VCFSE) to focus on the shared priorities within the One Stockport Borough Plan and the One Health and Care Plan.

Neighbourhood and place-based working provide a connection to a broad range of factors affecting people’s health and wellbeing in Stockport. Most people in the locality will receive the majority of their day-to-day care in their local neighbourhood. It is within the locality where Local Authority and NHS spend can be combined to best effect to deliver care services that meet the needs of people in Stockport.

Collectively the Board will be responsible to deliver our joint aims:

- People are happier and healthier and health inequalities are reduced
- There are safe, high quality services which make best use of the Stockport pound
- People and communities are enabled to improve and protect their health
- Communities are thriving and economic development is supported

The Board will be established as two committees operating under hybrid arrangements to: discharge delegated functions on behalf of Greater Manchester Integrated Care Board (GM ICB) and any other party as set out in this Terms of Reference and also to conduct business pertaining to the Section 75 Agreement.

Board members will be responsible for bringing their organisation’s workforce, capacity and financial resources to align or pool together so that the Board can jointly plan and make decisions with the totality of resources at locality level.

The Board will have a joint focus with the Health and Wellbeing Board on the wider determinants of health, identifying and recognising the impact that factors outside of health and social care can have on the outcomes that people achieve. This will include an understanding of people’s living circumstances and environments – for example, homelessness, the environment, debt or social isolation.

The Board will actively encourage the use of co-production and partnership boards and ensure that the voice of local people are heard to help facilitate service delivery which is tailored to the needs of Stockport residents.

The governance and architecture of the Locality continues to evolve and will be subject to change as further development of NHS GM governance, plans, reporting, assurance, and funding flows are aligned to Stockport’s local priorities and delivery mechanisms.

## **1.1 Partnership principles**

The One Stockport Health and Care Board will play a key role in nurturing the culture and behaviours of the local integrated care system. To this end, Board members will comply to the following 10 principles:

1. Come together under a distributed leadership model and commit to working together equally.
2. Use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working through difficult issues where appropriate.
3. Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.
4. Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.
5. Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
6. Champion co-production and inclusiveness throughout the ICS.
7. Support the triple aim (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level).
8. Ensure place-based partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
9. Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
10. Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

NHS England ICS Design Framework

## **2. GEOGRAPHICAL COVERAGE**

The responsibilities for the Board will cover the same geographical area as Stockport Local Authority. The Board will have responsibility for providing a Stockport response to Greater Manchester wide matters.

## **3. STATUTORY FRAMEWORK**

In respect of the Integrated Health and Care Fund (Pooled Budget under a Section 75 Agreement), the One Stockport Locality Board is established as a joint committee under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangement Regulations 2000 ("the 2000 Regulations").

The One Stockport Locality Board will also sit as a Committee of the NHS GM Integrated Care Board (ICB) to discharge those duties delegated to it by the NHS GM ICB, as set out in the NHS GM Scheme of Reservation and creating a hybrid arrangement in which there is Council and wider partner representation.

#### **4. ROLES AND RESPONSIBILITIES**

**4.1** The Board will have collective accountability between partner organisations for system delivery and performance, quality improvement and assurance, underpinned by the statutory and contractual accountabilities of individual organisations.

**4.2** The Board fulfils two key functions:

1. To carry out the NHS Greater Manchester business / delegated functions from the GM ICB, in accordance with NHS GM ICB's Constitution, Standing Orders and Scheme of Reservation & Delegation. The One Stockport Health and Care Board is a Committee of the GM ICB but will function on a Stockport Locality level. When the Board sits as a Committee of NHS GM ICB it has delegated authority from the ICB to make decisions about the use of ICB resources in Stockport in line with its remit. The decisions reached by Stockport Locality Board are decisions of the ICB, in line with the ICB's Scheme of Reservation & Delegation. The remit of the Committee is therefore ICB business. When sitting as a committee of NHS GM ICB, members must comply with ICB policies and procedures.
2. To be a forum through which relevant section 75 (s.75) arrangements are managed. This Committee is established as a Joint Committee of both NHS GM ICB and Stockport Metropolitan Borough Council. S.75 arrangements will be managed, and decisions will be taken in accordance with requisite delegated authority given to core members by their respective organisations. Board partners who do not have authority in respect of s.75 arrangements will be able to participate in discussions regarding the s.75 arrangements, subject to conflict-of-interest rules, but will not be able to take decisions in relation to s.75 arrangements.

The specific remit of the Section 75 Committee is day-to-day management of, and decision-making in respect of, the s.75 arrangements in place between Stockport Council and Greater Manchester ICB, as set out within the s.75 agreement between those organisations. For the avoidance of doubt, the Stockport Health and Wellbeing Board (HWBB) will retain its statutory functions and its designated functions in relation to the Better Care Fund (i.e., agreement of the BCF Plan and to receive regular reports on progress against this Plan).

**4.3** Members of the Board will have defined areas of responsibility in the following three areas:

##### **Strategic Leadership:**

- Undertake all functions and duties delegated to it by GM ICB, including under the Scheme of Reservation and Delegation (SORD)
- Convene partners to set the overall vision and strategic direction for the locality, utilising data and intelligence to inform decision making and reduce inequalities.
- Develop a single local strategic plan for health and care in the locality which ensures that services are planned and co-ordinated around people's needs.
- Deliver system-wide efficiencies and reductions in unwarranted variation (whether financial, operational, or quality or equality in nature).
- Ensure connection to the objectives and delivery arrangements of the wider plan for the place and to the means to address the social determinants of health.
- To link closely to the Stockport Family Partnership Board and Safer Stockport Partnership to bring together activity to address the wider determinants of health.
- Ensure that delivery of the Triple Aim is embedded across the system.

- Agree resource allocation within the scope of responsibilities delegated to it setting principles for how they should be allocated across services and providers (both revenue and capital).
- Be accountable for the pooled budget and aligned budgets and have joint stewardship of the local Stockport pound to ensure the most effective use of public resources.
- Co-operate to have a shared understanding of the total locality health and care spend and of the mechanisms by which to shift investment towards prevention and early intervention.
- Lead locality implementation of key enablers such as digital, estates and workforce planning.
- Agree place action on procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
- Ensure that local people have the opportunity to influence strategy and local service provision.
- Operate as the strategic interface into the Greater Manchester Integrated Care Partnership, regional and national systems.
- To agree appropriate representation at the ONE Health and Care Board and reflect the agreed locality input.

**System Development:**

- Agree and articulate expectations for how system partners work together and setting shared values creating a singular culture across the health and care providers of Stockport, operating under a 'One Stockport' model.
- Ensure effective mechanisms to secure clinical and care professional leadership is embedded at all levels of the partnership.
- Oversee development of the locality.
- Develop and articulate links with the Health and Wellbeing Board, Safer Stockport Partnership, Stockport Family Partnership and other partnership arrangements which will influence improvements in the wider determinants of health.
- Drive forward the wider Public Service Reform agenda and operate under the GM Public Sector Reform Principles.

**Assurance:**

- Hold the system to account for delivery of Health and Care provision for Stockport to ensure delivery of agreed population health outcomes.
- To monitor delivery of agreed plans including oversight of the locality provider arrangements.
- Seek assurance on the delivery of system wide statutory duties including, but not exclusive to, reducing health inequalities, quality and safety of services, performance targets and financial arrangements.

- 4.4** For the avoidance of doubt, the making of decisions has been delegated to the Board and not to their individual representatives on the Board.

**5. MEMBERSHIP**
**5.1 The Membership of the Board (including voting rights for each committee)**

<b>Role/Organisation</b>	<b>Voting rights for Joint Committee (s75)</b>	<b>Voting rights for ICB Committee</b>
Leader Stockport Metropolitan Borough Council (Chair)	<b>Yes</b>	<b>Yes</b>
Place Based Lead, NHS Greater Manchester (Stockport) (Chief Executive of Stockport Council) – Deputy Chair	<b>Yes</b>	<b>Yes</b>
Deputy Place Based Lead NHS Greater Manchester (Stockport)	<b>Yes</b>	<b>Yes</b>
Associate Medical Director NHS Greater Manchester (Stockport)	<b>Yes</b>	<b>Yes</b>
<b>Healthwatch representative</b>	<b>No</b>	<b>Yes</b>
Chief Executive or Deputy Chief Executive Officer Pennine Care NHS Foundation Trust	<b>No</b>	<b>Yes</b>
Chief Executive Sector 3	<b>No</b>	<b>Yes</b>
Chief Executive Stockport Homes	<b>No</b>	<b>Yes</b>
Chief Executive Stockport NHS Foundation Trust	<b>No</b>	<b>Yes</b>
Chief Finance Officer Stockport NHS Foundation Trust	<b>No</b>	<b>Yes</b>
Chief Superintendent (Co-Chair of Safer Stockport Partnership) Greater Manchester Police	<b>No</b>	<b>Yes</b>
Executive Director, People and Neighbourhoods, Director of Children’s Services, Stockport Council (Chair of Stockport Family Partnership) previously Corporate Director People and Integration, Stockport Council	<b>Yes</b>	<b>Yes</b>
Director of Adult Social Services Stockport Council	<b>Yes</b>	<b>Yes</b>
Director of Public Health Stockport Council	<b>Yes</b>	<b>Yes</b>
Executive Director of Strategy & Partnerships Stockport NHS Foundation Trust	<b>No</b>	<b>Yes</b>
Executive Representative GM Integrated Care	<b>Yes</b>	<b>Yes</b>
Primary Care Representative Viaduct	<b>No</b>	<b>Yes</b>
Associate Director of Finance, NHS Greater Manchester (Stockport) previously Place Health and Care Finance Lead (Co-Chair of Safer Stockport Partnership)	<b>Yes</b>	<b>Yes</b>
Executive Director, Corporate and Support Services, Stockport Council previously Place Health and Care Strategy Lead Stockport Council	<b>Yes</b>	<b>Yes</b>
Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport Council	<b>Yes</b>	<b>Yes</b>

Associate Director of Quality, CHC and Safeguarding, NHS Greater Manchester (Stockport)	<b>Yes</b>	<b>Yes</b>
Executive Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust	<b>No</b>	<b>Yes</b>

**Also in Attendance:**

Business Support representative(s).

It will be important that members of the Board commit to attend meetings of the Board. Should a member not be able to attend a meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of members but must be agreed in advance with the chair.

**5.2 Role of a member**

The role of each member is to:

- Have a collective responsibility for the operation of the Board. Members will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- Represent their organisation and proactively engage and feed in views, insight, comments, and concerns across the full breadth of their collective and individual remit on the Board for consideration by the Board, identifying any risks and opportunities, so these can be mitigated/addressed.
- Behave in a manner consistent with the Core Principles outlined in Section 1.1 of these Terms of Reference and adhere to the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the [Nolan Principles](#)), recognising that the success of the ONE Health and Care Plan depends upon relationships and an environment of integrity, trust, collaboration and innovation.

**5.3 Additional Experts**

The Board may call additional experts to attend meetings on an ad hoc or longer term basis to inform discussions. Such individuals will be non-voting.

**6. CHAIRING ARRANGEMENTS**

The One Stockport Health and Care Board will be Chaired by the Leader of Stockport Metropolitan Borough Council. If the Chair is unable to attend the nominated deputy (the Place Based Lead / Chief Executive for Stockport Council) will Chair the meeting.

**7. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS**

Members of the Board will be aware of what may constitute a Conflict of Interest under their own organisation's Conflict of Interest Policies and must ensure that any such Conflicts of Interest are formally disclosed to the Board and will ensure they are subsequently managed in adherence with their organisations' respective Conflict of Interest Policies.

The Board will formally record its deliberations in relation to Conflicts of Interest within relevant minutes. Such minuting will be undertaken by a member of the business support team provided by NHS GM, alongside the management of paperwork and version control.

Depending upon the topic under discussion and the nature of a conflict of interest disclosed or identified, the member may be:

- Allowed to remain in the meeting and contribute to the discussion;
- Allowed to remain in the meeting and contribute to the discussion but leave the meeting at the point of decision; or
- Asked to leave the meeting for the duration of the item under consideration.

The Chair shall manage all conflict of interest matters. Members and attendees will be asked at each meeting to declare any new actual or perceived conflicts. In addition, each member will be expected to declare any new or existing conflicts for any items of business for that meeting. The Chair will ensure that a Register of Interests for the members of the Board is established and maintained, supported by NHS GM Stockport Locality Team.

In relation to rights of access to information, including the publication/availability of agendas, reports, background documents and minutes, and public attendance at meetings, the Board shall comply with the Public Bodies (Admission to Meetings) Act 1960 and shall apply rules equivalent to those of Part VA of the Local Government Act 1972 (“the 1972 Act”). Such rights of access to information may be limited where the Board considers “confidential information” or “exempt information”, in a manner equivalent to that provided for by the 1972 Act.

## **8. QUORUM, DECISION MAKING AND VOTING**

The Board will function as a forum for discussion with the aim of reaching consensus among the organisations represented. Each member will make a decision and express its views about each matter considered. The decisions of the Board will therefore be the decisions of all member organisations.

Each partner will delegate to its representative(s), including deputy members as formal representatives, the authority agreed to be necessary for the Board to function effectively and discharge the duties within these Terms of Reference. Authority delegated by the parties will be defined in writing and will be recognised to the extent necessary in the parties’ own schemes of reservation and delegation (or equivalent).

Each member organisation will ensure that the Board members understand the status of the Board and the limits of the authority delegated to them.

The Board will require two different levels of authority on decision making and quoracy for GM ICB committee and for joint committee (Section 75) decisions. The decision making authority of the members is shown in the table at 5.1

### **8.1 Voting and Quoracy for Joint Committee (Section 75) pooled budget voting:**

Decisions made regarding Section 75 allows Local Authority and GM ICB to make decisions. Legislation prohibits other providers including Primary Care and VCFSE. For voting purposes, there will be three nominated people from the council and three from the permitted NHS bodies that sit on the Board.

For quoracy purposes, decisions can be made by any three voting members with at least one from NHS GM Integrated Care and one from Stockport Metropolitan Borough Council. If a voting member has sent apologies, the vote will be transferred to either a deputy or a member of the Board in attendance from the relevant organisation. This will be agreed in advance with the Chair.

It is expected that decisions will be reached by consensus. However, if a vote is required, it will be determined by a simple majority of those core members of the Section 75 Committee present and voting. Should a vote be tied, the process will be to take the issue outside of the meeting to obtain further detail/information relevant to the decision in hand. There will be no casting vote to resolve such deadlock. The issue will then be brought back to the next meeting of the Board with a clear recommendation for approval or alternatively the matter will be escalated to the partner organisations.

## **8.2 Voting and Quoracy for GM ICB Committee:**

The Board will be considered quorate if two thirds of the partner organisations within the core membership are present, including at least three members from Stockport MBC, two members present from NHS GM and two further members present from wider partners.

Representatives / deputies will count towards quorum if the Chair is notified at the start of the meeting and receives confirmation from the core member that the deputy has full authority to act as described above.

Each member (including named representatives / deputies) has a vote. The ICB Committee (the Board) will aim to reach decisions by consensus. If a vote is required, a simple majority is needed.

If the Board is unable to reach a consensus on a required decision, as the Board will be discharging NHS GM functions, any dispute will be referred to the ICB.

Where a meeting is not quorate those Members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board in order for decisions to be legal/legally binding.

If a decision of the Board is needed which cannot wait for the next scheduled meeting or if the chair considers that it is not necessary to call a full meeting, the meeting may be convened by the chair via a telephone or video conference or may be convened by the chair to conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for all such meetings in the usual way.

## **9. REPORTING ARRANGEMENTS**

Progress will be reported to the Health and Wellbeing Board to provide assurance of the delivery of the One Health and Care Plan.

Progress will be reported to Greater Manchester ICB by the Place Lead for Health and Care Integration and/or the Deputy Place Lead via the appropriate Assurance Processes. The table below provides an overview of the accountability and assurance of the Board.

Group	Accountable to	Assurance on	Assurance Mechanism
Health and Wellbeing Board	Stockport Full Council	The transaction of statutory functions as contained within the Health and Social Care Act and delivery of the One Health and Care Plan	Overview and Scrutiny Committee
One Health and Care Board (Locality Board)	NHS GM ICB	Functions as set out in Section 4 of this Terms of Reference	NHS GM Assurance Process
	Health and Wellbeing Board		Report to Overview and Scrutiny Committee

Each member of the Board is responsible for reporting progress through their individual organisational governance as appropriate.

## 10. DELEGATION AND COMMITTEES

The Board may delegate tasks to such individuals or committees as it shall see fit, provided that any such delegations are consistent with each parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

The Terms of Reference of any such committee shall be approved by the Board and shall set out specific details of the areas of responsibility and authority and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Each committee will report via their chair to the Board following each meeting or at an appropriate frequency as determined by the Board.

## 11. MEETING ADMINISTRATION

The Board will agree an annual programme of meetings in advance to link with key business to be transacted. Agendas will be structured to clearly distinguish between:

- (i) decisions to be taken in respect of the Integrated Health and Care Fund (Pooled Budget) by the Committee sitting as a joint committee under the 2000 Regulations; and
- (ii) decisions taken in respect of the NHS GM Aligned Budget element of the Integrated Health and Care Fund by the Committee sitting as a committee of NHS GM.

The NHS GM Stockport Locality Team shall fulfil the role of adviser and administrator to the Board and shall attend to provide appropriate support to the chair of the Board. The administrator will take the minutes at each meeting of the Board.

The Board will give no less than five working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five days before the date of the meeting. When the Chair of the Board deems it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as s/he shall specify.

Minutes will be shared with Board members and published in a timely manner following the meeting.

## **12. MEETING FREQUENCY AND NOTICE OF MEETINGS**

The Board will ordinarily meet on a bi-monthly basis although, as stated in section two of these Terms of Reference, it is acknowledged that the three elements of the Board may not necessarily operate at each and every meeting of the Board. Additional meetings to discuss particular issues of relevance to the Board can be arranged with the Chairs agreement.

Meetings of the Board will be held in public, subject to any exemption provided by law.

The Board may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

The Board may also convene development sessions which will be held in private and which are not formal meetings of the Board.

## **13. REVIEW OF THE TERMS OF REFERENCE**

These Terms of Reference will be reviewed by the ONE Stockport Health and Care Board at the date below. Alternatively, they may be amended at any time to reflect changes in circumstances which may arise least or to respond to any reflections from the Board in the need to fulfil its functions. Changes to these Terms of Reference may necessitate the need to amend the Partnership Agreement with Stockport Council.

**Last Review Date: June 2025**

**Date Terms of Reference agreed: TBC**

**Next Review date: July 2026**

# ONE Stockport Health and Care Board

## Terms of Reference on a page

### Purpose

The purpose of the ONE Stockport Health and Care Board is to bring together senior leaders from all sectors of the Locality and work together, using co-production, partnership boards and the voice of local people to convene the system to drive improvements for Stockport residents

Its role as a committee of the ICB is to manage the delegated funds from NHS GM to enable and oversee the locality to use its collective assets, resources and powers to deliver the Locality Plan.

It will focus on the shared priorities agreed with Partners and those articulated through NHS Greater Manchester. By working together the Board will be accountable to improve health, wellbeing and care for the population of Stockport, with a focus on health inequalities

The Board is also a joint committee of the ICB and the Local authority regarding the Section 75 agreement and will make decisions and obtain assurance in relation to that agreement.

### Key duties performed as a committee of NHS GM ICB

- **Strategy:**
  - Approve the Locality Plan (including allocation of resources) and the Locality Strategic Risk Register.
- **Oversight:**
  - Obtain assurance regarding operation of locality oversight arrangements for delegated functions, including financial performance and the continuous improvement of service
- **Section 75 agreement:**
  - Approve allocation of resources.
  - Obtain assurance that the s75 agreement is operating effectively
  - Approve BCF Quarterly Submissions

### Key duties performed as a Locality Board

- **Strategy:**
  - Approve supporting locality strategies (e.g. population health, quality, finance, people).
  - Oversee the review of the locality plan (including operating model, leadership, culture and ways of working).
- **Locality Commissioning:**
  - Approve proposals to commission and transform services to deliver outcomes and monitor their implementation.
  - Approve proposals to decommission services and to ensure there is no adverse effect on the population of Stockport Borough.
- **Oversight:**
  - Delivery of the Locality Plan - provision and outcomes.
  - Maintain oversight of performance issues which impact on the local population and agree locality responses.
- **Governance:**
  - Approve the locality governance arrangements and evaluate their effectiveness.
  - Obtain assurance that strategic risks are being effectively managed.

### Membership

**Voting membership - named representatives from each of the following partners:**

- Leader Stockport Metropolitan Borough Council (Chair) \*
- Place Based Lead for Health and Care Integration (Chief Executive of Stockport Council) – Deputy Chair \*
- Deputy Place Based Lead for Health and Care/Delivery Lead (Director of Health Quality and Improvement) \*
- Associate Medical Director GM Integrated Care \*
- Associate Director of Finance GM Integrated Care
- Associate Director of Quality GM Integrated Care
- **Health Watch representative**
- Chief Executive or Deputy Chief Executive Pennine Care NHS Foundation Trust
- Chief Executive Sector 3
- Chief Executive Stockport Homes
- Chief Executive (Chair of Stockport Provider Partnership) Stockport NHS Foundation Trust
- Chief Finance Officer Stockport NHS Foundation Trust
- Chief Superintendent (Co-Chair of Safer Stockport Partnership) Greater Manchester Police
- Corporate Director People and Integration (Chair of Stockport Family) Stockport Council
- Director of Adult Social Services Stockport Council
- Director of Public Health Stockport Council
- Executive Director of Strategy & Partnerships Stockport NHS Foundation Trust
- Executive Representative GM Integrated Care \*
- Primary Care Representative
- Place Health and Care Finance Lead Stockport Council \*
- Place Health and Care Strategy Lead Stockport Council

**Quoracy = two thirds of partner organisations present**

\* Voting members for Section 75 Committee

# SEND Update

<b>Report To (Meeting):</b>	ONE Stockport Health and Care Board		
<b>Report From (Board Lead)</b>	Chris McLoughlin (OBE) Executive Director People and Neighbourhoods, Director of Children’s Services, Stockport MBC		
<b>Report From (Author):</b>	Tim Bowman, Director of Education, Work and Skills, Stockport MBC		
<b>Date:</b>	27 May 2026	<b>Agenda Item No:</b>	15
<b>Previously Considered by:</b>			

**Purpose of the report:**

This report is to provide an update to Board on the current position and context of Special Educational Needs and Disabilities (SEND) in Stockport.

This report provides an update on Education, Health and Care Plan (EHCP) volume of demand, timeliness, and a specific focus on Preparation for Adulthood.

**Key points (Executive Summary):**

Five Key Messages

**The SEND system remains under pressure, but there is evidence of stabilisation.**

Demand for statutory assessment is still high, yet EHCP throughput is improving, backlogs are reducing, and performance at key transition points is strengthening.

**The focus has shifted from short-term recovery to building a more sustainable system.**

Service redesign, improved communication with families (although there remains more to do), stronger quality assurance and relational practice are laying the foundations for a more consistent and resilient SEND system.

**Earlier intervention is critical to managing future demand.**

Strengthening SEN Support, including the roll out locally of our Success at SEN Support programme, is central to reducing avoidable escalation into statutory processes and rebuilding confidence in mainstream inclusion.

**Preparation for Adulthood is moving from strategy to delivery.**

The PfA Strategy has now been consulted on and adopted by the Council, with a co-produced action and delivery plan being developed to improve transitions, outcomes and long-term sustainability.

**SEND reform presents a major opportunity, but delivery discipline will be essential.**

Stockport is developing across our partnership Local Area SEND Reform Plan in response to national reform, focused on inclusion, consistency and lived experience. Reform offers the potential to address historic pressures, but success will depend on credible plans and sustained system leadership.

**Recommendation:**

The Board are asked to consider the information in this report, the current actions and:

- **Note** the continued pressure of demand on resources and impact for families
- **Note** improvement activity and positive progress to date
- **Note** the position relating to SEND inspection preparation and possible outcomes.

<b>Decision</b>		<b>Discuss/Direction</b>		<b>Information/Assurance</b>	<b>x</b>
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**Aims (please indicate x)**

Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	<b>x</b>
	There are safe, high-quality services which make best use of the Stockport pound	<b>x</b>
	Everyone takes responsibility for their health with the right support	<b>x</b>
	We support local social and economic development together	<b>x</b>

**Conflicts of Interests**

Potential Conflicts of Interest:	None
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**Risk and Assurance:**

List all strategic and high level risks relevant to this paper	
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**Consultation and Engagement:**

<b>Local People / Patient Engagement:</b>	
<b>Workforce Engagement:</b>	

**Potential Implications:**

<b>Financial Impact:</b> Please note - All reports with a financial implication require detail of the level of funding,	Non-Recurrent Expenditure	£		
	Recurrent Expenditure (please state annual cost)	£ 112M in 2022/23 (As per Investment Position Statement 2022/23)		
	Funding stream		Yes	No

funding stream and comments from Finance.	Included in the s75 Pooled Budget			x
	GM ICB (Stockport) delegated budget		x	
	Other, please specify: Council's revenue and Dedicated Schools Budgets.			
<b>Finance Comments:</b>	<p>There is a significant annual spend pressure on the Dedicated Schools Grant (DSG) particularly in relation to the provision of SEND support services. The in-year forecast spend pressure is a further circa £30m in 2026/27. The continuing overspend is due to increasing demand, insufficient funding and despite increases in local capacity many children receiving required support in high-cost provision.</p> <p>The cumulative DSG deficit held on the Council's Balance Sheet is circa £70m at the end of the last 25/26 financial year with the council incurring significant borrowing costs of holding this deficit, estimated to be circa £2m in-year. This position is not specific to Stockport. The National Audit Office has highlighted the growing systemic risk associated with Dedicated Schools Grant high needs deficits, while sector wide analysis projects the cumulative national position to rise to around £5bn by 2025/26.</p> <p>While we continue to progress actions outlined in the report to support recovery and address the financial position, Stockport's SEND funding context presents a significant challenge. Stockport receives circa £1,100 per pupil for the provision of SEND support. This is amongst the lowest funding levels nationally, which vary as much as £5,000 per pupil between the lowest and highest funded areas.</p>			
<b>Performance Impact:</b>				
<b>Workforce Impact:</b>	There are no HR considerations.			
<b>Quality and Safety Impact:</b>				
<b>Compliance and/or Legal Impact:</b>	The Local Authority has a statutory duty to provide the provision referred to in this report.			
<b>Equality and Diversity:</b> Has an equality impact assessment been completed?	General Statement:			
	If Not Applicable please explain why	Yes	No	x
				N/A
<b>Environmental Impact:</b> Has an environmental impact assessment been completed?	General Statement:			
	If Not Applicable please explain why	Yes	No	x
				N/A

## **SEND UPDATE**

### **Report of the Director of Education, Work & Skills**

#### **1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1. This report is to provide an update to Board on the current position and context of Special Educational Needs and Disabilities (SEND) in Stockport.
- 1.2. This report provides an update on Education, Health and Care Plan (EHCP) volume of demand, timeliness, and a specific focus on Preparation for Adulthood.

#### **2. NATIONAL CONTEXT**

- 2.1. The SEND system in England continues to operate under pressure arising from increasing demand, long standing underfunding and significant workforce shortages across education, health and care. These pressures have been explicitly recognised in the Government's SEND and Alternative Provision reform programme, which aims to strengthen earlier intervention, improve confidence in SEN Support, and reduce the volume of escalation into statutory processes and high cost provision.
- 2.2. National scrutiny has also increased. The revised SEND inspection framework, introduced in January 2025, places greater emphasis on lived experience, system leadership and the impact of arrangements on children, young people and families. In parallel, the National Audit Office and sector bodies have highlighted the growing systemic risk associated with Dedicated Schools Grant high needs deficits, particularly in advance of the planned end of the DSG statutory override in March 2026.
- 2.3. Sector-wide analysis indicates that, without reform, the cumulative national high needs DSG deficit would continue to rise to several billion pounds. Against this backdrop, local areas are expected to demonstrate credible reform plans that strengthen inclusion, improve system confidence and deliver long-term financial sustainability, alongside continued statutory compliance and quality improvement.

#### **3. STOCKPORT CONTEXT**

- 3.1. At the end of the last financial year, Stockport's High Needs Block cumulative deficit stood at c. £70m and, prior to reform intervention, was forecast to increase to approximately £90m by March 2027. This position is driven by rising demand, increasing complexity of need, and continued reliance on high cost provision.
- 3.2. Stockport is now drafting a Local Area reform plan which seeks to align key parts of its SEND system with those described in the White Paper and Reform consultation. Should our plan be approved by DFE, Government will mitigate the majority of the historic deficit risk held by the Council, with up to 90% of the

cumulative DSG deficit addressed through national arrangements, materially reducing the long-term financial exposure to the Council. This represents a significant reset point for the local system but does not remove the need for disciplined delivery, ongoing demand management and continued improvement in inclusive practice.

3.3. Reform in Stockport is therefore focused on stabilising the system and preventing future deficit growth through:

- strengthening early identification and intervention;
- improving confidence and consistency in SEN Support;
- reducing avoidable escalation into statutory processes; and
- delivering a more sustainable and inclusive model over time.

3.4. The partnership continues to engage actively with regional and national partners to ensure that its plan is approved as early as possible and so we can step through those plans ensuring they are embedded effectively and that future SEND arrangements are both financially sustainable and capable of delivering improved experiences and outcomes for children, young people and their families.

#### **4. DEMAND, TIMELINESS AND COMMUNICATION**

4.1. The demand for EHC needs assessments remains high. As of May 2026, there are currently 532 active assessments for an EHC Plan in progress. Whilst this is not as high as it has been previously (668 in March 2024) this has risen by 10% since we last reported to this board early in 2025. Despite our efforts in embedding our recovery plan the uncertainty around national policy has driven demand upwards again.

4.2. The total number of EHCPs finalised has continued to increase.

Calendar Year	Finalised Plans
2023	452
2024	614
2025	662
2026 to date	201

4.3. Following on from our recovery plan there has been an increase in the number of plans finalised within 20 weeks and a reduction in overall waiting times. Whilst we would like this increase in timeliness to be greater, improvements are in part obscured by improvements in productivity and reductions in the backlog of plans.

4.4. In 2025 overall timeliness increased whilst also seeing increased demand. The service now maintains 4,172 plans, this is an increase of over 500 on this time last year. The average time to complete a plan is currently a little over 24 weeks.

Description	2023	2024	2025*	2026*
EHC needs assessment requests received	834	855	902	337 (YTD)
No. of Initial EHC plans issued	445	661	662	201 (YTD)
Timeliness (Percentage)	9.8%	7.1%	16.3%	19.4(YTD)
Timeliness (Number)	50	47	108	39 (YTD)

\*2026 Year to date from 01 January 2025

- 4.5. We know there is more to do to increase this further. However, improvements in finalising out of time plans is impacting on this as is our capacity to complete assessments.
- 4.6. Although we are seeing improvements in our performance, we still have challenges which we are proactively working to resolve to ensure we further improve on timeliness. These are:
- 4.7. **Educational Psychology capacity-** All EHCP assessments have to have an Educational Psychologist assessment. There is a national shortage of EP's within the system. We have started to commission external assessments and are doing this now on a regular basis. In parallel we are establishing a procurement framework to ensure that future commissioning of locums is simple, value for money and timely with fewer delays.
- 4.8. **Demand reduction-** The Success at SEN Support (SASS) has been operating over a wider footprint. This has seen children gain support earlier through a strengthened approach at SEN support with schools working with the Council teams and each other to look at best practice. Out of 285 children that have been the focus on SASS in the past year, only 54 have needed to progress onto statutory assessment. 4 children were identified as requiring additional funding however the peer led panels consisting of headteacher only agreed 2 over those requests. This is a significant step forward both in terms of stemming demand for statutory assessment and better controlling the funding of SEN provision. Most significant of all is that those schools who have engaged in the process now have stronger offers to all their pupils.
- 4.9. **EHCP capacity and practice** - Through a restructure that concluded in March 2026 the service now has a permanent service lead, we have also recruited an additional 5 EHCP coordinators, 2 senior coordinators and mediation and tribunal officers. We plan to recruit a further 3 EHCP plan writers in June 2026 to support the drafting of new EHCPs as we step into the use of AI for all future plan writing. The intention behind the restructure was to provide capacity, oversight and consistency. Our new assessment team will now have greater capacity to write new plans, our maintaining teams will have greater capacity to engage in annual reviews. Our senior coordinators are now responsible for the development and consistency of practice in our teams, finally our mediation and tribunals function is now more focussed towards dispute resolution as opposed to administrating statutory appeals.

- 4.10. We recognised that as well as improving timeliness we also need to improve communication because waiting for the outcome of the EHC Needs assessment and for decisions to be made can be a worrying time for parents and carers.
- 4.11. To address this, we have done two things. We have developed the parent portal where parent carers will be able to log on and see the EHCNA progress without having to contact the worker and wait for a response. This is now fully functional and will reduce some of the frustration families have about knowing where the process is up to and being able to access key documents. Secondly, through our capacity gains we are committing to stepping into complex or contentious cases sooner. In time we want a larger proportion of the service to be adopting relational practice.
- 4.12. There is still work to do to reach a steady state of consistent good timeliness and communication, but we are making good progress.

## **5. KEY STAGE TRANSFERS**

- 5.1. Under the SEND Code of Practice (2015), local authorities are legally required to review and amend EHCPs in advance of a child or young person transferring between key stages of education. This includes transitions such as:
- Early years to Reception
  - Primary to Secondary
  - Secondary to Post-16 provision
- 5.2. The statutory deadlines are:
- 15 February for transfers into or between schools
  - 31 March for transfers to post-16 institutions
- 5.3. These reviews must ensure that the EHCP reflects the child's evolving needs and names the appropriate next setting in Section I of the plan.
- 5.4. There have been more pupils than ever to transfer between stages of education this year. In early years we had 44 children who went into primary provision. In the primary to secondary phase, we had to transfer plans by the 15 February 2025. This year we have had 268 to transfer which is more than the previous year. In the secondary to post 16 phase the deadline is the 31 March, and we had 334 plans to transfer and ensure placements which is more than the previous year.

## **6. PREPARATION FOR ADULTHOOD (PFA)**

- 6.1. Preparation for Adulthood (PfA) is a core priority for the Stockport SEND partnership, reflecting the importance of supporting young people with SEND to move successfully into adulthood and achieve improved long-term outcomes across education, employment, health, housing and community participation.
- 6.2. The SEND Code of Practice (2015), particularly Chapter 8, is clear that preparation for adulthood should begin early and be embedded throughout a child or young person's journey. While Stockport has made progress over recent years, the partnership has recognised that PfA arrangements have not always operated with sufficient consistency, clarity of ownership or impact across the system.

6.3. In response, Stockport has developed a strengthened Preparation for Adulthood Strategy, which has been consulted upon with partners and stakeholders and has now been formally adopted by the Council. To support this work, the partnership commissioned the National Development Team for Inclusion (NDTI) to provide independent challenge and support during 2025/26. This work included:

- a system stocktake of current strengths, gaps and barriers;
- facilitated leadership discussions to clarify roles, responsibilities and accountability; and
- engagement with practitioners to understand how PfA operates in practice across education, health and social care.

6.4. This process has helped the partnership move from a collection of initiatives towards a more coherent system approach. The adopted strategy is structured around nationally recognised PfA outcome domains:

- employment and meaningful activity;
- independent living, including housing and transport;
- community inclusion and relationships; and
- health and wellbeing.

6.5. Following adoption of the strategy, the partnership is now developing a detailed PfA action and delivery plan. This plan will translate strategic intent into clear actions, milestones and accountabilities, and will be co-produced with young people and families to ensure it reflects lived experience and addresses the issues that matter most during transition into adulthood. This includes strengthening earlier planning within the EHCP process, improving transitions between children's and adult services, and providing greater clarity and confidence in adult pathways.

6.6. Governance for PfA sits within the wider SEND partnership arrangements, ensuring alignment with SEND reform priorities, quality assurance and performance oversight. Progress will be monitored through a PFA subgroup of SEND Board.

6.7. Strengthening Preparation for Adulthood is recognised as essential both to improving individual life chances for young people with SEND and to the long-term sustainability of the local system. PfA therefore forms a key component of Stockport's wider ambition to deliver a more inclusive, consistent and person-centred SEND system.

## **7. INSPECTION PREPARATION**

7.1. Stockport had a Local Area SEND inspection in 2018 which although it highlighted many strengths including how families benefit from passionate, knowledgeable and dedicated frontline workers, did conclude that a written statement of action was required for five areas of improvement. A further inspection took place in September 2022 and found sufficient improvements in four of the five areas. An Accelerated Progress Plan (APP) was implemented to continue improvement in the fifth area. In October 2024 DfE and CQC monitoring of the Accelerated Progress Plan was ended.

- 7.2. We are now in the window for our next SEND inspection which will be under the new SEND Inspection Framework introduced in January 2025. The inspection involves the local area's partnership; education health, social care and partners who support children and young people with SEND 0 – 25yrs as covered by the SEND code of practice including those with an EHCP or SEN support plan.
- 7.3. The inspection framework asks two overarching questions:
- How do children, young people and their families experience the SEND arrangements in Stockport?
  - What impact do Stockport's SEND arrangements have on outcomes for children and young people with SEND and their families?
- 7.4. This means Inspectors will be asking whether children and young people have 'typically positive' experiences of education health and social care, and if they do what is it that is working well, and where experiences are less positive why is this and what needs to be improved?
- 7.5. The Stockport SEND partnership has undertaken a self-evaluation against the inspection criteria to evidence the positive impacts we are having, to assure ourselves and others that we understand where improvements are needed, and that our plans for continuous improvement are the right ones to deliver the required impact.
- 7.6. Our self-evaluation notes that there is a lot to celebrate. Many children and young people with SEND have good experiences and outcomes in Stockport. The evidence for this includes:
- attainment has improved for SEN learners and specifically for our cared for children;
  - attendance has improved;
  - exclusions have reduced;
  - we have created hundreds of new high needs places;
  - our system response to speech and language needs through the balanced system;
  - our well-established support offers from start well, family help, social care, and now family hubs;
  - our SEND Local Offer website has been evolving and is even more accessible and helpful for families.
- 7.7. However, we have listened to our children, young people and their families and they have told us there are still things we need to improve:
- Children and Young People often wait too long for assessments and diagnosis (Autism diagnosis and CAMHS assessments);
  - We need to improve the support offer while waiting for health assessments and diagnosis;
  - Families wait too long for their child's EHCP to be finalised;
  - Some families are unhappy that their named school is not the one they want;

- Where there are long waits, the communication between the service and the family needs to improve;
  - Moving between services where there is a transition based on a child or young person's age can be too difficult.
- 7.8. Our plans to improve the experiences and outcomes for children and young people with SEND are clearly set out in the SEND strategy which sets out our priorities in the three highest areas of need, Social Emotional Mental Health (SEMH), Autism and Neurodiversity, Speech and Language communication needs.
- 7.9. There are two key cross cutting themes. Firstly, the focus on improving the timeliness of assessment and diagnosis. A key part of this is ensuring that those that are waiting are 'waiting well' and that this is underpinned by clear communication. Secondly, the ambition to develop and promote our early help ambition so that children's education, health and social care needs are identified and met at the earliest point.
- 7.10. We have detailed improvement plans that are being progressed which include:
- EHCP recovery plan;
  - Health diagnostic waiting times – needs led Neurodevelopmental offer, Therapies and the Balanced System;
  - Mental Health and Wellbeing;
  - Success at SEN support;
  - SEND sufficiency plan - SEMH and Autism focus;
  - Attendance Strategy and multiagency leadership oversight of arrangements to improve school attendance, including for SEND learners;
  - Leadership oversight of the effectiveness, progress and outcomes for LA commissioned Alternative Provision;
  - Preparing for adulthood and transition between services;
  - Strengthening our Quality Assurance Framework.
- 7.11. Given where we are on our improvement journey, we know that there are inconsistencies of experience and outcomes. Our continued commitment to improvement is driven by our ambition to be more consistent and deliver even better experiences and outcomes for children and young people with SEND and their families in Stockport.

## **8. SEND Reforms**

- 8.1. The Government's SEND and Alternative Provision reform programme signals a significant shift in how SEND systems are expected to operate over the coming years. The reforms are grounded in national analysis which recognises that demand for Education, Health and Care Plans (EHCPs) has risen steadily over time and that this trajectory is not financially or operationally sustainable without system change. Reform is therefore intended to rebalance the system towards earlier intervention, stronger mainstream inclusion and improved confidence in SEN Support, while reserving EHCPs for children and young people with the most complex needs.

- 8.2. At a system level, the reforms imply a move away from reliance on late, statutory intervention and adversarial processes towards:
- clearer national expectations about what support should ordinarily be available in early years settings, schools and colleges;
  - earlier, more consistent access to specialist expertise to support practitioners and settings;
  - reduced variation between local areas in decision-making, thresholds and experience;
  - and stronger shared accountability across education, health and care for outcomes and resource use.
- 8.3. Alongside these changes, Government has been clear that local areas must demonstrate credible plans for reform delivery. As part of the national programme, local authorities and their partners are required to develop a Local Area SEND Reform Plan, setting out how they will strengthen inclusive practice, manage demand more sustainably, improve experiences for children, young people and families, and stabilise the system over time. The quality and deliverability of these plans is intended to be a key mechanism through which national support and intervention are prioritised.
- 8.4. For Stockport, this reform context is particularly significant. The local SEND system is operating under sustained pressure from rising demand and structural under-funding, with the cumulative high needs deficit of approximately £70m. Government has made clear that the incentive for producing a strong, credible Local Area SEND Reform Plan is the potential to address historic DSG deficits through national intervention, with up to 90% of cumulative deficits potentially mitigated for areas that meet national expectations. While this opportunity is not guaranteed, it represents an important potential reset point for the local system.
- 8.5. Stockport's thinking to date is focused on ensuring that the emerging reform plan is realistic, evidence-based and aligned to local priorities. Key areas of focus include:
- strengthening early identification and intervention, including improving confidence and consistency in SEN Support, Stockport Family, GM ICB and initiatives such as Start Well and SASS as foundational;
  - reducing avoidable escalation into statutory processes through earlier problem-solving and access to specialist advice;
  - improving consistency of practice and decision-making across education, health and care partners;
  - addressing workforce capacity and sustainability, particularly in relation to specialist roles;
  - and ensuring that lived experience from children, young people and families meaningfully shapes system design and improvement.
- 8.6. The Local Area SEND Reform Plan is currently in development and will be refined through partnership working and engagement with stakeholders. While reform may offer the opportunity to address historic financial pressures, the partnership recognises that long-term sustainability will depend on disciplined delivery, continued improvement in inclusive practice and a sustained focus on better experiences and outcomes for children and young people with SEND.
- 8.7. The deadline to submit the plan to DfE is 19 June 2026 with an initial draft plan submitted to DfE advisors by 19 May 2026.

## **9. FINANCIAL CONSIDERATIONS**

- 9.1. There is a significant annual spend pressure on the Dedicated Schools Grant (DSG) particularly in relation to the provision of SEND support services. The in-year forecast spend pressure is circa £30m. The continuing overspend is due to increasing demand, insufficient funding and despite increases in local capacity many children receiving required support in high-cost provision.
- 9.2. The cumulative DSG deficit held on the Council's Balance Sheet has increased to circa £68m at the end of the 2025/26 financial year with the council incurring significant borrowing costs of holding this deficit, estimated to be circa £2m in-year. This position is not specific to Stockport. The National Audit Office estimate a national cumulative DSG deficit position of circa £4.3bn by the end of 2025/26 with 43% of councils estimated to have cumulative deficits on their balance sheet greater than their reserves.
- 9.3. While we continue to progress actions outlined in the report to support recovery and address the financial position, Stockport's SEND funding context presents a significant challenge. Stockport receives circa £1,100 per pupil for the provision of SEND support. This is amongst the lowest funding levels nationally, which vary as much as £5,000 per pupil between the lowest and highest funded schools across the country.

## **10. LEGAL CONSIDERATIONS**

- 10.1. The Local Authority has a statutory duty to provide the provision referred to in this report.
- 10.2. Insufficient capacity in commissioned services results in a failure to meet statutory SEND responsibilities for some children and young people and breaches of duties under the Children and Families Act 2014.
- 10.3. There is an ongoing risk of legal challenge in the SEND Tribunal or judicial review and the diversion of resources to respond to those challenges.

## **11. HR CONSIDERATIONS**

- 11.1. There are no HR considerations.

## **12. EQUALITY AND ENVIRONMENTAL IMPACT ASSESSMENT**

- 12.1. There are no environmental considerations
- 12.2. The SEND improvement work and service delivery is in line with the Council's Equality objectives.

## **13. CONCLUSIONS AND RECOMMENDATIONS**

13.1. The Board are asked to consider the information in this report and the current actions. The Board is asked to:

- **Note** the continued pressure of demand on resources and impact for families
- **Note** improvement activity and positive progress to date
- **Note** the position relating to SEND inspection preparation and possible outcomes.

#### BACKGROUND PAPERS

Anyone wishing to inspect the above background papers or requiring further information should contact Tim Bowman on telephone number Tel: 07977 661073 or alternatively email [tim.bowman@stockport.gov.uk](mailto:tim.bowman@stockport.gov.uk)