

## Agenda

# ONE Stockport Health and Care Board

Date: 30 September 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                           |
|-------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|-----------------------------------|
| Meeting Governance                                    |       |                                                                                                                                   |                 |                                       |                                   |
| 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 – 29 July 2026                                                                                        | Pages 07 - 15   | <b>For Approval</b>                   | Chair                             |
| 05.                                                   |       | Actions and Matters arising                                                                                                       | Page 16         | For Discussion                        | Chair                             |
| Leadership Updates                                    |       |                                                                                                                                   |                 |                                       |                                   |
| 06.                                                   | 14:10 | Place Based Lead and Deputy Place Based Lead Update                                                                               | Verbal          | For Discussion                        | Michael Cullen / Philippa Johnson |
| 07.                                                   | 14:20 | NHS GM Acting CEO update                                                                                                          | Pages 17 - 31   | To Note                               | Philippa Johnson                  |
| Residents Voice                                       |       |                                                                                                                                   |                 |                                       |                                   |
| 08.                                                   | 14:30 | Introduction to Healthwatch                                                                                                       | Verbal          | To Note                               | Sarah Dillon / Andrew Griffiths   |
| Partnership Working                                   |       |                                                                                                                                   |                 |                                       |                                   |
| 09.                                                   | 14:35 | Live Well update                                                                                                                  | Pages 32 - 39   | To Note                               | Chris McLoughlin                  |
| 10.                                                   | 14:50 | Pain: Equality of Care and Support in Community (PEACS) Expression of Interest                                                    | Pages 40 - 42   | To Note                               | Viren Mehta                       |
| 11.                                                   | 14:55 | ENT / Gynae MOU                                                                                                                   | Pages 43 - 57   | For Approval                          | Gale Edwards                      |
| Assurance Update                                      |       |                                                                                                                                   |                 |                                       |                                   |
| 12.                                                   | 15:05 | Place Mobilisation <ul style="list-style-type: none"><li>Stockport feedback</li><li>NHS GM feedback</li></ul>                     | Pages 58 – 84   | To Note                               | Philippa Johnson                  |
| 13.                                                   | 15:15 | Mental Health annual update                                                                                                       | Pages 85 - 94   | For Discussion                        | Sarah Dillon                      |
| 14.                                                   | 15:35 | Planning: <ul style="list-style-type: none"><li>Stockport Neighbourhood Health Plan</li><li>ONE Stockport Delivery Plan</li></ul> | Pages 95 - 156  | For Approval                          | Philippa Johnson<br>Gale Edwards  |
| 15.                                                   | 15:55 | GP Survey results                                                                                                                 | Pages 157 - 186 | For Discussion                        | Viren Mehta                       |
| Updates from other Boards / Committees / Partnerships |       |                                                                                                                                   |                 |                                       |                                   |
| 16.                                                   | 16:10 | Stockport Age Friendly Partnership Update                                                                                         | Pages 187 - 196 | To Note                               | Sarah Dillon                      |
| Meeting Governance                                    |       |                                                                                                                                   |                 |                                       |                                   |

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| 17.                                                                                                                                                                                                                           | 16:20 | Questions from the public: | Verbal | For Discussion | Chair |
| 18.                                                                                                                                                                                                                           | 16:25 | Any Other Business         | Verbal | To Note        | Chair |
| <p style="text-align: center;"><b>Date and time of next meeting:</b><br/> <b>Wednesday 30 November 2026, 14:00 – 16:30 pm, Upper Ground Floor Conference Room, Stopford House</b></p>                                         |       |                            |        |                |       |
| <p><b>For Information:</b></p> <p>Launch of Mental Health Crisis Resolution Service<br/> SMBC On Your Doorstep – Bringing generations together access Stockport<br/> Joint targeted area inspection of Stockport response</p> |       |                            |        |                |       |

[illegible]





| NAME                | Current position(s) held in the NHS GM 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      |                                                |             |
| Woodworth, Simon Dr | Associate Medical Director,<br>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  |

## Draft Minutes

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

Date: 29 July 2026

Time: 15:45 – 16:45 pm

Venue: Upper Ground Floor Conference Room, Stopford House

| Present                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                     | Apologies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Present:</b><br>Michael Cullen, Chief Executive and Place Based Lead, Stockport Metropolitan Borough Council ( <b>Chair</b> )<br>Jilla Burgess-Allen, Director of Public Health, Stockport Metropolitan Borough Council<br>Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport)<br>Carmel Chambers, Chief Executive, Stockport Homes<br>Dr Viren Mehta, GP Partner, Cheadle Medical Practice & Alvanley Family Practice, GP Chief Officer, Viaduct Care, Chair, Stockport GP & Primary Care Board, Vice-Chair, GM GP Board<br>Karen James, Chief Executive, Stockport NHS Foundation Trust<br>Sarah Dillon, Director of Adult Social Care, Stockport Metropolitan Borough Council<br>Paul Buckley, Director of Strategy and Partnerships, Stockport NHS Foundation Trust<br>Tim McDougall, Director of Quality, Nursing and Healthcare Professionals, Pennine Care NHS Foundation Trust<br>Kathryn Rees, Executive Director, Corporate and Support Services, Stockport Metropolitan Borough Council<br>Gill Baker, Director of Healthcare Commissioning, NHS Greater Manchester |                                                                                                                                                                     | <b>Apologies:</b><br>John Graham, Chief Finance Officer, Deputy Chief Executive, Stockport NHS Foundation Trust<br>Anthony Hassall, Chief Executive, Pennine Care NHS Foundation Trust<br>Katherine Sheerin, Chief Commissioning Officer, NHS Greater Manchester<br>Jo McGrath, Chief Executive, Sector 3<br>Dr Simon Woodworth, GP & Associate Medical Director, NHS Greater Manchester (Stockport)<br>Chris McLoughlin, Executive Director, People and Neighbourhoods, Stockport Metropolitan Borough Council<br>Natalie Dalby, Chief Superintendent, Stockport District Commander, GMP<br>Cllr Mark Roberts, Leader of Stockport Metropolitan Borough Council<br>Heidi Shaw, Director, Family Help and Integration, Stockport Family – Education, Health and Care, Stockport Metropolitan Borough Council |
| In attendance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Steve Gear and Katy Frankland, Co-Chairs of the Carers Partnership Board, for item 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Welcome & Apologies                                                                                                                                                 | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The Chair welcomed members to the meeting of ONE Stockport Health and Care Board and acknowledged that Gill Baker had recently been added as a member of the Board. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|           | Apologies were noted as listed above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>2.</b> | <b>Notification of items of Any Other Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|           | <p>There were no other items of business to discuss, in addition to the items listed on the agenda.</p> <p>The Chair noted that there were two questions from members of the public, which would be discussed later on the agenda.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>3.</b> | <b>Declarations of Interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|           | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>4.</b> | <b>Minutes from previous meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|           | <p>The Chair asked members if there were any amendments to the minutes or if they could be confirmed as a true record.</p> <p>No further comments were received on the accuracy of the minutes.</p> <p><b><u>RESOLVED:</u></b><br/>The minutes of the ONE Stockport Health and Care Board meeting held on 27 May 2026 were <b>APPROVED</b> as a correct record.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>5.</b> | <b>Actions and Matters Arising</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|           | <p>The Chair asked for updates on the two open actions:</p> <p>LB15: Discussion on resource allocation across the system to take place at a future Board Development session. The Chair noted that a discussion on resource allocation across the system is due to take place after NHS Reform is completed and therefore the action will remain on the log. P Johnson added that we coming to the end of the reform process so we have scheduled that development session in for October. <b>Action to be Closed.</b></p> <p>LB20: Right Care Right Person update to Board: The Chair noted that conversations were taking place to determine whether there is GM wide piece of work looking at the impact of RCRP on wider partners. P Johnson added that H Shaw had reached out to colleagues to gather evidence and J Burgess-Allen's team have been collating the evidence and will be providing a report on the impact of the initiative. <b>Action to remain Open.</b></p> <p><b><u>RESOLVED:</u></b><br/>The ONE Stockport Health and Care Board <b>NOTED</b> the progress made on completion of the actions.</p> |  |
| <b>6.</b> | <b>Place Based Lead and Deputy Place Based Lead Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

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|  | <p>P Johnson referred to the recent Dovestone wildfires and the impact that this had on Stockport residents. The smoke impacted Stockport air quality and Public Health has been working with partner organisations to manage the response to the incident and have been monitoring data but no significant increases in health demand have been noticed. Public Health has been providing advice to residents to reduce exposure to smoke.</p> <p>P Johnson fedback on the 8 week engagement exercise on Children's Complex Care and Swanbourne Gardens which targeted the families of children with CHC packages using the service. There has been rich and valuable feedback through the formal process, from 4 families directly, 2 written submissions, and 10 survey responses overall. We are aware of a high volume of responses via a petition with over 2500 signatories. P Johnson reiterated that at this point this is an engagement exercise with those who use the service or potential users of the service to seek the views of users and no decisions have been made.</p> <p>P Johnson advised the Board that there had been a number of visits and inspections at Stockport recently:</p> <p>There had been a Joint Targeted Area Inspection focussing on partner response to safeguarding children. The review involved interviews with various colleagues and children's families. Verbal feedback has been received and the formal response is expected in early September.</p> <p>There have been a series of national visit to all ICBs by Claire Fuller, NHS England Medical Director, and SRO for Neighbourhood Heath. The national focus is embedding, impact, and scaling at pace working within and beyond NNHIP sites. Each of the 43 Wave 1 sites are now allocated to <i>1 priority area</i> with structured support to deliver by end of September. Stockport is allocated to the Frailty high-priority cohort.</p> <p>This will involve testing, learning and growing the approach frailty work. The ask now is to learn from the initial tests of change in phase 1 and to scale up.</p> <p>There is national consultation on the two different neighbourhood contracts, Multi-Neighbourhood Provider (MNP) Contract and Single Neighbourhood Provider (SNP) Contract.</p> <p>A national Neighbourhood Health Index survey is being launched 20 July, closing end of September. The purpose is to capture patient and unpaid carer reported outcomes and experiences, link them with healthcare utilisation data, and generate insights to improve neighbourhood health services and outcomes. Ahead of the launch, NNHIP sites are asked to identify the cohort used in our tests of change to invite responses from using a unique link.</p> <p>Finally, there are two different opportunities that Stockport is considering: Neighbourhood approach to Cancer in Neighbourhoods and Neighbourhood working in CVD with Community Pharmacy prescribers.</p> <p>The Chair advised the Board that the Prime Minster had given a speech on Adult Social Care agenda and bringing the Casey Review forward 12 months and a briefing to Board will take place at a future meeting.</p> |  |
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|           | <p>V Mehta referred to the publication of the Cardiovascular disease (CVD) modern service framework which includes everything that we have led on and GM is mentioned as a case study. We have a NNHIP focus on frailty but there is now an expanded focus on kidney disease and diabetes.</p> <p>V Mehta asked if there would be a Stockport locality response to the consultation on neighbourhood contracts, including from members of the public, or whether it is expected the responses would be by organisation. P Johnson responded that we should consider alongside a GM response.</p> <p><b><u>RESOLVED:</u></b><br/><b>The ONE Stockport Health and Care Board NOTED the Place Based Lead and Deputy Place Based Lead Update.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
| <b>7.</b> | <b>NHS GM Acting CEO update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
|           | <p>P Johnson presented the update and highlighted the following areas:</p> <p>Following the Ockenden report on Maternity and Neonatal services in Nottingham, a Stakeholder Briefing has been published with an update on work to improve neonatal care services in the North West. It was issued on behalf of North West Safe and Sustainable Specialised Health Services for Babies &amp; Children programme. P Johnson added that this is not an area that has been featured at ONE Stockport Health and Care Board but there is some good work ongoing including the development of a dashboard and therefore it is proposed that we have a session at a future Board meeting to have a lens on maternity and neonatal services across the whole system.</p> <p>Since the last meeting there have been some leadership changes in NHS GM. Sir Richard Leese has retired as Chair of NHS GM's Board and the Deputy Chair and Non-Executive Director, Jackie Njoroge, has stepped into the role of Acting Chair. Also, Kathy Roe, has been appointed as Acting Deputy Chief Executive to support Colin Scales in his role of Acting Chief Executive.</p> <p>In terms of NHS Reform, substantial changes took place from the beginning of July with the majority of staff taking up their new roles and the operating model coming into effect. The new operating model was tested immediately in Stockport as we had a safeguarding inspection which involved the safeguarding team who have moved to a pan-GM function. and the new NHS GM team mobilised as the health partner response. J Billing, who had moved into a new NHS GM role continued to support. It should be noted that there are still some colleagues who are going through the HR process.</p> <p>P Johnson brought the Board's attention to the launch of the second phase of the #NoSpaceforRacism campaign and the offer of the MenB vaccine to those entering higher or further education for the first time, and international students under 25 starting university.</p> <p>G Baker referred to the maternity and neonatal work and added that NHS GM is working with partners to develop recommendations to reduce variances in care.</p> | FS |

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|    | <p>G Baker also noted that there had been changes in the Office for Pan ICB Commissioning (OPIC) meaning that specialised services will now be commissioned at a regional level whilst NHS GM would keep oversight.</p> <p>P Johnson advised the Board that at future meeting G Baker would be providing the NHS GM update.</p> <p><b><u>RESOLVED:</u></b><br/><b>The ONE Stockport Health and Care Board NOTED the NHS GM Acting CEO update.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 8. | <b>Carers Partnership Board update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|    | <p>S Dillon advised the Board that Stockport is fortunate to have a vibrant and active Carers Partnership which has driven local carers strategy. S Dillon introduced S Gear and K Frankland to present the update.</p> <p>S Gear informed the Board that the carers partnership formed 3 years ago as a forum where carers' issues and concerns can be raised by lived experience carers and actioned. Issues raised are entered on issues log, rated Red, Amber or Green, discussed and assigned to a suitable person to come up with solution / suggestions. It is important to get the carers voice</p> <p>K Frankland added that part of the work of the partnership is to ensure that the voice of young carers is brought into the partnership. As part of that work Schools, Adult Services and Health Services are asked to look for signs that a child is caring so that they can be put on the pathway for support. K Frankland added that it is known that there are barriers in mental health, education and other social opportunities for young carers, so we don't want any to be missed.</p> <p>S Gear highlighted the key achievements over the past 12 months, which included: Development of a Carers Portal, which is the first port of call for information for someone who becomes a carer; and working with commissioning teams to develop a tender exercise around access to short breaks, with residential and community care providers. The directory of providers sits on the portal so carers can see what is available.</p> <p>K Frankland referred to the Think Carer training programme led by Signpost, which is open to local organisations, businesses and workplaces. It is a free one stop training on supporting and recognising carers and supporting carers in the workplace. The aim is to create Carers Champions across Stockport. There are currently around 350 champions in Stockport, but we want to make this more widespread as carers need to feel recognised and welcomed.</p> <p>S Gear explained that the Carers Strategy covers a five year period from 2024 and will be reviewed next year to ensure we are still on the right path. Partners are encouraged to get involved with the Carer Partnership Board to help with any issues raised and Stockport is always looking for more lived experience from unpaid carers. The National Carers Charter has been developed and is due to go live. The partnership has also been working with Viaduct on authorisation forms, so that carers can speak to people in authority on behalf of the individual being cared for.</p> |  |

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|            | <p>Finally, K Frankland advised that there is currently no representative from Children Services at present to support young carers. The Chair added that we are fortunate to have this partnership in Stockport allowing the embedding of carers and committed to providing a Children's representative on the partnership.</p> <p>S Dillon reflected on the National Carers action plan which had been published and noted that Stockport has achieved many of the milestones already but there is more to do. This needs to stay on our agenda to support people to live more independently at home and support carers to do their essential role.</p> <p>V Mehta commented that keeping this as a focus as our neighbourhood plans are developed is instrumental but noted that the challenge is how to create the time to allow staff to attend the Think Carer training. He added that it would be useful to bring Neighbourhood teams together to learn rather than having separate training sessions to support Carers better.</p> <p>G Baker added that she could see the value that this adds to Stockport and asked if there was an opportunity to share with other localities across GM. S Dillon and K Frankland confirmed that there is a representative on the regional Carers Forum which shares learning and there are also links with Signpost and other charities to share learning.</p> <p>P Johnson suggested that the Live Well training programme could potentially be developed to include Live Well as a Carer.</p> <p><b><u>RESOLVED:</u></b><br/><b>The ONE Stockport Health and Care Board NOTED the Carers Partnership Board update.</b></p> | <p>CMc</p> <p>KR</p> |
| <b>9.</b>  | <b>Community Voice Partnership update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|            | <p>K Rees presented the report outlining some of the work that has been happening across the partnership to put people and patient voice at the heart of everything we do. The partnership has stalled recently due to the changes to Healthwatch and NHS GM. Partners have agreed that there is a place for a regular sharing of insight and best practice, so we are looking to re-invigorate the Partnership with everyone's support.</p> <p><b><u>RESOLVED:</u></b><br/><b>The ONE Stockport Health and Care Board NOTED the Community Voice Partnership update.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| <b>10.</b> | <p><b>Place Mobilisation:</b></p> <ul style="list-style-type: none"> <li>• <b>Partnership Agreement</b></li> <li>• <b>Place Fund</b></li> <li>• <b>Outcomes Framework</b></li> <li>• <b>Place Team</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
|            | The Chair introduced the paper and explained that the purpose of this agenda item is to engage with Stockport system partners and to provide feedback on the suite of documents that will provide the framework for future Place and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |

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|            | <p>Health &amp; Care Partnership working. NHS GM have developed these documents to describe how we can respond to national policy change as part of NHS Reform and deliver locally. The suite contains 5 documents: Partnership Agreement; Place Fund; Outcomes Framework; Place Team Framework; and a Governance Options paper. The discussion outcome aim is to get a consensus of how we feel about the broad direction of travel and what do we want to feedback to NHS GM.</p> <p>P Johnson explained that she would be working through the different sections and reiterated the outcome is to collect views through Board discussion to be able to provide a response back to NHS GM for a final version to be developed.</p> <p>P Johnson informed the Board that there had been 7 themes identified from initial partner feedback and these would be used as the basis for the discussion:</p> <ol style="list-style-type: none"> <li>1. Prevention, Health Inequalities and Population Health</li> <li>2. Partner Representation</li> <li>3. Governance and Accountability</li> <li>4. The "Left Shift" Ambition</li> <li>5. Outcomes Framework / Performance Measures</li> <li>6. Workforce</li> <li>7. Residents Voice</li> </ol> <p>Board members discussed each of the themes above and noted additional areas of feedback to be shared with NHS GM.</p> <p>P Johnson noted that there is a survey that individuals can respond to otherwise a response from Stockport will be developed from the discussions at this meeting. P Johnson added that the response to NHS GM need to be provided by 21<sup>st</sup> August and therefore asked members to provide any final comments by the end of the following week.</p> <p>The Chair added that as well as providing a response to NHS GM on the suite of documents, this board as a system needs to start seeing the questions posed answered as part of our partnership development.</p> <p><b><u>RESOLVED:</u></b><br/><b>The ONE Stockport Health and Care Board NOTED the draft Place Mobilisation documents and partner feedback for submission to NHS GM.</b></p> |  |
| <b>11.</b> | <b>Workforce Group Flash Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|            | <p>K Rees presented the report and explained that it focusses on the welcome to Live Well sessions, which have been running in neighbourhoods and communities. The sessions have three main aims: to explain and to give an overview of what Live Well is; to give people who work in our communities an opportunity to connect; and giving people the tools and techniques to work in the Live Well way.</p> <p>K Rees noted that the sessions have been well attended and is consistent across the partnership, with a significant number of attendees from the voluntary community sector. The sessions are currently held in person but</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|            | <p>some sessions are being adapted to run on-line and more agile 7-minute briefings are being introduced. A report will be taken to the one-stop workforce group showing areas of low attendance to work out what is the best way to address that.</p> <p>In terms of what happens next a workforce development programme is needed, looking at integration and joint working on the ground and this needs to be a priority.</p> <p>K Rees suggested that a more substantial item on Workforce be brought back to a future Board meeting.</p> <p><b>RESOLVED:</b><br/><b>The ONE Stockport Health and Care Board NOTED the content of the Workforce Group flash report</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | KR / FS |
| <b>12.</b> | <b>Questions from the Public</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
|            | <p>There were two questions from members of the public:</p> <p>1 - I have been a patient at stepping hill in the outpatient therapies for 3 years and it has helped me with my back problems they do hydrotherapy but they are closing it down. It is the only one left in Manchester and it has upset a lot of patients. It had been here for 26 years on Saturdays and helped 1000s, why take something away what helped patients get better. This place needs saving before we lose it, please help us patients to keep the pool to help us get better can the MP try and stop this before the 30th of September.</p> <p>2 - Why is the hydrotherapy pool closing at stepping Hill hospital. I'm deeply concerned that the pool is closing which myself and a lot of patients rely on to keep us walking and having some independence</p> <p>K James recognised that from a resident perspective this is a valuable service. K James explained that due to finite resources Stockport Foundation Trust was reviewing all services as there is a need to utilise those resources as effectively as possible. One of the services included in that review is the Hydrotherapy pool, which is a warm water pool that some patients find easier to have their rehabilitation programme provided within. The service has been reviewed against NICE guidance and their evidence / recommendations around rehabilitation programmes. The evidence identified that there would only be a small number of patients who would benefit from using the hydrotherapy service. The pool is located in an old part of the hospital and would need significant investment from an estates perspective to maintain; therefore, it is not considered to be the best use of resources.</p> <p>K James added that the Physiotherapists were reviewing the rehabilitation programmes of patients who are currently using the Hydrotherapy pool to see if they are suitable for land based programmes or whether they need to continue using the hydrotherapy pool. For those patients that would benefit from this type of rehabilitation, and meet NICE guidance, Stockport Foundation Trust will facilitate continuation of access at another hospital with this type of facility.</p> |         |

|                                                                                                                                           |                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                           | <b>RESOLVED:</b><br>The ONE Stockport Health and Care Board NOTED the questions from members of the public and the response from Stockport Foundation Trust |  |
| 13.                                                                                                                                       | <b>Any Other Business</b>                                                                                                                                   |  |
|                                                                                                                                           | There was no Any other Business.                                                                                                                            |  |
| <b>Date &amp; Time of Next Meeting: Wednesday 30 September 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                                                                                                                                                                            |
|------------|--------------|----------------|-----------------------------------------------------------------------------------------------------------|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LB20       | 28/01/2026   | in progress    | Schedule a Board discussion on Right Care, Right Person (RCRP)                                            | HS/JBA      | 25/03/2026  | H Shaw had reached out to colleagues to gather evidence and J Burgess-Allen's team have been collating the evidence and will be providing a report on the impact of the initiative. |
| LB21       | 29/07/2026   | to close       | Maternity and Neonatal Services to be added to the ONE Stockport Health and Care Agenda                   | PJ / FS     | 30/09/2026  | Agenda item scheduled for January 2027                                                                                                                                              |
| LB22       | 29/07/2026   | in progress    | A Childrens representative to be identified for the Carers Partnership                                    | CMc / HS    | 30/09/2026  |                                                                                                                                                                                     |
| LB23       | 29/07/2026   | in progress    | Look at feasibility of the Live Well training programme to be developed to include Live Well as a Carer . | KR / FS     | 30/09/2026  | A meeting with the Carers Parternship is taking place to explore this as an option                                                                                                  |
| LB24       | 29/07/2026   | to close       | Substantial workforce update to be added to the ONE Stockport Health and Care Agenda                      | KR / FS     | 30/09/2026  | Agenda item scheduled for January 2027                                                                                                                                              |

# Acting CEO's Report to the Board

## September 2026

## Board

16 September 2026

### Report for Information

| Required information.                                                                                   | Details.                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title of report.                                                                                        | Acting CEO's Report to the Board                                                                                                                                   |
| Author.                                                                                                 | Jenny Noble on behalf of Professor Colin Scales                                                                                                                    |
| Presented by.                                                                                           | Professor Colin Scales                                                                                                                                             |
| Contact for further information.                                                                        | <a href="mailto:gmhscp.gmicb.corporate@nhs.net">gmhscp.gmicb.corporate@nhs.net</a>                                                                                 |
| Executive summary.                                                                                      | The paper details updates from the Acting CEO with reference to the national, regional and local system positions.                                                 |
| The benefits that the population of Greater Manchester will experience.                                 | The NHS Greater Manchester (GM) response to NHS Reform, with consideration being made through the necessary due diligence.                                         |
| How health inequalities will be reduced in Greater Manchester's communities.                            | Proactively responding to the independent review into maternity and neonatal services at Nottingham University Hospitals NHS Trust.                                |
| The decision to be made and/or input sought.                                                            | 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. |
| How this supports the delivery of the strategy and mitigates the Board Assurance Framework (BAF) risks. | Delivering key messages in the context of NHS Reform which is BAF SR10.                                                                                            |

|                                                                                                                                                               |                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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><br><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 July.
- 1.3. I have attached the final version of our 2025/26 Annual Assessment Letter which provides a balanced reflection of our organisation's performance over the past year, recognising

both the progress made and the matters discussed through our ongoing dialogue with regional colleagues.

## **Launch of HPV self-testing**

- 1.4. The NHS is introducing Human Papillomavirus (HPV) self-testing as part of the NHS Cervical Screening Programme, following a recommendation from the UK National Screening Committee. Initially, self-testing will be offered to eligible women and anyone with a cervix aged 30 to 65 who have not attended cervical screening after previous invitations.
- 1.5. The service will be rolled out gradually over the next year, with invitations issued nationally via the NHS App, text message, email or letter. Eligible participants can order a free self- testing kit online or by telephone.
- 1.6. HPV self-testing does not replace routine cervical screening. Anyone who receives a positive high-risk HPV result from a self-test will still need to attend for a clinician-taken sample. The initiative aims to improve screening participation among people who do not regularly attend appointments, helping to reduce health inequalities, improve patient experience and support the goal of eliminating cervical cancer by 2040.

## **Transfer of NHS England Direct Commissioning Functions and Office of Pan-ICB Commissioning (OPIC)**

- 1.7. Progress continues across the North West in preparation for the transfer of NHS England direct commissioning functions to Integrated Care Boards from 1 April 2027, (subject to approval of the required legislation). The three North West ICBs and NHS England North West continue to make progress in developing the operating model, governance arrangements and workforce planning required to support the transition and establishment of the North West Office of Pan-ICB Commissioning (OPIC).
- 1.8. To support the next phase, a North West Transition Board comprising the three ICBs and NHS England North West has been established. The Board will oversee and drive the transition programme from October 2026 through to the formal transfer of responsibilities on 1 April 2027, ensuring appropriate governance and workforce readiness, operational continuity and risk management throughout the transition period.
- 1.9. In parallel, the three ICBs will establish an OPIC Management Group from October 2026. Working in partnership with the NHS England regional commissioning team, the group will shape the design, operating arrangements and organisational development of OPIC during 2026/27 to ensure a fully functioning office is in place for transfer to LSC ICB as the host from April 2027. The Group will provide executive oversight of planning, performance, workforce, finance, quality, governance and risk, supporting the safe and effective transition and delivery of commissioning functions across the region.

- 1.10. This programme represents a significant step towards establishing ICBs as strategic commissioners and ensuring robust regional arrangements are in place to commission specialised services, health and justice services, and screening and immunisation services at scale across the North West.

## 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 and Proposed Change to the Constitution

- 2.1. Recruitment to appoint Sir Richard's successor as ICB Chair is still under way. As announced earlier this year, this role is expected to also take on the Health Commissioner responsibilities for Greater Manchester, working closely with the Mayor. In light of the recent Makerfield by-election and election for the Mayor of Greater Manchester, the recruitment process was paused temporarily but interviews are now scheduled to take place in October.
- 2.2. As a result, we have been mandated by region to amend our constitution. The change relates to section 3.3.3, as the current wording prohibits the Chair from holding a role in another health and care organisation within the ICB area.
- 2.3. This section has been amended in the GM constitution to read:  
  
3.3.3 Individuals will not be eligible if:  
  
a) they hold a role in another health and care organisation within the ICB area, **except a role in a strategic authority;**  
  
b) any of the disqualification criteria set out in 3.2 apply.
- 2.4. No other changes are proposed at this time although we are currently reviewing the Committee Terms of Reference which may result in further amendments.

### NHS Reform Programme

- 2.5. NHS Greater Manchester is now in Year 2 of its reform programme, with a focus on completing organisational restructuring, stabilising the organisation, and supporting the next phase of service transfers required to achieve the target operating model.
- 2.6. The majority of organisational change activity has now been completed and most colleagues have transitioned into new roles. However, for the small number of colleagues

who remain displaced, this continues to be an extremely difficult and uncertain period. The organisation remains committed to supporting affected colleagues with compassion, fairness and appropriate support as these processes are concluded. We remain fully committed to supporting colleagues to find suitable alternative employment and to continuing with meaningful work whilst processes are concluded.

- 2.7. Alongside completing structural change, our focus is on stabilising the organisation and embedding the new operating model. This is a multifaceted programme of work that includes establishing a clear strategic direction through the Strategic Commissioning Plan, implementing the two-year Organisational Development Plan, strengthening leadership and culture, and improving core business processes and ways of working to support effective delivery.
- 2.8. The second phase of delivering our target operating model involves a number of transformation programmes that will see services transfer both into and out of the organisation. These changes are intended to align functions with the strategic commissioner role of the ICB, strengthen delivery arrangements across the system and ensure services are located in the organisations best placed to deliver them. This programme of work will be progressed in partnership with staff, trade unions and system partners over the coming months.

## **Cardiac and vascular public consultations**

- 2.9. The Board will be aware from previous updates about the two ongoing NHS Greater Manchester public consultations regarding the future of specialist heart and vascular surgery services across Greater Manchester and Eastern Cheshire.
- 2.10. These consultations are asking for feedback on proposals which would see:
  - Adult cardiac surgery: proposals to deliver all adult cardiac surgery at Wythenshawe Hospital
  - Specialist vascular surgery: proposals to deliver specialist vascular surgery at Manchester Royal Infirmary.
- 2.11. Outpatient appointments, diagnostic tests and follow-up care would continue to be provided from a range of locations across Greater Manchester. Both consultations close on 22 September 2026. Feedback from patients, families, staff, partners and the public will from both consultations will be used by the Commissioners to refine and improve the proposals before any final decisions are made. I will keep the Board updated on any necessary developments going forward.

## **Winter vaccinations**

- 2.12. In September we will launch our 'Keep protected this winter' vaccination campaign, which aims to tap into our natural instinct to keep ourselves and our loved ones safe and protected. The first phase of the campaign focuses on vaccinations for pregnant women, 2-3s and school-aged children. This will be live across a number of channels including radio, on buses and trams across GM, and online across a number of digital channels. We have also created a pack of engaging content for partners to use to help support an increase in uptake of winter vaccinations in GM. Resources such as newsletter copy, leaflets, including Easy Read, graphics for waiting room digital screens, social media content and more will be available to download from our campaigns resource centre.
- 2.13. We are also continuing to encourage students heading to university this autumn to not only register with a local GP, but also make sure they're up to date with their vaccinations. Eligible students under 25 who are starting university or residential further education for the first time are being urged to take up the new MenB vaccination programme. MenB is a rare but serious infection that can become life-threatening very quickly. Students need two doses of the vaccine, given at least four weeks apart, for the best protection. The first dose is available until 31 December 2026, with the second available until 31 March 2027.
- 2.14. Students are also encouraged to plan ahead for repeat prescriptions, learn how to access NHS services, and look after their mental wellbeing as they adjust to university life.

## **Launch of the Inclusive Leadership Steering Group**

- 2.15. I am pleased to update members on the launch of NHS Greater Manchester's Inclusive Leadership Steering Group (ILSG).
- 2.16. The ILSG brings together colleagues from across the organisation, including staff and peer networks, trade unions, senior leaders and those with lived experience, to help shape and improve inclusive leadership, organisational culture and workforce experience. The Group has been established as a collaborative critical friend, bringing together workforce evidence, staff feedback, lived experience and organisational insight to support learning, challenge and continuous improvement.
- 2.17. Working alongside existing programmes and governance arrangements, the ILSG will provide a forum for co-production, ensuring that the experiences and perspectives of colleagues help inform organisational decisions and improvement activity. It will play an important role in helping us create a workplace where everyone feels valued, included, respected and able to thrive.

## **Northern Care Alliance update**

- 2.18. The Northern Care Alliance NHS Foundation Trust continues to operate in challenging circumstances, with significant public and media scrutiny concerning organisational culture, leadership and the management of incidents and concerns. The Trust has acknowledged the seriousness of the issues raised and the need to listen to patients,

colleagues and communities, establish the facts and demonstrate sustained improvement. This scrutiny should not detract from the commitment and compassionate care shown by many NCA colleagues, but nor should positive experiences diminish the concerns raised.

- 2.19. The Trust remains subject to significant regulatory oversight, including the Care Quality Commission Section 29A Warning Notice, NHS England enforcement undertakings and enhanced oversight through the System Improvement Board. These requirements are being brought together through a single, coordinated improvement and assurance plan covering quality and safety, governance, culture, workforce, performance and the use of resources.
- 2.20. NHS Greater Manchester is working closely with the NCA, NHS England and wider system partners to support and oversee delivery of the required improvements. Our focus is on ensuring that progress is assessed not only through the completion of actions, but through clear evidence of impact, sustained improvement and better experiences and outcomes for patients and staff. Continued openness, engagement and shared ownership across the NCA's four localities will be essential to rebuilding confidence.
- 2.21. Industrial action involving theatre services took place on 24, 26 and 28 August. The dispute relates to terms and conditions, alongside wider workforce concerns including vacancies, leadership, civility, shift management and the impact of meetings on clinical priorities. The NCA continues to engage with colleagues and trade union representatives while maintaining safe services and managing the operational, workforce and financial pressures arising from the dispute. NHS Greater Manchester and partners have supported system coordination and patient-safety arrangements throughout.
- 2.22. Further Industrial Action is planned to take place next week with some of NCA's theatre staff. The Trust are working hard to minimise the impact on patients and maintain high standards of care and quality at all times. They also have contingency plans in place for emergency situations.
- 2.23. The NCA remains committed to constructive discussions and finding a fair and sustainable resolution while maintaining safe care for their patients. A meeting will be taking place with UNISON on Friday with the hope of finding a resolution.

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

- 2.24. A significant recent win has been Greater Manchester's success in securing funding through the UKRI Local Innovation Partnerships Fund (LIPF), building directly on the strong foundations established through the Health Innovation Accelerator (HIA), lead by Health Innovation Manchester with partners. The award includes £6.7m for Health Innovation Manchester's Greater Data Accelerator programme, which will create a globally distinctive real-world evidence and data innovation platform by linking population-scale health data, UK Biobank assets and advanced analytics capabilities to reduce the time, cost and risk of research and innovation. In parallel, Manchester University NHS

Foundation Trust secured £5.5m for the Greater Manchester Wearables and Remote Monitoring Innovation Cluster, which will establish a national-scale platform for the development, testing and adoption of wearable and remote monitoring technologies, integrating wearable device data with NHS systems to support both patient care and commercial innovation. Together, these programmes represent a major vote of confidence in Greater Manchester's innovation ecosystem, demonstrating how the collaborative partnerships, delivery capability and system leadership developed through previous programmes are now attracting substantial external investment, accelerating inward R&D activity and strengthening the city region's position as a leading UK centre for health innovation, life sciences and data-enabled growth. Through public and private co-investment, the value of these programmes to GM over 7 years is forecast to be £59m.

## **Health and Safety Oversight**

- 2.25. I have previously committed to updating the Board on health and safety matters through a standing item within my report. Work continues to implement the outstanding recommendations from the Mersey Internal Audit Agency (MIAA) Health and Safety Audit. Implementation of the new incident-reporting system remains planned for September 2026 and will support more consistent reporting, improved identification of trends and organisational learning. By the end of September, the Lone Worker Policy is also expected to be finalised and approved through the People and Resources Committee, alongside completion of the review of NHS GM's internal risk-assessment documentation. Progress against the remaining audit actions will continue to be monitored through the established governance arrangements.
- 2.26. Work is also continuing to establish sustainable health and safety arrangements following the structural changes arising from NHS Reform. Appropriate interim arrangements are in place to support the discharge of NHS GM's statutory responsibilities while the future model is developed. As the responsible Committee, the People and Resources Committee will continue to receive regular updates on Health and Safety matters, with assurance provided to the Board through the Committee's regular reports.

## **Board Assurance Framework**

- 2.27. Work to develop the Board Assurance Framework (BAF) remains ongoing. Although the BAF risks have been agreed and were originally planned for consideration by the Board in September, further time has been required to develop the detail underpinning those risks and to review the corporate risk profile in light of NHS Reform and implementation of the new operating model. The extended timeline will enable the corporate risks to be more fully developed and aligned to the agreed BAF risks, providing a stronger basis for their ongoing management through clearer controls, assurances, ownership and mitigating actions. A Chief Officers' workshop is planned for September to consider the BAF risks, including the organisation's risk appetite, ahead of the revised BAF being presented to the Board for consideration in November.

## **NHS GM Winter Plan**

- 2.28. Planning is under way for winter 2027/28, with a focus on strengthening system resilience and readiness to manage seasonal pressures. The Board will be kept informed as the plan develops.

## **Recommendations**

- 3.0** The NHS GM Board is asked to:
- 3.1. Note the contents of the Acting CEO's Report to the Board including the 2025/6 Annual Assessment Letter.
  - 3.2. Note the proposed amendment to the constitution.
  - 3.3. Provide feedback on any future topics they wish to be covered within the Acting CEO's Report to the Board in November 2026.

To: Jackie Njoroge, Chair (Interim)  
Colin Scales, Chief Executive (Acting)

Greater Manchester Integrated Care  
Board

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31 July 2026

Dear Jackie and Colin,

## **Annual assessment of Greater Manchester Integrated Care Board's performance in 2025–26**

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This has been a particularly challenging year for ICBs, marked by significant system-wide pressures and continued organisational change. In parallel, ICBs have been required to adapt to an evolving operating model, while maintaining a clear focus on statutory duties, system leadership and delivery for local populations.

Against this backdrop, I recognise the complexity of the task facing your organisation and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. I also acknowledge the additional burden created by structural changes, and the need to maintain stability and continuity across systems during a period of transition.

In reaching this assessment, I have considered evidence from the ICB's annual report and accounts, available performance and assurance data, feedback from partners and stakeholders, and the discussions my team and I have held with ICB colleagues over the course of the year.

While this annual assessment is a statutory requirement, I have sought to ensure that it is balanced and proportionate, recognising both the need to assess performance against statutory responsibilities and the realities of the organisational change that has taken place during the year.

I remain committed to working constructively with you, building on learning from the year, and supporting ICBs as roles, responsibilities and arrangements continue to evolve.

I would like to thank you, your Board and your wider team for your leadership and continued commitment during a demanding period of change. My team and I look forward to continuing to work with you in the year ahead.

Yours sincerely,

A handwritten signature in black ink, reading 'Louise Shepherd'.

**Louise Shepherd CBE**  
Regional Director (North West)

## **Section 1: ICB performance assessment**

In reaching this assessment, I have considered how successfully the ICB delivered national priorities, discharged its statutory duties and improved outcomes for its population during 2025/26.

Greater Manchester ICB demonstrated progress across a number of national priorities. Cancer performance improved, with the 62-day standard delivered above target and stronger evidence of pathway redesign and system-wide improvement activity. Elective recovery and diagnostics also improved, supported by reductions in long waits, strengthened delivery arrangements and expanded Community Diagnostic Centre capacity. The ICB also reported improved GP booking satisfaction and strong performance on a number of mental health access and capacity measures.

Urgent and emergency care remained an area of challenge. Four-hour A&E performance improved compared with the previous year but remained below the national standard, and constitutional performance remained inconsistent overall.

The ICB demonstrated a well-developed strategic approach to population health and reducing inequalities, including the use of population health management, neighbourhood models and linked datasets to identify and target priority cohorts. This supports a more proactive, preventative and outcomes-focused model of care. However, further work is required to embed this consistently within decision-making, commissioning and Board assurance arrangements, and to demonstrate measurable impact across places.

The annual report evidences a well-described quality governance architecture and use of priority metrics to identify risks and shape improvement activity. Positive progress has been made, including in public engagement and delegated oversight of primary care complaints. However, further assurance is required on how wider quality metrics, patient experience intelligence and complaints themes are triangulated and used to demonstrate impact through Board-level reporting.

The ICB delivered its financial plan for 2025/26 and submitted a compliant break-even plan for 2026/27. The ICB also reported that it met the annual Mental Health Investment Standard. However, the underlying financial position remains challenging, with a significant efficiency requirement and continued reliance on non-recurrent delivery during 2025/26. Financial sustainability remains a significant strategic risk and will require sustained leadership focus throughout 2026/27.

I have also considered the recent SEND inspection of the Tameside Local Area Partnership, which identified significant concerns and requires a priority action plan and future monitoring. This is relevant to the ICB's responsibilities for planning and commissioning services with local partners. I have also noted the positive findings from the Oldham and Bury re-inspections, which found effective action had been taken by partners, including the ICB, in response to previously identified areas for improvement.

Overall, Greater Manchester ICB demonstrated progress across several important priorities, particularly cancer performance, elective recovery, diagnostic improvement, population health and strategic commissioning development. Nevertheless, significant challenges remain in urgent and emergency care, mental health pathways, financial sustainability, inequalities and achieving consistent delivery across all priority standards requiring sustained focus during 2026/27 to deliver necessary improvements.

## **Section 2: ICB capability assessment**

In considering capability, I have reviewed how effectively the ICB has commissioned services for its population, exercised system leadership, taken appropriate professional advice, engaged with local communities and discharged its statutory responsibilities during a period of considerable organisational change.

The evidence indicates an organisation with clear strategic intent and developing strategic commissioning capability. Governance and operating model arrangements have strengthened, with clearer alignment to the Model ICB Blueprint, stronger place-based partnerships, more explicit system governance and provider oversight arrangements, and a clearer strategic commissioning cycle linking population health intelligence, prioritisation and delivery.

The ICB demonstrates a clear commitment to partnership working through collaboration with providers, local authorities, place partnerships, communities and wider system stakeholders. The annual report provides stronger evidence of public involvement, organisational development, workforce transition support and wider partnership structures supporting the system's aims.

The ICB has continued to operate in a context characterised by system reform, reduced organisational capacity and continued financial and operational pressure. Despite these pressures, governance, commissioning and system leadership arrangements have continued to strengthen. However, further work is required to ensure that these arrangements consistently translate into improved operational delivery, measurable outcomes and sustainable organisational performance. In light of the Tameside SEND inspection outcome, continued evidence will also be required on how commissioning, quality governance and partnership arrangements are supporting delivery of the required improvements and sharing best practice across statutory partners within Greater Manchester.

Overall, my assessment is that Greater Manchester ICB demonstrates many of the characteristics of a capable strategic commissioner, with strengthening governance, increasing organisational maturity and strong partnership working. Continued focus will be required to translate this capability into sustained improvement across performance, quality, inequalities and financial outcomes.

## **Section 3: Support and intervention**

During 2025/26, Greater Manchester ICB remained subject to formal undertakings, with enforcement arrangements in place throughout the year.

The evidence demonstrates progress in a number of areas, particularly delivery of the 2025/26 financial plan, submission of a compliant financial plan for 2026/27, strengthening governance arrangements, improved oversight and greater financial grip. This progress has resulted in a narrowing of the areas requiring ongoing oversight. The annual report also provides stronger evidence of the governance structures, provider accountability arrangements and reform programme supporting this progress.

While the evidence demonstrates tangible progress against the objectives underpinning the undertakings, continued focus will be required to ensure that financial recovery and governance improvements are sustained over the longer term. You have provided assurance

that the ICB is targeting continuation of the improvements achieved during 2025/26, and this will be required in order to deliver your plans and objectives for 2026/27.

The regional team will continue to work closely with the ICB to support delivery of its strategic commissioning ambitions and ensure progress is sustained over time.

## **Conclusion**

In forming this assessment, I have sought to take a balanced and proportionate view of the ICB's performance, recognising both the progress made and the scale of the challenges that remain. The organisation has continued to evolve its operating model and strategic commissioning approach during a period of significant change and has strengthened a number of the foundations required for successful strategic commissioning.

The next phase of ICB development requires clear and continued focus on translating strengthened governance and commissioning capability, alongside the system leadership required for Greater Manchester, to ensure these improvements translate into sustainable improvements in outcomes, experience, quality and financial sustainability for the population.

I ask that you share this assessment with your Board and senior leadership team and consider publishing it alongside your annual report at a public meeting. In line with statutory requirements, NHS England will publish a summary of the outcomes of all ICB annual performance assessments.

# Live Well Programme Update

|                                  |                                              |                        |     |
|----------------------------------|----------------------------------------------|------------------------|-----|
| <b>Report To (Meeting):</b>      | ONE Stockport Health and Care Board          |                        |     |
| <b>Report From (Board Lead)</b>  | Executive Director People and Neighbourhoods |                        |     |
| <b>Report From (Author):</b>     | Chris McLoughlin                             |                        |     |
| <b>Date:</b>                     | 30 <sup>th</sup> September 2026              | <b>Agenda Item No:</b> | TBC |
| <b>Previously Considered by:</b> | N/A                                          |                        |     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                          |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------------|
| <b>Purpose of the report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                          |                                |
| To provide the Board with an update on the Live Well Programme in Stockport.                                                                                                                                                                                                                                                                                                                                                                                   |  |                          |                                |
| <b>Key points (Executive Summary):</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |                                |
| This report provides an update on progress across the wider Live Well programme, including: <ul style="list-style-type: none"> <li>• The rollout of Live Well Spaces across the borough;</li> <li>• The refreshed workforce development offer;</li> <li>• Updates on the Live Well Implementation Fund;</li> <li>• Progress of the Neighbourhood Health Implementation Programme (NHIP);</li> <li>• Area Leadership Team priorities and next steps.</li> </ul> |  |                          |                                |
| <b>Recommendation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |                                |
| The Board is asked to: <ul style="list-style-type: none"> <li>• Note progress of the Live Well Programme;</li> <li>• Support continued alignment between Live Well and the One Stockport Health and Care delivery priorities.</li> </ul>                                                                                                                                                                                                                       |  |                          |                                |
| <b>Decision</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Discuss/Direction</b> | <b>Information/Assurance</b> X |

|                                                                 |                                                                                  |   |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|---|
| <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                    | X |
|                                                                 | There are safe, high-quality services which make best use of the Stockport pound | X |
|                                                                 | Everyone takes responsibility for their health with the right support            | X |
|                                                                 | We support local social and economic development together                        |   |

|                                  |                  |
|----------------------------------|------------------|
| <b>Conflicts of Interests</b>    |                  |
| Potential Conflicts of Interest: | None identified. |

|                                                                 |                                                                                                           |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Risk and Assurance:</b>                                      |                                                                                                           |
| List all strategic and high-level risks relevant to this paper: | The main programme risks relate to system financial pressures across partners, increasing demand, and the |

|  |                                                                                                                                                                                                 |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | impact this has on delivering early help and the delivery of transformation. These risks are being managed through programme governance, workstream reporting and continued partner engagement. |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>Consultation and Engagement:</b>       |                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Local People / Patient Engagement:</b> | Monthly neighbourhood network meetings and launch of the Live Well Spaces roadshow across the borough, including engagement with councillors, residents and VCFSE.                                                                                                                                                                                                                                        |
| <b>Workforce Engagement:</b>              | <p>Welcome to Live Well training sessions, Making Every Contact Count, tailored training for Live Well Spaces, online resources and partner engagement are supporting the workforce to understand the Live Well offer and connect residents to appropriate support.</p> <p>Six engagement sessions held with partners to reflect on learning from phase one of NNHIP and assess opportunity to scale.</p> |

| <b>Potential Implications:</b>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |   |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|----|
| <b>Financial Impact:</b><br>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>                                                                                                                                             | This report provides a programme update and does not request additional funding or approval of expenditure.                                                                                                                                                                                                                                                             |   |     |    |
| <b>Performance Impact:</b>                                                                                                                                           | Stockport is one of four GM Prevention Demonstrator Sites, testing how integrated, neighbourhood-based services can achieve better outcomes for residents and support wider public service reform. An evaluation of Live Well group has been established to progress this work, as well as developing outcome measures aligned to the established GM Live Well metrics. |   |     |    |
| <b>Workforce Impact:</b>                                                                                                                                             | We continue to engage with the workforce through Welcome to Live Well training and raising awareness through attendance at key partner forums.                                                                                                                                                                                                                          |   |     |    |

|                                                                                        |                                                                                  |     |  |    |   |     |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----|--|----|---|-----|
| <b>Quality and Safety Impact:</b>                                                      | No specific quality or safety impact arise from this update.                     |     |  |    |   |     |
| <b>Compliance and/or Legal Impact:</b>                                                 | No specific compliance or legal implications arise from this update.             |     |  |    |   |     |
| <b>Equality and Diversity:</b><br>Has an equality impact assessment been completed?    | General Statement: Equality, Diversity and Inclusion is a key Live Well enabler. |     |  |    |   |     |
|                                                                                        | If Not Applicable please explain why                                             | Yes |  | No | X | N/A |
| <b>Environmental Impact:</b><br>Has an environmental impact assessment been completed? | General Statement:                                                               |     |  |    |   |     |
|                                                                                        | If Not Applicable please explain why                                             | Yes |  | No | X | N/A |

## Live Well Programme Update

### 1. Live Well Spaces & Offers

- 1.1. The launch of the Live Well Spaces network in June 2026 marked a significant step in expanding the Live Well approach across Stockport. Building on the opening of Stockroom as the borough's flagship Live Well Centre, residents can now access support through a growing network of trusted community locations, including libraries, Life Leisure centres, Family Hubs, Cornerstone and the digital Live Well offer.
- 1.2. The development of the Live Well Spaces network builds on the success of the Family Hubs model, which has demonstrated the value of delivering accessible information, advice and support through trusted neighbourhood settings. Through a network of community locations, co-located venues such as libraries, and digital access via the One Stockport Family Hubs App, Family Hubs have made it easier for families to access support at the right time. This learning has informed the wider Live Well Spaces approach. As Live Well Spaces, Family Hubs now form part of the borough-wide Live Well offer, strengthening connections between family support, community services and improving access to joined-up support closer to home.
- 1.3. Together, these spaces provide access to information, advice, activities and support across the core Live Well offers: learning, work and skills; money and getting online; health, mental health and wellbeing; care, caring and staying independent; children, young people and families; feeling safe and included; housing and where I live; and what's on in local communities.
- 1.4. To raise awareness of the new network, a programme of roadshow events has been delivered across the borough, showcasing the breadth of support available through Live Well Spaces and demonstrating how residents can access support through trusted places within their communities. A borough-wide communications campaign has supported the launch, helping residents better

understand the support available within their neighbourhoods and encouraging greater use of local community assets and services.

## **2. Workforce Development**

- 2.1. Following feedback from partners, the Live Well workforce development offer has been refreshed to create a new blended offer. This combines the neighbourhood-based sessions with online training sessions, team-based delivery, as well as short briefing videos. Making Every Contact Count remains an important part of the approach. Live Well Spaces Champion Huddles have been introduced to support shared learning, problem solving and to collate workforce insights.

## **3. Neighbourhood Model**

- 3.1. Live Well Neighbourhood Networks provide a regular forum for organisations, community groups, local services, councillors and residents to come together around neighbourhood issues and opportunities. The meetings help build local relationships, strengthen partnership working and identify areas where organisations can work together to respond to community needs.
- 3.2. Each neighbourhood is supported by a dedicated Neighbourhood Coordinator who helps bring partners together, supports local collaboration and acts as a key point of contact for neighbourhood activity. Upcoming Neighbourhood Network meetings are available to book via the [Stockport Live Well Eventbrite page](#).
- 3.3. A detailed overview of the activity, findings and impact of the neighbourhood networks will be provided in upcoming Live Well area committee reports.

## **4. VCFSE Collaboration**

- 4.1. Through the first round of the Live Well Implementation Fund, 37 projects received full or partial grant awards, supporting a broad range of communities, neighbourhoods and Live Well priorities across Stockport. A total of £456,772 was allocated during year one. Subject to ongoing monitoring, evaluation and delivery progress, some projects have also been approved to continue into year two.
- 4.2. Investment was aligned to the five Live Well strategic priorities, with the largest proportion supporting initiatives focused on keeping people well and connected and preventing crisis and reducing inequality.
- 4.3. Grant recipients continue to receive support from Sector 3, Neighbourhood Coordinators and relevant Live Well partners to maximise impact, strengthen local connections and share learning across the programme.

| <b>Strategic Theme</b>                                                     | <b>Grant Awards</b> |
|----------------------------------------------------------------------------|---------------------|
| Meeting Basic Needs with Dignity                                           | £50,929             |
| Keeping People Well and Connected                                          | £142,298            |
| Preventing Crisis and Reducing Inequality                                  | £120,255            |
| Strengthening Community Power and Capacity                                 | £92,300             |
| Joined Up Support that Enables People to Prepare for, Access and Work Well | £50,990             |
| <b>Total</b>                                                               | <b>£456,772</b>     |

## **5. National Neighbourhood Health Implementation Programme (NNHIP)**

- 5.1. Stockport's NNHIP has tested neighbourhood-based approaches to prevention, early intervention and integrated working across six neighbourhood footprint areas. The programme has brought together primary care, community services, adult social care, the voluntary, community, faith and social enterprise sector, and local residents to identify opportunities to improve outcomes through earlier support and stronger neighbourhood coordination. The programme focussed on particularly on frailty, dementia and end of life need, reflecting priorities within our One Health and Care Plan.
- 5.2. Key learning from the programme reinforces the importance of prevention, proactive identification of need, stronger neighbourhood partnerships and better coordination around residents. While each neighbourhood focused on a different priority based on their local population needs, common themes included the need for earlier intervention, improved visibility of community support, more consistent referral pathways and greater use of neighbourhood assets to support people to remain well and independent at home and reduce demand on acute and reactive services.
- 5.3. The programme has already led to a number of practical improvements. These include testing new approaches to frailty identification and prevention, developing Healthy Futures, a local education and physical activity pilot aimed at supporting healthier lifestyles, strengthening falls prevention support in care homes, establishing a dementia hub in Offerton, improving proactive care planning for residents living with dementia or approaching the end of life, and piloting multidisciplinary approaches to support residents with complex frailty needs. Work has also strengthened links between neighbourhood teams, social prescribing, community organisations and prevention services.
- 5.4. The learning from NNHIP is now being used to inform the next phase of Live Well and neighbourhood health delivery across Stockport. Future priorities include strengthening prevention pathways, improving coordination between services, developing neighbourhood health plans, supporting earlier identification of need and making greater use of community-based support to help residents remain independent and well for longer.
- 5.5. Further detail on activity, learning and impact within each neighbourhood footprint will be included in upcoming Area Committee reports.

## **6. Area Leadership Teams**

- 6.1. Area Leadership Teams (ALTs) are bringing together health, social care, housing, voluntary and community sector partners to develop more integrated neighbourhood health and care approaches. Their role is to support closer working between organisations, improve coordination of services, and ensure support is designed around the needs of local populations.
- 6.2. Current areas of focus include improving support for people living with dementia and unpaid carers, strengthening preventative approaches to falls and frailty, promoting healthier ageing, and improving access to support through community based and non-clinical settings. This work aims to support residents to stay well, maintain independence for longer, and access help before needs escalate.
- 6.3. ALTs are also supporting greater integration between primary care, community health services, adult social care, housing providers and the voluntary, community, faith and social enterprise sector. This is helping to strengthen neighbourhood health approaches, improve pathways between services, and support a shift towards earlier intervention and prevention.
- 6.4. Beyond Core Contract Review (BeCCoR) builds on existing population health and neighbourhood working approaches, combining GM requirements to proactively support residents with long term cardiovascular disease, diabetes and other high needs for optimisation with broader local priorities such as frailty, dementia, end of life care and community-based prevention. All GM practices have received information identifying cohorts of residents requiring targeted support, alongside an expectation to develop approaches for people who may not routinely engage with primary care services. In Stockport, BeCCoR is being used as an opportunity to extend and strengthen established neighbourhood working, with locality plans bringing together both the GM required population health activity and locally identified priorities.
  - The programme supports greater integration between primary care, community health services, social care, public health and voluntary sector partners, helping to deliver more proactive and coordinated support for residents.
  - Delivery will be informed by population health intelligence and emerging data to identify unmet need and target interventions more effectively. A test, learn and grow approach will enable plans to evolve over time in response to local insight, evidence and outcomes.
- 6.5. Delivery is tailored to local needs, with learning from neighbourhood activity helping to inform future health and care transformation across Stockport. A more detailed update on individual Area Leadership Teams, including locality specific priorities, progress and the wards they represent, will be provided through forthcoming Area Committee reports.

## **7. Independence & Care**

7.1. Supporting people to live independently and access the right care and support at the right time is a key part of the Live Well approach. Recent developments include:

- Adult Social Care appointments are available in a growing number of community venues, including libraries and other local settings, making it easier for residents to access advice, assessments and support closer to home. This neighbourhood-based approach also strengthens joint working between services and community partners.
- In June 2026, Stockport opened the Live Well Independently in Stockport Suite at Fred Perry House. Designed to replicate a home environment, the suite enables residents to explore practical adaptations, equipment and assistive technology that can support independent living, including stair lifts, sensors, alarms and bathroom aids. An online Virtual House is also available for residents unable to visit in person.
- In January 2026, the One Health and Care Academy opened, bringing together health, social care and wider system partners to support workforce development across Stockport. The Academy has established itself as a key enabler of integrated working, providing accessible training, shared learning opportunities and career development pathways that help build a skilled, confident workforce capable of supporting residents to remain independent and well within their communities.

## **8. Learning and Evaluation**

8.1. Stockport continues to work alongside all ten Greater Manchester localities to develop and implement the Live Well approach, contributing to shared learning, evaluation and system reform across the city region.

8.2. In 2025, Stockport was selected as one of four Greater Manchester Prevention Demonstrator sites, providing an opportunity to test and learn from neighbourhood-based approaches that improve outcomes for residents and support the delivery of more preventative, integrated public services.

8.3. To support this work, a Live Well Evaluation and Learning Group has been established to gather evidence, capture learning and inform the ongoing development of the programme.

## **9. Future Priorities & Next Steps**

9.1. Several Live Well Workstreams have successfully transitioned into business-as-usual delivery. As a result, the programme is being refocused to concentrate capacity and resources on those areas of greatest demand and opportunity for impact. The current lines of exploration include;

- Day Opportunities
- Scaling our approach for Frailty, End of Life and Dementia
- Preventing Family Breakdown
- Digital Self Help
- Information, Advice and Guidance Offer
- Integrated Neighbourhood Teams
- Prevention Demonstrator

## **10. Conclusion**

10.1. Live Well area committee reports are in development and will provide detailed updates on developments in each neighbourhood, including priorities, activities and emerging impact.

# National Adopter Site – Pain: Equality of Care and Support in the Community (PEACS®)

|                                  |                                                                                                                                                                    |                        |    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>      | ONE Stockport Health and Care Board                                                                                                                                |                        |    |
| <b>Report From (Board Lead)</b>  | GP Partner, Cheadle Medical Practice & Alvanley Family Practice, GP Chief Officer, Viaduct Care, Chair, Stockport GP & Primary Care Board, Vice-Chair, GM GP Board |                        |    |
| <b>Report From (Author):</b>     | Shannon Wesley – Senior Project Manager, Neighbourhood Health & Care, NHS Greater Manchester – Stockport Place                                                     |                        |    |
| <b>Date:</b>                     | 30 September 2026                                                                                                                                                  | <b>Agenda Item No:</b> | 10 |
| <b>Previously Considered by:</b> | N/A                                                                                                                                                                |                        |    |

## Purpose of the report:

The purpose of this report is to update the ONE Stockport Health and Care Board on the expression of interest submitted by Viaduct Care CIC, supported by system partners for Stockport, to become a National Adopter Site for the Pain: Equality of Care and Support in the Community (PEACS®) Model.

## Key points (Executive Summary):

- Viaduct Care CIC, on behalf of Stockport and with support from system partners, submitted an expression of interest to become a national adopter site for PEACS®, a community based persistent pain model.
- Tame Valley Primary Care Network was identified as an area of need within the expression of the interest, due to the high levels of deprivation, significant health inequalities, elevated Opioid and Gabapentinoid prescribing, and barriers to accessing centrally based pain services.
- Stockport has the strategic alignment, clinical leadership, cross-sector partnerships, workforce capacity, governance and evaluation infrastructure required to implement PEACS® effectively within the required timescale, address persistent pain inequalities and support wider adoption.
- The model will be delivered through Stockport's established neighbourhood model, integrating primary care, community and mental health, specialist and VCFSE expertise to provide coordinated, accessible support and enable shared learning across the borough.
- Throughout mobilisation, proactive outreach, co-design with people with lived experience, inclusive and accessible delivery and robust evaluation will support engagement and generate learning for wider adoption.
- Stockport were invited to attend an interview with key members of the PEACS® model national implementation team, representatives from Viaduct Care CIC and the ICB attended.
- Stockport was successfully awarded funding to become a National Adopter Site for the PEACS® model on Friday 11<sup>th</sup> September, with the locality now working towards mobilisation.

|                                                                                                                                                                                                                                                      |  |                          |          |                              |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|----------|------------------------------|----------|
|                                                                                                                                                                                                                                                      |  |                          |          |                              |          |
| <b>Recommendation:</b>                                                                                                                                                                                                                               |  |                          |          |                              |          |
| The Board is asked to:                                                                                                                                                                                                                               |  |                          |          |                              |          |
| <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the expression of interest</li> <li>• <b>PROVIDE FEEDBACK</b> on any significant risks, dependencies or issues that should be considered as part of the mobilisation</li> </ul> |  |                          |          |                              |          |
| <b>Decision</b>                                                                                                                                                                                                                                      |  | <b>Discuss/Direction</b> | <b>X</b> | <b>Information/Assurance</b> | <b>X</b> |

|                                                                 |                                                                                  |          |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|----------|
| <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: | No potential conflicts of interest |

|                                                                |                                |
|----------------------------------------------------------------|--------------------------------|
| <b>Risk and Assurance:</b>                                     |                                |
| List all strategic and high level risks relevant to this paper | No strategic risks identified. |

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

|                                                                                                                                                                      |                                                                                                                                   |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>Potential Implications:</b>                                                                                                                                       |                                                                                                                                   |     |    |
| <b>Financial Impact:</b><br>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>                                                                                                                                             | N/A                                                                                                                               |     |    |
| <b>Performance Impact:</b>                                                                                                                                           | Performance throughout implementation and future service delivery will be monitored through robust data collection and reporting. |     |    |

|                                                        |                                                                                                                                                                             |     |  |    |  |     |   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|-----|---|
| <b>Workforce Impact:</b>                               | No specific workforce implication have been identified at this stage. Any workforce implications arising from implementation will be considered as mobilisation progresses. |     |  |    |  |     |   |
| <b>Quality and Safety Impact:</b>                      | Quality and safety of services throughout implementation will be monitored through robust data collection and reporting.                                                    |     |  |    |  |     |   |
| <b>Compliance and/or Legal Impact:</b>                 | No specific compliance or legal implications have been identified.                                                                                                          |     |  |    |  |     |   |
| <b>Equality and Diversity:</b>                         | General Statement:                                                                                                                                                          |     |  |    |  |     |   |
| Has an equality impact assessment been completed?      | If Not Applicable please explain why                                                                                                                                        | Yes |  | No |  | N/A | X |
|                                                        |                                                                                                                                                                             |     |  |    |  |     |   |
| <b>Environmental Impact:</b>                           | General Statement:                                                                                                                                                          |     |  |    |  |     |   |
| Has an environmental impact assessment been completed? | If Not Applicable please explain why                                                                                                                                        | Yes |  | No |  | N/A | X |
|                                                        |                                                                                                                                                                             |     |  |    |  |     |   |

# Stockport Elective Gynaecology and Ear Nose and Throat Memorandum of Understanding Update

|                                  |                                                                    |                        |    |
|----------------------------------|--------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>      | ONE Stockport Health and Care Board                                |                        |    |
| <b>Report From (Board Lead)</b>  | Philippa Johnson, Place Partnership Director                       |                        |    |
| <b>Report From (Author):</b>     | Tania Ravenscroft, Neighbourhood Health and Care Programme Manager |                        |    |
| <b>Date:</b>                     | 18 <sup>th</sup> September 26                                      | <b>Agenda Item No:</b> | 11 |
| <b>Previously Considered by:</b> | One Stockport Health and Care Executive                            |                        |    |

## **Purpose of the report:**

This paper provides an update on the 2026/27 Greater Manchester elective recovery investment in community Gynaecology and Ear, Nose and Throat (ENT) services at Stockport.

The papers includes the final Memoranda of Understanding (MoU), the deployment of funding and the associated activity expectations, governance and assurance arrangements.

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

- NHS Greater Manchester (NHS GM) originally issued a single combined ENT and Gynaecology MoU for signature. However, following locality work with NHS GM, the programmes have been separated into individual two separate MoUs and updated to reflect the Stockport locality arrangements.
- NHS GM has requested that both revised MoUs are signed by Stockport NHS Foundation Trust (SFT) and the ICB locality by 30 September 2026.
- The Gynaecology allocation is £591,603, with a minimum expectation of 1,972 additional patient pathways. The agreed MOU, signed by SFT, is at **Appendix 1**.
- The funding will be utilised by Stockport Locality as outline below:
  - An amount will be retained and directly commissioned by NHS GM through its existing contractual arrangement with Greater Manchester Primary Care Community Interest Company (CiC). CiC has capacity to accept up to 617 patients from the SFT waiting list.
  - Another amount will be retained and transferred by NHS GM to Stockport Public Health who are acting as lead commissioner through its existing contract with Locala Community Health CiC. Locala has capacity to accept up to 227 patients from the SFT waiting list.
  - An amount will be released to SFT to stand up additional capacity for 1,128 patients.

- There is minimum expectation of 943 additional patient pathways for ENT. This will be mobilised by utilising SFT's existing Manchester Surgical Services (MSS) arrangement while NHS GM review longer-term neighbourhood models of delivery. The agreed MOU, signed by SFT, is at **Appendix 2**.
- This funding will be released in two parts: The first half (H1) following receipt of the signed MoU and associated delivery documentation, and the second half (H2) following a review of mobilisation progress.
- NHS GM will lead on governance, assurance and reporting, supported by locality teams. Contracts and Business Intelligence teams are working to enable consistent evaluation across all ten GM localities.

Please note: The appendices to each of the MOU have been removed for conciseness.

#### Recommendation:

The Board is asked to:

- **Note** the revised position and requirement for the separate Gynaecology and ENT MoUs.
- **Note** that the MOUs have been signed by SFT and **Support** the MOUs being signed by ICB locality (Stockport).
- **Note** and be assured that delivery plan is in place to deploy the 2026/27 funding and deliver the required additional activity.

|                 |  |                          |  |                              |          |
|-----------------|--|--------------------------|--|------------------------------|----------|
| <b>Decision</b> |  | <b>Discuss/Direction</b> |  | <b>Information/Assurance</b> | <b>x</b> |
|-----------------|--|--------------------------|--|------------------------------|----------|

#### Aims (please indicate x)

|                                                                 |                                                                                  |          |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|----------|
| 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                        |          |

#### Conflicts of Interests

|                                  |              |
|----------------------------------|--------------|
| Potential Conflicts of Interest: | None to Note |
|----------------------------------|--------------|

#### Risk and Assurance:

|                                                                |                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| List all strategic and high level risks relevant to this paper | <p>Loss of ENT and Gynaecology funding for 26/27 if joint plan not agreed and mobilisation at pace is not achieved.</p> <p>Risk of delay to mobilisation or loss/reallocation of H2 funding if both MoUs are not signed by 30 September 2026 or if delivery confidence is not demonstrated</p> |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Consultation and Engagement:

|                                           |                               |
|-------------------------------------------|-------------------------------|
| <b>Local People / Patient Engagement:</b> | Not applicable at this stage. |
| <b>Workforce Engagement:</b>              | SFT<br>Public Health          |

|  |                                              |
|--|----------------------------------------------|
|  | Primary Care – Viaduct / GM Primary Care CIC |
|--|----------------------------------------------|

|                                                                                                                                                                      |                                                                                                                                                                                                                                                       |                                                                      |  |    |   |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|----|---|-----|--|
| <b>Potential Implications:</b>                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                      |  |    |   |     |  |
| <b>Financial Impact:</b><br>Please note - All reports with a financial implication require detail of the level of funding, funding stream and comments from Finance. | Non-Recurrent Expenditure                                                                                                                                                                                                                             | £817,896 for ENT and Gynae combined                                  |  |    |   |     |  |
|                                                                                                                                                                      | 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>                                                                                                                                             | MOU to be agreed and involvement from GM finance included in MOU agreement.                                                                                                                                                                           |                                                                      |  |    |   |     |  |
| <b>Performance Impact:</b>                                                                                                                                           | Improved RTT - 92% RTT by March 2029<br>Additional 1,972 patient pathways for Gynaecology patients in 26/27<br>Additional 943 patient pathways for ENT in 26/27                                                                                       |                                                                      |  |    |   |     |  |
| <b>Workforce Impact:</b>                                                                                                                                             | Utilising additional capacity within current workforce for Primary and Community additional pathways.<br>Additional consultant required and recruited for additional SFT capacity for Gynae. Capacity for ENT from existing sub contract held by SFT. |                                                                      |  |    |   |     |  |
| <b>Quality and Safety Impact:</b>                                                                                                                                    | Quality and Safety will be monitored under existing contracts already in place.                                                                                                                                                                       |                                                                      |  |    |   |     |  |
| <b>Compliance and/or Legal Impact:</b>                                                                                                                               | PSR compliance to be noted alongside governance to modify existing contracts.                                                                                                                                                                         |                                                                      |  |    |   |     |  |
| <b>Equality and Diversity:</b><br>Has an equality impact assessment been completed?                                                                                  | General Statement:                                                                                                                                                                                                                                    |                                                                      |  |    |   |     |  |
|                                                                                                                                                                      | If Not Applicable please explain why                                                                                                                                                                                                                  | Yes                                                                  |  | No | x | N/A |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                       | Utilisation of existing services managed under existing arrangements |  |    |   |     |  |
| <b>Environmental Impact:</b><br>Has an environmental impact assessment been completed?                                                                               | General Statement:                                                                                                                                                                                                                                    |                                                                      |  |    |   |     |  |
|                                                                                                                                                                      | If Not Applicable please explain why                                                                                                                                                                                                                  | Yes                                                                  |  | No | x | N/A |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                       | Utilisation of existing services managed under existing arrangements |  |    |   |     |  |

**Memorandum of Understanding (MoU) relating to Gynaecology Community Service Provision between NHS Greater Manchester Integrated Care Board and Stockport Foundation Trust**

**2026/2027 GM Community Gynaecology Services Funding**

**1. Introduction**

This MoU supports the NHS left shift approach by setting out arrangements for moving appropriate gynaecology activity from acute hospital settings into community-based provision, closer to patients' homes and aligned to neighbourhood, prevention and digital transformation ambitions in the NHS 10 Year Health Plan.

NHS GM has identified funding to enable the establishment and mobilisation of community gynaecology services across GM localities in 2026/27. The Trust, Locality and GM ICB will work together to ensure that commissioned activity is delivered as additionality, supports RTT recovery and contributes to a sustainable model of community-based gynaecology care.

**2. Purpose of this agreement**

This MoU is between NHS Greater Manchester Integrated Care Board (GM ICB), Stockport Locality and Stockport NHS Foundation Trust (SFT) in relation to community gynaecology service provision. It sets out the funding allocation, minimum activity expectations, delivery principles, governance requirements, reporting arrangements and assurance mechanisms for 2026/27.

This MoU is intended to support clarity and consistency of approach and to facilitate local delivery arrangements. This MoU is not a legally binding agreement and does not create enforceable legal obligations between GM ICB and participating organisations.

**3. Funding Allocation**

The total funding allocation for Community Gynaecology Services for Stockport in 2026/27 is £591,603, with a minimum expectation of delivering 1,972 additional patient pathways to support elective recovery and achievement of Referral to Treatment (RTT) standards.

Of this, an amount will be retained and directly commissioned by NHS Greater Manchester Integrated Care Board (GM ICB) through its existing contractual arrangement with Greater Manchester Primary Care Community Interest Company (CiC), which has capacity to accept up to **617** patients from Stockport NHS Foundation Trust (SFT) waiting list.

Additionally, a further amount will be retained and commissioned by NHS Greater Manchester Integrated Care Board (GM ICB) with Stockport Public Health acting as lead commissioner through its existing contract with Locala Community Health CIC. which has the capacity to accept up to **227** patients from Stockport NHS Foundation Trust (SFT) waiting list.

The remainder of the funding will be released to Stockport NHS Foundation Trust (SFT) who will stand up additional capacity to treat an additional **1128** patients. The funding will be released in two parts: H1 funding upon receipt of the signed MoU and associated delivery documentation, and H2 funding following review of mobilisation progress. GM ICB reserves the right to reallocate H2 funding based on pace of mobilisation, delivery confidence and emerging evidence of opportunity.

#### 4. Interim Commissioning Arrangements and Transition to Lead Provider

- GM ICB will directly commission Greater Manchester Primary Care Community Interest Company (CiC) to deliver a community gynaecology service with capacity to accept up to **617** patients from the SFT gynaecology waiting list.
- GM ICB will commission Locala Community Health CIC with Stockport Public health as lead commissioner to deliver community gynaecology service with capacity to accept up to **227** patients from the SFT gynaecology waiting list.
- SFT will ensure sufficient clinical capacity is in place to identify clinically appropriate patients for transfer into the community service. SFT will work collaboratively with the Greater Manchester Primary Care Community Interest Company (CiC) and Locala Community CIC in accordance with agreed referral criteria, patient choice legislation, clinical governance requirements and information governance standards.
- Contractual, commissioning, performance management, quality assurance and clinical governance responsibilities for this service will remain with GM ICB for the duration of the interim arrangements. SFT will not assume contractual responsibility for activity delivered under the GM ICB contract with Greater Manchester Primary Care Community Interest Company (CiC) during this period.

The parties agree that these interim commissioning arrangements will remain in place until 31 March 2027.

#### 5. Responsibilities and Deliverables

The Trust will be expected to utilise the funding under this MoU to support delivery of the minimum gynaecology pathway volumes set out above and to ensure that referrals and activity are managed in accordance with agreed community gynaecology service specifications, governance requirements and left shift principles.

- The Trust and Place will agree a delivery plan showing how the funding will build gynaecology clinical capacity outside the traditional acute setting and strengthen community pathways.
- The Trust will act as the primary contractor where relevant and will ensure that any sub-contracting, referral, clinical governance and assurance arrangements are compliant with usual NHS governance requirements.
- Delivery will commence during Q3 of 2026/27 and align to the go-live of the gynaecology Single Point of Access (SPoA).
- Gynaecology services delivered under this MoU must align with the GM community gynaecology service specification.
- Whilst the Trust is not responsible for delivery or commissioning of the Greater Manchester Primary Care CiC and Locala Health and Wellbeing CIC community gynaecology provision, it will support agreed referral flows to enable delivery of the commissioned activity requirement.
- The GM Primary Care CIC and Locala community CIC has capacity to accept 844 patient pathway. The Trust will therefore be required to manage at least 1128

- patients through the remaining funding.
- The Trust must submit an agreed delivery plan and activity profile before commencement of the service and no later than 30 September 2026, provide monthly activity reporting, and attend monthly community service assurance meetings with the GM Elective Team.

### **Greater Manchester Primary Care Community Interest Company (CiC) and Locala Community CIC.**

In relation to the services commissioned directly by GM ICB, Greater Manchester Primary Care Community Interest Company (CiC) and Locala Health and Wellbeing CIC will:

- Deliver the community gynaecology service in accordance with the contractual arrangements agreed with GM ICB and the relevant community gynaecology service specification.
- Work collaboratively with SFT to facilitate the safe and timely transfer of appropriate patients from the Trust waiting list into the commissioned community service, ensuring referrals are accepted and managed by suitably qualified clinicians operating within agreed governance arrangements.
- Provide SFT with a comprehensive workforce framework describing the clinical skills, competencies and professional requirements necessary to deliver the community gynaecology service. This will include:
  - the clinical competencies required for each element of the pathway;
  - any mandatory education, training or competency assessment requirements;
  - any professional accreditation, revalidation or re-accreditation requirements;
  - the clinical supervision arrangements required to maintain safe and effective practice; and
  - any continuing professional development requirements associated with delivery of the service.

### **Stockport NHS Foundation Trust (SFT)**

In addition to the responsibilities described elsewhere within this MoU, SFT will:

- Work collaboratively with Greater Manchester Primary Care Community Interest Company (CiC) and Locala Community CIC to understand the workforce, education and competency requirements associated with the delivery of community gynaecology services.
- Support the development of a sustainable workforce model by working with system partners to identify opportunities for education, competency development, clinical supervision and rotational working across acute and community settings.
- Explore opportunities to develop clinicians with the appropriate skills and competencies to deliver community gynaecology services in neighbourhood settings, thereby supporting the long-term ambition of building community clinical capacity and enabling care to be delivered closer to home.
- Work with Place, GM ICB and Greater Manchester Primary Care Community Interest Company (CiC) to identify opportunities to standardise competencies, clinical governance and supervision arrangements across providers to support future service resilience and scalability.

## NHS Greater Manchester Integrated Care Board (GM ICB)

Under the terms of this MoU, GM ICB will:

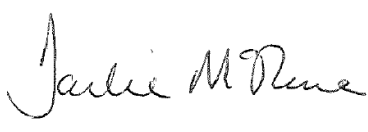
- Disseminate funding to Trusts and other partners in accordance with **Appendix I** (split into H1 and H2 allocations)
- Review all completed plans submitted by Trusts and raise any relevant lines of enquiry
- Establish and maintain oversight processes, including arranging any required assurance meetings as the year progresses
- Communicate any in-year changes to allocations and/or timelines
- Provide assurance to relevant ICB committees around the value-for-money considerations
- Support Trusts as required with any aspects of delivery – within capacity constraints – including but not limited to:
  - Capture and share best practice and lessons learned.
  - Share relevant contacts and facilitate discussions to support delivery.
  - Promote consistency where appropriate across GM.
  - Provide support and insight on system-wide dependencies, including diagnostic pathways.
  - Use evidence to inform future roll-out, continuation, scale-down or cessation of services.
  - Support Trusts in embedding successful services for the longer term, subject to future commissioning decisions.

### 6. Principles of Left Shift

The gynaecology community service model must be better for patients, as good as hospital care, joined up across primary, community and secondary care, and designed to build sustainable capacity in community settings. It must include appropriate consultant oversight, robust clinical governance, clear escalation routes, access to diagnostics where required, routine monitoring of outcomes and patient experience, and alignment with locality or Trust-based SPoA arrangements.

### 7. Signatures

All parties agree to honour the commitments in this MoU.

Trust Director signature: 

Trust Director name and title: Jackie McShane, Chief Operating Officer

Deputy Place Based Lead signature:

Deputy Place Based Lead name:

ICB signature:

ICB name and title:

#### 8. Summary of Key Expectations under this MoU

- The Trust will complete and return the signed MoU, activity profile and delivery plan by 30 September 2026.
- The Trust will submit monthly activity reporting and attend monthly assurance meetings.
- The Trust will ensure gynaecology activity is incremental above the agreed commissioner activity plan and contributes to reduction of the March 2027 waiting list position.
- The Trust will work with Locality, Primary Care and the GM Primary Care CiC service to support agreed referral flows, mobilisation and delivery of the community gynaecology pathway.
- GM ICB will transfer H1 funding through the appropriate contract mechanism and determine H2 funding following mobilisation review.
- GM ICB will maintain oversight, support learning across GM and communicate any in-year changes to allocations, timescales or assurance requirements.

**Memorandum of Understanding (MoU) relating to ENT Community Service Provision  
between NHS Greater Manchester Integrated Care Board and Stockport NHS Foundation  
Trust**

**2026/2027 GM Community ENT Services Funding**

**1. Introduction**

The NHS “left shift” approach focuses on moving care from hospitals into communities, with an emphasis on prevention, early intervention, and population health; and is identified in the [NHS 10 Year Health Plan](#) as one of the three fundamental shifts in the NHS alongside sickness to prevention, and analogue to digital.

The NHS 10-Year Health Plan positions the left shift as a national reset of the NHS service model—making neighbourhood-based, preventative care the default, and hospitals the specialist backstop rather than the organising centre of the system.

This approach responds to NHS pressures such as aging populations, rising long-term conditions, and financial constraints, and seeks to address health inequalities by creating more accessible primary care, neighbourhood health teams, and preventative programmes. Within NHS GM, achieving the left shift will be critical to delivering the system requirement of returning to 92% RTT by March 2029, based on the reduction of waiting lists toward a “sustainable” level.

Commissioning new and existing community services is a key part of taking activity out of hospital and into community settings, and NHS GM has identified funding to enable the establishment and mobilisation of community ENT services across all GM localities in 2026/27.

It is recognised that there is variation across Place and between neighbourhoods in terms of the provider landscape and readiness to deliver fully integrated community services. In many localities, transitional arrangements will need to be stood up to enable delivery of required pathways in-year while workforce, estates and other aspects of a full community provision are established, whereas other Places may be able to move more quickly to a sustainable, longer-term solution.

In all instances, to be eligible for funding under this MoU Trusts and localities must work together and be able to demonstrate a clear joint plan for how they will deliver sustainable community ENT services aligned to the principles of left shift set out in the 10-year plan.

**2. Purpose of this agreement**

This MoU is between NHS Greater Manchester Integrated Care Board (GM ICB), Stockport Locality and Stockport NHS Foundation Trust in relation to community ENT service provision.

It sets out:

- The funding allocation to the Trust to enable community ENT services to be implemented and the associated activity profile to be delivered in 2026/27
- The principles – including principles of left shift – to which Trusts must adhere when putting community services in place
- The timescales for delivery and review of community service implementation in-year
- The reporting mechanisms through which Trusts will provide assurance to GM ICB that they are on track with delivery

This MoU is intended to support clarity and consistency of approach and to facilitate local delivery arrangements. This MOU is not a legally binding agreement and does not create enforceable legal obligations between GM ICB and participating Trusts.

### 3. Funding Allocation

GM ICB have agreed a level of funding for 2026/27 which has been allocated based on the modelled need at a locality basis and aligned to the primary Hospital Trust who will act as sub-contractor of services in the first instance (**see Appendix I**). This was agreed at GM Elective Board in May 2026. For your Trust this has been agreed as the following:

26/27 funding envelopes:

ENT: A value to treat a minimum of 943 new pathways

Experience has shown that the pace of mobilisation can vary significantly and to ensure the in-year funding is fully utilised for the benefit of patients the funding will be released in two parts – a H1 allocation and an H2 allocation. H2 allocations will be reviewed in M6 and will be agreed based on progress. GM ICB reserves the right to re-allocate H2 funding based on pace of mobilisation and deepening understanding of the opportunity as evidence emerges.

Finally, there will be an expectation that the funding will allow the services to see an incremental number of patients (over and above trust plan) and that this will therefore contribute to a greater reduction in the waiting list than in the 26/27 trust plan. Trusts need to commit to treating this as additionality over and above existing plans, meaning the ICB will expect to see a reduction on the March 2027 waiting list position commensurate with the level of funding.

### 4. Responsibilities and deliverables

The Trust will be expected to utilise the funding under this MoU to deliver, as a minimum, the volume of ENT pathways set out above, and in accordance with the following conditions:

- The Trust and Place must agree a plan for ensuring this funding supports left shift, building ENT clinical capacity outside of the traditional acute setting, for example through GP with Extended Role arrangements in ENT, community ENT clinics and consultant-supported models.
- Trusts will act as the primary contractor, agreeing clinical work via the relevant

mechanism as appropriate (e.g., sub-contracting to a primary care provider, directly employing GPwER as part of the community arm of the ENT service) and ensuring all appropriate governance policies are followed as would usually be the case.

- Trusts will have freedom to put arrangements in place which best suit their local situation and provider landscape, however where interim measures are put in place to enable delivery in-year (for example by sub-contract with an Independent sector (IS) provider) Trusts will be required to demonstrate a clear plan with timescales setting out their critical path to delivering integrated, sustainable community services which are fully compliant with the left shift principles set out in this MoU (see below)
- Delivery will be expected to commence during Q2 of 2026/27 and be aligned to the go-live of the ENT Single Point of Access (SPoA)
- ENT services delivered must align to the GM ENT service specification and in particular the conditions table included in Appendix 1 of that specification (see **Appendix II** of this MoU for service specification).
- It is recognised that there are system-wide interdependencies across e.g., ENT, audiology, and diagnostics. Trusts must be aware of any system-wide impact and take appropriate steps to record and mitigate any adverse consequences of implementation under this MoU.
- Following signature of this MoU, Trusts are expected to:
  - Nominate Trust leads who will act as primary contacts for any correspondence relating to this agreement, please indicate against the placeholder in the MoU signature box if this is known at the time of signing the MoU
  - Submit a plan agreed with the Place team(s) outlining how they intend to step up the integrated, community provision compliant with the left-shift principles set out in the MoU (see Trust Delivery Plan template in **Appendix V**), and include an activity profile setting out the volumes of activity to be delivered under this MoU each month in 26/27 (see template in **Appendix III**) these will both need to be submitted before commencement of the service and no later than **30 June 2026**
  - Provide a monthly report on activity delivered under these arrangements to GM ICB on a monthly basis (see **Appendix IV** for submission dates and activity template to be completed)
  - Attend monthly community service assurance meetings (first week of each month) with the GM Elective Team. The purpose of this meeting will be to share experience across GM. Trust leads will be expected to provide an update on mobilisation against the submitted plan, identifying any risks, issues and associated mitigations.

Under the terms of this MoU, GM ICB will:

- Disseminate funding to Trusts in accordance with **Appendix I** (split into H1 and H2 allocations)
- Review all completed plans submitted by Trusts and raise any relevant lines of enquiry

- Establish and maintain oversight processes, including arranging any required assurance meetings as the year progresses
- Communicate any in-year changes to allocations and/or timelines
- Provide assurance to relevant ICB committees around the value-for-money considerations
- Support Trusts as required with any aspects of delivery – within capacity constraints – including but not limited to:
  - Capture and share best practice and lessons learned
  - Sharing relevant contacts and facilitating discussions to support delivery
  - Promote consistency where appropriate across GM
  - Provide support and insight with any system-wide dependencies (e.g. diagnostic pathways)
  - Use evidence to determine future roll-out or continuation of services
  - Define what happens at the end of the funding period.
  - Support trusts in embedding services long-term if successful.
  - Plan for continuation, scale-down, or cessation

## 5. Principles of Left Shift

GM ICB acknowledges the need to balance between mobilisation of services in-year to enable activity volumes to be delivered and transitioning to a full community delivered service, however this funding must be used to build a sustainable, integrated community service within locality.

The left shift principles on principles are outlined below:

- i. **Better for patients:** service provision in the community closer to home, typically including:
  - Shorter-waiting times (typically <8 weeks) than typically experienced in secondary care for equivalent treatment
  - Reduced travel burden: Patients can access care within their local neighbourhood or borough, avoiding long journeys to acute hospital sites
  - Convenient clinic locations: Services delivered in primary care hubs, community clinics, or accessible settings with good public transport links and parking
  - Flexible appointment options: Availability of evening/weekend clinics and patient choice of appointment times
  - Improved continuity of care: Care delivered closer to home enables stronger links with GPs, community teams, and existing local support
  - Simpler referral pathways: Easier and faster access through streamlined referral routes (e.g. single point of access)
  - Better patient experience: More personalised, less formal environments compared to hospital settings, improving comfort and satisfaction
  - Improved accessibility: Services designed to meet the needs of different populations (e.g. deprived areas, rural communities, those with mobility challenges)

- ii. **Care as good as hospital:** there must be no deterioration in the service provision and must be deemed as good as hospital-delivered care, measures to monitor patient outcomes and experience must be in place:
  - o Equivalent clinical standards: Care delivered in community settings meets the same clinical guidelines, protocols, and safety standards as hospital services
  - o Consultant oversight: Clear governance arrangements with secondary care input to ensure clinical decision-making quality
  - o Access to diagnostics: Timely access to appropriate diagnostics (e.g. imaging, tests) without unnecessary referral back to hospital
  - o Robust clinical governance: Regular audit, peer review, and adherence to NHS quality and safety frameworks
  - o Outcome monitoring: Routine tracking of clinical outcomes to demonstrate equivalence (or improvement) compared to hospital care
  - o Patient experience measures: Collection and review of patient feedback (e.g. PROMs, PREMs) to ensure high-quality experience
  - o Safe escalation pathways: Clear and rapid routes to escalate patients to secondary care when needed
  - o Skilled workforce: Delivery by appropriately trained clinicians with the right competencies and supervision
  - o Consistency of care: Standardised pathways and protocols to reduce unwarranted variation across providers
  - o Incident reporting and learning: Alignment with NHS safety and incident reporting systems, with a focus on continuous improvement
- iii. **Joined-up care:** service must work as part of a continuation of care between primary and secondary care, with consultant oversight but not consultant-led, and links to other appropriate services in the community setting:
  - o Integrated pathways: Seamless patient journeys across primary, community, and secondary care with no gaps or duplication
  - o Shared care models: Clear roles and responsibilities between GPs, community teams, and hospital specialists
  - o Consultant-supported model: Access to specialist advice and guidance without requiring all care to be consultant-led
  - o Single point of access (SPoA): Coordinated entry routes to ensure patients are directed to the right service first time
  - o Information sharing: Effective use of shared records and digital systems to ensure continuity of information
  - o Multidisciplinary working: Collaboration across clinicians, allied health professionals, and wider services
  - o Links to wider community services: Integration with services such as diagnostics, rehabilitation, mental health, and VCSE provision
  - o Avoidance of duplication: Reducing repeat appointments, tests, and referrals through better coordination

- o Proactive communication: Regular communication between providers to manage complex cases and transitions of care
- o Support for population health approach: Alignment with neighbourhood teams and place-based working
- o Clear referral and escalation routes: Defined pathways for stepping care up or down between settings
- iv. **Build capacity in the community**: service must develop clinical capacity to support longer-term plan around neighbourhood health delivery, similarly trainee doctors and other clinicians in the hospital may rotate into the service. The service should nurture and build on strong primary care-led services where they are already in place.
- v. **Single Point of Access**: service must be part of a locality or trust-based SPoA that meets the national planning requirements
- vi. **Joint sign-off between Trust and Locality**: plan must be signed off by Trust Director lead and Deputy Place Based Lead

## 6. Signatures

All parties agree to honour the commitments in this MOU.

**Trust Director signature:**



**Trust Director name and title:**

Jackie McShane – Chief Operating Officer  
Stockport NHS Foundation Trust

**Deputy Place Based Lead signature:**

**Deputy Place Based Lead name:**

**ICB signature:**

**ICB name and title:**

## **7. Summary of Key Expectations under this MoU**

- The Trust will complete and return the signed MoU, activity profile and delivery plan by 30 June 2026.
- The Trust will submit monthly activity reporting from July 2026 and attend monthly assurance meetings.
- GM ICB will transfer H1 funding through the appropriate contract mechanism and determine H2 funding following mobilisation review.
- GM ICB will maintain oversight, support learning across GM and communicate any in-year changes to allocations, timescales or assurance requirements.

# Place Health and Care Partnership Board Document Suite

|                                     |                                                                  |                        |    |
|-------------------------------------|------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>         | ONE Stockport Health and Care Board                              |                        |    |
| <b>Report From (Executive Lead)</b> | Philippa Johnson, Place Partnership Director, NHS GM (Stockport) |                        |    |
| <b>Report From (Author):</b>        | Fiona Smith, Place Partnership Lead, NHS GM (Stockport)          |                        |    |
| <b>Date:</b>                        | 30 September 2026                                                | <b>Agenda Item No:</b> | 12 |
| <b>Previously Considered by:</b>    | ONE Stockport Health and Care Board – July 2026                  |                        |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|----------|
| <b>Purpose of the report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                          |          |
| To provide the Board with details of feedback provided on the Draft Place Health and Care Partnership (PHCP) document suite.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                          |          |
| <b>Key points (Executive Summary):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |          |
| <p>NHS GM developed a draft suite of documents designed to describe how we will continue to lead through reform, respond to national policy change and deliver locally for the people and communities we service, which was presented to this Board in July 2026.</p> <p>Following a period of engagement, feedback was provided from teams across NHS GM as well as from partner organisations to allow a final iteration to be developed.</p> <p>This paper provides details of the feedback provided by:</p> <ul style="list-style-type: none"> <li>• ONE Stockport Health and Care Board</li> <li>• Overall feedback received and response from NHS GM indicating how the feedback will inform the final version</li> </ul> <p>It is expected that the final version of the document suite will be available in October 2026.</p> |          |                          |          |
| <b>What is required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                          |          |
| <p>The ONE Stockport Health and Care Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the feedback received on the suite of Place Health and Care Partnership Documents</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                          |          |
| <b>Decision</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>X</b> | <b>Discuss/Direction</b> | <b>X</b> |
| <b>Information/Assurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                          |          |

|                                 |                                                                                  |          |
|---------------------------------|----------------------------------------------------------------------------------|----------|
| <b>Aims (please indicate x)</b> |                                                                                  |          |
| Which integrated care           | 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> |

|                                           |                                                                       |          |
|-------------------------------------------|-----------------------------------------------------------------------|----------|
| aim(s) is / are supported by this report: | 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 |
|----------------------------------|------|

#### **Risk and Assurance:**

|                                                                |                                                                                                                                            |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

#### **Consultation and Engagement:**

|                                           |     |
|-------------------------------------------|-----|
| <b>Local People / Patient Engagement:</b> | N/A |
| <b>Workforce Engagement:</b>              | N/A |

# Stockport Locality Board Response to the Consultation on the Suite of Partnership Documents

We welcome the opportunity to respond to the consultation on the proposed suite of partnership documents. Partners are supportive of the direction of travel, particularly the emphasis on prevention, population health, place-based working, stronger neighbourhood delivery and more integrated use of collective resources. These principles are strongly aligned with Stockport's existing approach, our Live Well ambitions and with our shared commitment to improving outcomes for residents.

Our response is framed positively and constructively. Stockport is committed to making the proposed partnership model work and to using our strong local relationships to support delivery. However, the documents would benefit from further clarity and recognition that we are embarking on an iterative journey before final sign-off, particularly in relation to governance, accountability, financial flows, resident voice, clinical and professional governance, and the practical mechanisms that will enable the proposed 'left shift' from acute and reactive care towards prevention, early intervention and neighbourhood-based support.

## Overall Position

Stockport supports the overall ambition set out in the partnership documents. The proposed model provides an opportunity to strengthen place-based leadership, deepen joint working across partners and focus more consistently on outcomes that matter to residents. We particularly welcome the focus on prevention, population health, integrated neighbourhood working and the more coherent use of collective resources through place-based arrangements.

At the same time, partners are clear that the next stage must move beyond ambition into a practical, deliverable and resourced model. The documents describe the ambition but there is a need to describe more explicitly how the proposed changes will be implemented, how decisions will be made, how risk will be shared, how resources will flow to the right level, and how success will be measured over time.

## Prevention, Health Inequalities and Population Health

We welcome the population health orientation of the documents but would encourage a stronger and more explicit emphasis on prevention, health inequalities and the wider determinants of health. The current draft is perceived as being weighted towards healthcare services and long-term condition management. Stockport partners commented that a stronger and clearer recognition of the role of poverty, employment, social isolation, physical activity, mental wellbeing, housing, community connection and the wider Live Well agenda in shaping health and care outcomes was required.

Stockport has a well-developed local commitment to prevention, and we would welcome stronger references to upstream prevention, health creation, and health protection. Outcomes should not only measure overall population improvement but should also demonstrate whether inequalities are narrowing between our most and least disadvantaged communities.

We would also encourage the documents to be clear that the ambition is not limited to health and care services alone. The desired endpoint is improved health and care outcomes for residents, but the means of achieving this requires the contribution of the full partnership and the broader conditions that shape people's lives.

## The 'Left Shift' Ambition

Stockport supports the ambition to shift focus and investment towards prevention, early intervention and neighbourhood-based support. However, the documents need to set out more clearly the mechanism through which this shift will be achieved. Partners need to understand how investment will flow to the right places, how it will reach neighbourhood delivery, and how the organisations and teams responsible for delivery will be supported.

We would caution that reducing future demand cannot happen suddenly or without risk. Funding cannot simply stop in one part of the system without creating unfunded services, stranded costs or transferring risk to providers, frontline teams or neighbourhoods. A credible left shift will require a realistic transition plan, transparent tracking of prevention investment, shared risk management, and clear agreement on how impact will be measured and governed.

The Better Care Fund is already fully committed, and the locality will need clarity on its sphere of control, including budgets and contracts that sit outside locality arrangements. We would welcome an approach that allows places to develop local business cases first, using place-based relationships to test investment and disinvestment options and to identify where different ways of working can reduce demand across primary care, adult social care, urgent and emergency care and secondary care.

The GM prevention demonstrator is an important opportunity to test this ambition in practice. It will need to be linked to difficult but necessary discussions about care models, shared care, community services and the practical shift of activity away from secondary care into neighbourhoods where this improves outcomes for residents.

## Governance, Accountability and Partner Representation

Stockport partners generally support the proposed governance model, but we would welcome further clarity on how delegated decision-making, accountability, escalation and dispute resolution will operate in practice. The final documents should also explicitly protect local democratic accountability, including the role of elected members and the statutory status of the Health and Wellbeing Board.

The Health and Wellbeing Board and Locality Board need to sit alongside each other with a clear relationship and distinction between them. Stockport has considered whether the two public boards could be brought together, but their different constitutions and statutory functions mean this is not straightforward at this stage. During this phase of partnership development, the focus should be on avoiding duplication, consolidating governance where possible, and reviewing the two-board model in due course.

There was strong support for the Leader of Stockport Council chairing the Health and Care Partnership as a clear public statement of the primacy of place and the commitment to orientating work around residents and the resources available. Where hosting arrangements are proposed, including for the Place Fund or locality team, the documents should be explicit that hosting does not confer higher rights on the host organisation. Responsibility should remain with the partnership.

Stockport partners confirmed that we will retain the breadth and parity of its existing partnership arrangements. Housing colleagues and Greater Manchester Police should remain core and equal members of the partnership. The composition of the Board and its supporting

committees will be reviewed to ensure meaningful representation from all parts of the system, including primary care, out-of-hours services, the six PCNs, pan-GM ICB functions and wider partners who contribute to place-based delivery.

The governance model must also be deliverable within the capacity available. Partners raised concerns about maintaining or expanding governance, clinical oversight, professional accountability and transformation support with a smaller team. Neighbourhood working needs to consider clinical and professional governance, collective risk-holding, transformation capacity, business intelligence and the ability to draw in wider resource when needed. It will also be important to show how pan-GM ICB functions, such as safeguarding, DII and individualised commissioning, are included in place governance, recognising that statutory and system accountabilities often need to be discharged jointly at place.

There should also be a clearer statement on how risk will be identified, shared and managed across the partnership. The move towards more delegated place-based arrangements will require explicit agreement on the types of risk held at place, the risks that remain with statutory organisations, and the process for escalation where risks cannot be managed locally. This is particularly important where decisions involve changes to service models, funding flows, workforce capacity or shifts of activity between organisations. As all localities in GM and systems nationally are grappling with these issues, we would recommend that the core framework is developed once at GM level, with input from all partners.

## Outcomes Framework and Performance Measures

Stockport broadly supports the proposed overarching outcomes, but the framework would benefit from refinement so that it reflects whole-system outcomes and the ambitions of place partnerships rather than organisational performance alone. The framework should include measures that reflect prevention, health inequalities, resident wellbeing, employment, school readiness, social connection, independence, resident experience and system flow.

Some individual metrics also need clarification. For example, measures relating to staff welfare should specify which workforce they relate to and how the information will be used. The framework should distinguish between long-term outcomes and shorter-term progress measures that demonstrate whether the partnership is on track.

We would support a realistic time horizon for the outcomes framework, recognising that many outcomes require sustained partnership effort, changes to incentives and alignment with national contracts and statutory requirements. Local partners will need enough space to focus on local improvement work while avoiding duplication with existing assurance and contractual performance frameworks.

The various performance frameworks should be aligned, including NHS outcomes, Live Well measures, Place Partnership outcomes and key health and care indicators, to prevent confusion and support a coherent approach to improvement and assurance.

## Financial Arrangements and Place Fund

Stockport supports the direction of travel towards pooled resources and Place Fund development. However, the financial framework remains high level and would benefit from greater clarity on financial flows, escalation, dispute resolution and how investment will support delivery of the agreed partnership priorities.

There is an appetite to be bolder in developing the Place Fund so that it enables place-based transformation and supports the wider prevention ambition. Partners recognised that economic modelling will be important to demonstrate how left shift can reduce demand and create opportunities for reinvestment in further prevention and neighbourhood-based support.

Partners also noted that some important budgets, including primary care budgets, sit separately through BECCOR rather than within the Place Fund. It will be important to have transparency and visibility of all health and care resource at locality level not just the Place Fund if we are to maximise the opportunity of the partnership, reduce duplication across partner contracts, and strengthen our understanding of how collectively held resources support shared priorities.

Stockport also notes that NHS GM finance support is now more at arm's length, which is not ideal for the level of partnership development proposed. A sustainable finance support model will be needed to underpin the Place Fund, transparent decision-making and future transformation work.

## Place Team and Workforce

The Place Team model remains an important area of development for Stockport. The partnership has a long history of colleagues working closely together, but the partnership agreement and place team proposals go further by asking all partners to contribute resources and capacity to the partnership. We have work to do to identify and clearly define provider contributions to the place partnership, as well as pan-GM ICB functions contributions. This includes clinical expertise, transformation support, data and intelligence, quality improvement, administrative support and back-office functions.

Feedback highlighted that existing leadership, management and operational capacity is already stretched. Participation in Place Teams and Integrated Neighbourhood Teams should therefore depend on resourced, discretionary time being available rather than relying on goodwill or unfunded additional activity.

Partners recognise that the future hosting model for the NHS GM-funded locality team will sit with a statutory host organisation following the proposed transfer out of the ICB. Stockport Foundation Trust has been recommended as the host. Partners are also aware that due diligence and consultation will need to be completed with an aim of concluding this by the end of the calendar year.

## Resident Voice and Co-production

Stockport strongly supports the intention to place residents at the heart of the partnership model. The Locality Board has already agreed that every Board discussion should incorporate resident voice and that proposals should include the voice of residents. The partnership is also continuing to build its approach to co-production.

As the proposals move into implementation, there will be an important opportunity to strengthen direct resident and community engagement through Board discussions and other appropriate forums. The documents should describe how residents, communities and voluntary, community, faith and social enterprise partners will be involved in shaping priorities, delivery and evaluation over time.

## Conclusion

In summary, Stockport supports the ambition of the suite of partnership documents and is committed to working with GM and local partners to make the model successful. The documents reflect principles that are strongly aligned with Stockport's direction of travel, particularly prevention, population health, neighbourhood working, resident-centred design and the more integrated use of collective resources.

Before final sign-off, however, the documents should include a commitment from NHS GM to support the development of greater clarity on the practical conditions needed for delivery. This includes the mechanism for left shift; risk-sharing and escalation; the approach to clinical and professional governance; the relationship between locality and GM-level accountabilities; sustainable finance support; Place Fund transparency; place team capacity; resident and community engagement; and a refined outcomes framework that balances long-term population outcomes with shorter-term progress measures.

Stockport's response should therefore be understood as one of support with constructive conditions that we believe are critical for our joint success. We are ready to use our strong local relationships, established partnership culture and prevention demonstrator work to test the proposed model in practice. At the same time, the final agreement must recognise the governance, capacity, financial, workforce and delivery requirements needed to turn the ambition into sustainable change for residents, while allowing scope for local application within a consistent GM framework.

# Place Partnership Document Suite

## Feedback Outcomes Report

# Introduction and purpose

How the engagement process has shaped the Place Partnership Document Suite

## Background to the engagement

During June, July and August 2026, NHS Greater Manchester invited Place Partnerships, local authorities, NHS providers, primary care, the VCFSE sector, professional groups and wider partners to review and comment on the draft Place Partnership Document Suite. The engagement was intended to test whether the proposed arrangements were clear, workable and sufficiently representative of how partners need to work together at Place.

## How feedback has been considered

Feedback was received through formal written responses, partnership and professional forums, meetings and direct correspondence. All feedback was brought together in one place, reviewed thematically and considered alongside the developing legal, financial, workforce, governance and mobilisation arrangements.

## Purpose of this report

This report provides an account of the main themes raised and the action NHS Greater Manchester will take in response. It is a thematic “we heard, we will do” report rather than a line-by-line reply. Detailed responses to individual matters will continue through the relevant documents, workstreams and direct engagement routes.

# Engagement at a glance

Feedback received and collated up to 25 August 2026

280

feedback points received

26

formal submissions / source documents

24

organisations, Places or teams represented. Several responses were provided by joint provider services behalf of their wider partnerships / collaborations.

## How to read these figures

- Many submissions represented the collective views of boards, partnerships, professional groups or wider teams; the number of individuals involved is therefore greater than the number of submissions shown.
- Some submissions covered several issues in detail. Each distinct feedback point was recorded so that the full range of comments could be considered.
- The figures describe the feedback included in this completed analysis as at 25 August 2026.

# What we heard overall

The feedback was detailed, constructive and focused strongly on how the arrangements will work in practice

## Clarity and accountability

Stakeholders wanted unambiguous delegations, decision rights and lines of accountability between NHS GM, Place Partnerships and sovereign organisations. They also asked for practical arrangements for escalation, dispute resolution and the protection of statutory responsibilities.

## Resources and safeguards

There was a strong call for transparency about Place funding, financial decision-making and accountability for risk. Respondents wanted safeguards against unfunded workload or unilateral risk transfer, and confidence that hosts will act on behalf of the partnership.

## Meaningful partnership

Partners wanted meaningful influence rather than simply attendance at meetings. Feedback emphasised appropriate roles for local authorities, providers, general practice and primary care, VCFSE partners, residents and carers, mental health, children's services and wider public services.

## Practical delivery

Stakeholders asked how the framework will operate in practice: the capacity available to Place, access to enabling functions, workforce and hosting arrangements, realistic sequencing, service continuity and a clear route from agreed principles to implementation.

# How feedback is being handled

A structured review process will turn each feedback point into a clear outcome and action

## 1. Collate and understand

Each contribution is logged and reviewed so that the issue, its context, the organisations raising it and any related or repeated feedback are understood.



## 2. Allocate to expertise

Each feedback point is assigned to the relevant subject matter expert team—for example governance, finance, legal, workforce, assurance, outcomes or mobilisation.

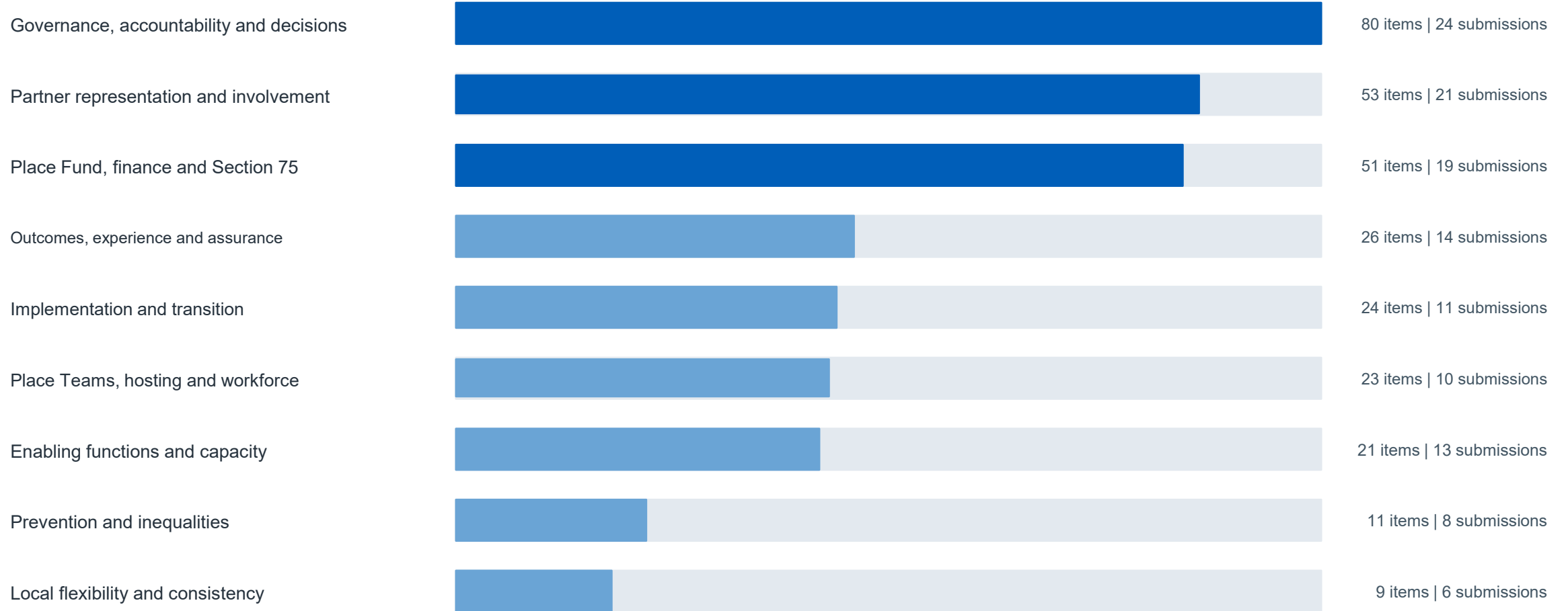


## 3. Assess and determine

The expert team considers the evidence, dependencies, statutory requirements and practical implications, then recommends the most appropriate response and action route.

# Key themes and prevalence

Primary thematic analysis of all 254 feedback points received up to 25 August 2026



*Method note: each distinct feedback point has been assigned one primary report theme. Some points relate to more than one theme, so the figures are intended to show the relative scale and breadth of feedback rather than create mutually exclusive categories.*

# 1. Governance, accountability and decision-making

Most frequently raised: 80 items across 24 submissions

## What we heard

Stakeholders asked for clearer delegations between NHS GM and Place, stronger mutual and collective accountability, defined reserved matters, decision rights, statutory interfaces, and practical escalation and dispute routes. Feedback also stressed that partnership governance must not override the statutory, contractual or regulatory responsibilities of constituent organisations, and that reporting and meeting arrangements should be proportionate.

## Our response

We agree that the framework needs to be clearer about who decides what, how Place and NHS GM hold each other to account, and how partnership decisions connect with the statutory responsibilities of each organisation.

## What we will do

- Seek to strengthen the Partnership Agreement and governance schedules.
- Further clarify delegations, reserved matters and decision routes.
- Enhance clarity around links with Health and Wellbeing Boards and sovereign governance.
- Consider and refine proportionate escalation and dispute arrangements.
- Review opportunities to reduce avoidable duplication in governance and reporting.

## 2. Place Fund, financial governance and Section 75

Frequently raised: 51 items across 19 submissions

### What we heard

Feedback sought greater clarity on the scope and operation of the Place Fund, financial decision rights, risk and gain sharing, overspends, audit trails, funding transparency and the mechanism for shifting resources towards prevention and neighbourhood care. Local authorities, providers and primary care representatives also asked for protection from unilateral or retrospective risk transfer, clear transition arrangements and proper financial impact assessment before changes are implemented.

### Our response

The strategic intent is to support collective stewardship of resources on behalf of Place Partnerships. Detailed financial and legal safeguards cannot be resolved through the Partnership Agreement alone and must be developed with finance, legal and local authority partners.

### What we will do

- Reflect relevant feedback, where appropriate, in the Section 75 and funding schedules.
- Further develop risk, gain-share, overspend and dispute principles.
- Enhance visibility of Place-level resources and decision-making arrangements.
- Consider relevant financial impacts as part of the ongoing development of the arrangements.
- Seek to ensure appropriate safeguards against unilateral or retrospective risk transfer as detailed arrangements are finalised.

# 3. Local flexibility within a consistent GM framework

Targeted but consistent: 9 items across 6 submissions

## What we heard

Stakeholders supported common expectations but asked for explicit subsidiarity, space for local innovation, recognition of different levels of maturity and clearer arrangements for organisations working across more than one Place. Respondents wanted the final framework to distinguish clearly between non-negotiable GM-wide requirements and the areas where local partnerships can build on established strengths and delivery models.

## Our response

The emerging approach is a small set of consistent GM-wide requirements alongside local discretion over structures and delivery. The final documents need to be more explicit about what is mandatory, what is adaptable and how cross-boundary arrangements will work.

## What we will do

- Further define core standards and areas of permitted variation.
- Reinforce the principle of subsidiarity throughout the framework.
- Promote consistent use of “Best for Place, Best for GM”.
- Explore proportionate arrangements for multi-Place providers and pathways.
- Tailor implementation support, where appropriate, to reflect local readiness.

## 4. Partner representation and meaningful involvement

Most frequently raised: 53 items across 21 submissions

### What we heard

Feedback asked for clearer, meaningful and proportionate involvement for local authorities, elected members, primary care and LMCs, providers, mental health, NWAS, VCFSE partners, residents, children's services, police, housing and wider public services. Contributors emphasised that representation should bring genuine influence over priorities, resources and delivery, while recognising that multi-Place organisations may need coordinated rather than duplicated involvement.

### Our response

We agree that broad partnership is essential, but representation must be purposeful and workable. Some organisations operate across several Places and should not be expected to replicate routine capacity in every structure.

### What we will do

- Further clarify core, advisory and co-opted membership routes.
- Strengthen opportunities for resident, carer and VCFSE influence.
- Further clarify primary care and general practice representation.
- Develop proportionate approaches for multi-Place organisations.
- Undertake targeted engagement where the required role is not yet settled.

## 5. Place Teams, hosting and workforce transition

Frequently raised: 23 items across 10 submissions

### What we heard

Stakeholders requested greater clarity on the scope, accountability, funding and capacity of Place Teams; host responsibilities; employment and TUPE implications; liabilities; reporting lines; and access to accommodation, IT and corporate services. They also sought assurance on funding sustainability, organisational due diligence, partner-contributed capacity and the protection of staff terms, service priorities and continuity during transfer and mobilisation.

### Our response

Hosting should support teams working on behalf of the Place Partnership and should not give the host greater partnership decision rights. Workforce transfer must follow due diligence, formal consultation and alignment with the wider Place framework.

### What we will do

- Progress the development of the Transfer and Hosting Agreements and service specification.
- Further clarify host responsibilities, liabilities and review arrangements.
- Refine the proposed Place Team scope, accountability and funding arrangements.
- Continue workforce, finance and operational due diligence activity.
- Seek to sequence transfer and mobilisation arrangements in a way that supports staff and service continuity.

## 6. Outcomes, experience and assurance

Common cross-cutting theme: 26 items across 14 submissions

### What we heard

Feedback asked for fewer and more meaningful measures, broader outcomes beyond NHS activity, stronger mental health and children's outcomes, resident and carer experience, neighbourhood-level insight, balancing measures and streamlined reporting. Respondents wanted outcomes to reflect wellbeing, independence, community resilience and wider determinants, with data capable of being understood by neighbourhood, population group and pathway.

### Our response

We agree that success must be judged by outcomes and experience, not activity alone. The framework should support whole-system accountability while recognising where Places do not directly control every lever.

### What we will do

- Refine and further develop the outcomes framework.
- Strengthen the focus on prevention, inequalities, mental health and children's outcomes.
- Increase the prominence of resident, patient and carer experience within the framework.
- Enhance neighbourhood and population-group analysis where appropriate.
- Seek to align assurance and reporting with existing mechanisms and minimise unnecessary duplication.

# 7. Prevention, health inequalities and wider determinants

Raised across 8 submissions: 11 items

## What we heard

Stakeholders asked for stronger alignment with Live Well, a clearer commitment to prevention and health inequalities, needs-based allocation and recognition of housing, employment, skills, community resilience, transport and other wider determinants. They also wanted the framework to show how partnership working and resource decisions will support a genuine shift towards early intervention, neighbourhood delivery and fairer outcomes.

## Our response

These priorities are central to the purpose of Place Partnerships. The framework should make the ambition more explicit while being honest that sustainable resource shifts require aligned commissioning, financial and delivery plans.

## What we will do

- Strengthen the emphasis on prevention, equity and wider determinants throughout the suite.
- Further align outcomes and decision principles with Live Well.
- Better reflect the contribution of communities and the VCFSE sector.
- Continue to develop practical approaches to supporting upstream investment through the funding work.

## 8. Enabling functions, capacity and infrastructure

Raised across 13 submissions: 21 items

### What we heard

Places asked for confidence that they will have sufficient capacity and access to data, intelligence, digital, finance, estates, clinical leadership, safeguarding, SEND, medicines and programme support. Feedback highlighted the need for shared data infrastructure, neighbourhood intelligence, clear service interfaces and access to specialist expertise without creating ten separate or duplicative support models.

### Our response

A Place Partnership cannot be accountable for delivery without access to the expertise and infrastructure required. The answer will not always be a dedicated team in every Place; support may need to operate through Place, footprint and GM-wide arrangements.

### What we will do

- Further define the enabling support offer and service interfaces.
- Continue to progress mobilisation workstreams for Finance, Digital and IT, Estates, Place and People Services.
- Further clarify clinical and professional leadership arrangements.
- Seek to align data arrangements with existing GM collaborations where appropriate.
- Assess capacity requirements and seek to avoid creating unfunded expectations on partners.

## 9. Implementation, transition and continuous improvement Greater Manchester

Raised across 11 submissions: 24 items

### What we heard

Feedback called for more practical implementation detail, realistic sequencing, protection of service stability, complete schedules before sign-off, ongoing cultural development, shared learning and clearer terminology. Contributors asked for readiness and dependencies to be addressed openly, for changes to be supported by appropriate assurance, and for implementation to avoid destabilising services, staff or established partnership relationships.

### Our response

The document suite is a foundation for mobilisation, not the end of development. Implementation should be phased, supported and reviewed, with transparent communication about what is final and what will continue to evolve.

### What we will do

- Complete the required schedules and Terms of Reference as part of the formal assurance and sign-off process.
- Further standardise terminology and provide clear definitions where needed.
- Develop evaluation, learning and improvement arrangements to support implementation and ongoing refinement.
- Continue engagement and provide updates

# How the document suite and programme will change

Feedback will be routed to the part of the programme best placed to act on it

**Partnership Agreement and governance schedules**



Purpose, membership, delegations, accountability, decision-making and statutory interfaces.

**Section 75 and funding schedules**



Place Fund scope, financial governance, risk, transparency, safeguards and transition.

**Place Team, Transfer and Hosting Agreements**



Team scope, host role, employment, liabilities, accountability and support services.

**Outcomes and assurance framework**



Focused outcomes, experience, inequalities, evidence, reporting and recovery.

**EHIA and implementation materials**



Equity, accessibility, mobilisation, capacity, service continuity, learning and review.

# Next steps

A clear route from completed feedback analysis to document revision, assurance and communication



## Accountability for delivery

Actions will be assigned to named programme or subject matter leads and tracked through the Place Partnership mobilisation governance arrangements, including completion of document amendments, assurance activity and further engagement.

## Our commitment

**We have heard the feedback and will use it to strengthen the Place Partnership arrangements.**

We will revise the document suite, develop the financial and legal arrangements, undertake further targeted engagement where needed and strengthen mobilisation planning before final approval and implementation.

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Thank you to everyone who contributed their time, expertise and constructive challenge. Your feedback has provided important insight and will help us develop arrangements that are clearer, more robust and better able to support effective partnership working across Greater Manchester.

# Mental Health and Wellbeing Partnership - annual update

|                                  |                                                                   |                        |    |
|----------------------------------|-------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>      | ONE Stockport Health and Care Board                               |                        |    |
| <b>Report From (Board Lead)</b>  | Sarah Dillon (Executive Director of Adult Social Care and Health) |                        |    |
| <b>Report From (Author):</b>     | Judith Strobl (Consultant in Public Health)                       |                        |    |
| <b>Date:</b>                     |                                                                   | <b>Agenda Item No:</b> | 13 |
| <b>Previously Considered by:</b> | Mental Health and Wellbeing Partnership                           |                        |    |

## Purpose of the report:

To inform and assure the Board about the activities and progress made by the Stockport Mental Health and Wellbeing Partnership during the past year.

## Key points (Executive Summary):

- This report summarises the work of the Stockport Mental Health and Wellbeing Partnership since September 2025.
- The work of the Partnership covers different core activities: oversight and assurance, learning from lived experience, joint developments, sign-off and approval, strategy oversight, and influencing policy and practice in other areas.
- The Partnership particularly values the contributions from its lived experience members and is using these to inform service improvements.
- This report gives an overview of progress of the Partnership during its bi-monthly meetings throughout the year.
- The approach and relationships within the Partnership continue to mature, and the members are looking forward to further strengthening the governance of the mental health agenda across Stockport, including for children and young people, particularly after the recent Integrated Care Board reorganisation.

## Recommendation:

The Board is asked to:

- Note the annual update and progress.

|                 |  |                          |  |                              |          |
|-----------------|--|--------------------------|--|------------------------------|----------|
| <b>Decision</b> |  | <b>Discuss/Direction</b> |  | <b>Information/Assurance</b> | <b>x</b> |
|-----------------|--|--------------------------|--|------------------------------|----------|

## 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                        |          |

## Conflicts of Interests

|                                  |      |
|----------------------------------|------|
| Potential Conflicts of Interest: | none |
|----------------------------------|------|

|                                                                |      |
|----------------------------------------------------------------|------|
| <b>Risk and Assurance:</b>                                     |      |
| List all strategic and high level risks relevant to this paper | None |

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

|                                                                                                                                                                      |                                                  |     |  |    |  |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----|--|----|--|-----|
| <b>Potential Implications:</b>                                                                                                                                       |                                                  |     |  |    |  |     |
| <b>Financial Impact:</b><br>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>                                                                                                                                             | N/A                                              |     |  |    |  |     |
| <b>Performance Impact:</b>                                                                                                                                           | N/A                                              |     |  |    |  |     |
| <b>Workforce Impact:</b>                                                                                                                                             | N/A                                              |     |  |    |  |     |
| <b>Quality and Safety Impact:</b>                                                                                                                                    | N/A                                              |     |  |    |  |     |
| <b>Compliance and/or Legal Impact:</b>                                                                                                                               | N/A                                              |     |  |    |  |     |
| <b>Equality and Diversity:</b><br>Has an equality impact assessment been completed?                                                                                  | General Statement:                               |     |  |    |  |     |
|                                                                                                                                                                      | If Not Applicable please explain why             | Yes |  | No |  | N/A |
|                                                                                                                                                                      |                                                  |     |  |    |  |     |
| <b>Environmental Impact:</b><br>Has an environmental impact assessment been completed?                                                                               | General Statement:                               |     |  |    |  |     |
|                                                                                                                                                                      | If Not Applicable please explain why             | Yes |  | No |  | N/A |
|                                                                                                                                                                      |                                                  |     |  |    |  |     |

# **Mental Health and Wellbeing Partnership Board – Annual Update to Locality Board**

**September 2025- July 2026**

## **About this report**

The Stockport Mental Health and Wellbeing Partnership provides strategic oversight of the mental health agenda across Stockport, bringing together partners from the NHS, local authority, voluntary and community sector, carers and people with lived experience. This report summarises the work of the Partnership between September 2025 and July 2026.

This year, the Partnership focused on mental health system transformation programmes, prevention, co-production, community resilience and addressing inequalities, while also maintaining oversight of operational issues such as discharge delays, housing provision and service accessibility. This demonstrates that the work of this strategic Partnership covers different core activities [indicated in square brackets after each sub-heading]: oversight and assurance, learning from lived experience, joint developments, sign-off and approval, strategy oversight, and influencing policy and practice in other areas.

The Partnership particularly values the contributions from its lived experience members and is using these to inform service improvement. Most meetings receive a lived experience account from someone in receipt of mental health support from different parts of the system.

This report gives a flavour of progress of the Partnership during its bi-monthly meetings throughout the year, following on from a successful workshop in July 2025 where the Partnership reviewed its working arrangements:

## **4 September 2025**

The September meeting focused on prevention, recovery, and helping people with mental health conditions live fulfilling lives within their communities:

### **Employment support and Individual Placement and Support [STRATEGY]**

A major item concerned employment support for people with severe and enduring mental illness. The Partnership heard about the impact of the Individual Placement and Support programme delivered through Pure Innovations. Members discussed the importance of supporting people into meaningful employment as part of recovery and considered how awareness of available support could be strengthened. Discussions highlighted the value of employment not simply as an economic outcome, but as a contributor to confidence, wellbeing and social inclusion. Opportunities for spreading the awareness of the service among residents were discussed.

### **Work Well programme [STRATEGY]**

The meeting received an update on the Work Well programme and considered opportunities to strengthen links between employment support, health services and community provision. Members recognised the importance of early intervention and prevention, particularly for people experiencing poor mental health who may be at risk of leaving employment.

### **Prevention in Adult Social Care [INFLUENCING]**

The Board considered proposals relating to the Adult Social Care Prevention Strategy and contributed views to support a stronger preventative approach to help reduce future demand for more intensive interventions.

### **Co-production and partnership working [STRATEGY / LIVED EXPERIENCE]**

A presentation by Richard Currie (Working in Partnership Lead, Adult Social Care) introduced plans to strengthen co-production and embed partnership working more systematically across mental health services and programmes. Richard has now become a regular member of the Partnership to continue to strengthen its co-production and lived experience input.

### **Direct Payments and Section 117 aftercare [OVERSIGHT / LIVED EXPERIENCE]**

At the request of members, the Partnership examined barriers experienced by service users and carers in navigating Direct Payments and Section 117 aftercare arrangements and agreed follow-up action on concerns affecting people with severe mental illness and carers.

## **13 November 2025**

The November meeting focused on wider determinants of mental health and the practical challenges faced by residents with complex needs.

### **Lived experience item [LIVED EXPERIENCE]**

The Partnership heard the experience of a recent service recipient of in-house mental health supported accommodation. The service user was able to share their positive story, accompanied by a staff member, and expressed their gratitude to the service at a challenging phase of their life.

### **Specialist and supported housing [STRATEGY / INFLUENCING]**

Members received an update on the Supported Housing Strategy, covering mental health needs and strategic commitments. Members reviewed current housing pathways, future developments, system pressures and opportunities to improve support for people with mental health needs. There was extensive discussion about demand for suitable accommodation, referral arrangements, waiting times and future investment. The Partnership recognised that stable and appropriate housing is often a critical factor in recovery and independence.

### **HealthWatch engagement project update [LIVED EXPERIENCE]**

HealthWatch staff reported on their Living Well engagement project. The report on lived experience of residents with serious mental illness intends to improve support for this cohort. The report captures insights from people with lived experience, identifies key challenges, and provides practical recommendations for services. The aim is to promote accessible, person-centered mental health care and stronger collaboration across health and community sectors. Members highlighted the training need for professionals working with people with serious mental illness.

### **Approved Mental Health Professional (AMHP) service and inpatient pressures [OVERSIGHT]**

The Partnership reviewed activity within the AMHP service and examined data relating to assessments and service demand. This led to discussion regarding inpatient pressures. The Partnership agreed it would be helpful to have a deep dive to understand what the barriers have been in order to manage any risks.

### **Mental Health Dashboard [OVERSIGHT]**

Members received a demonstration of the newly developed Mental Health Dashboard, designed to provide a single overview of mental health indicators and system performance for Stockport.

## **22 January 2026**

The January meeting focused on Ambition 4 of the Strategy.

### **Mental health and wellbeing strategy update on Ambition 4 - Working with communities and building the capacity of voluntary, community, faith and social enterprise (VCSFE) organisations [STRATEGY]**

Jo McGrath, Sector 3 Chief Executive Officer, presented an update, including work on the Live Well programme and funding. Members heard about last year's Live Well Funding round. Funded projects focused on making mental health support more accessible, using trauma-informed and peer-support approaches, and many worked in collaboration with clinical services. The opportunity to involve the business sector in funding VCSFEs was discussed, to deliver social value. The Partnership also began to consider how future investment could move beyond short-term grant funding and support more sustainable approaches. Members sought assurance that residents are made aware of VCSFE offers, and it was recognized that the Support Hub and social prescribers have an important role in helping people navigate the system. The mental health signposting print resources for Stockport have also recently been updated and shared with frontline services. Members were also made aware that the funding of the existing Mental Health VCSFE Network is coming to an end. The Network is highly valued, with strong collaboration, lived-experience input, and good attendance

### **Preventative investment for children and young people [JOINT DEVELOPMENT]**

Judith Strobl presented a proposal to invest residual funding (ca £30,000) in preventative interventions for children and young people. The proposal received broad support and reinforced the Partnership's focus on prevention and early intervention.

### **Lived experience item [LIVED EXPERIENCE]**

Paula King of Fika Welie Caribbean & African Mental Health CIC described the experiences of people from African, Caribbean and wider global majority communities and highlighted concerns regarding communication, trust, cultural competence and access to support before people reach crisis point. Members reflected on the need to improve engagement and culturally responsive support.

### **Connect Hub Contract [OVERSIGHT]**

An Adult Social Care commissioning colleague explained that Making Space has not taken over the Connect service in August and, after some settling-in issues, things have now stabilised. The hub offers a place-based service with group work, a volunteer-run café, and a community-focused outreach offer, with all referrals going through a single point so people can either receive support at home or attend sessions at the centre. The service is for those in receipt of secondary mental health services to support stepping into the community.

### **Community mental health transformation [OVERSIGHT / STRATEGY]**

The meeting received an update on the development of the new Neighbourhood Mental Health Team model (formerly Living Well). Members heard about plans for six locality-based teams aligned to Primary Care Networks, alongside additional capacity for VCSFE-based recovery and peer support. The proposals reflect a significant shift towards neighbourhood delivery and integrated support.

### **Clinically ready for discharge [OVERSIGHT]**

The Board received encouraging news regarding low numbers of in-patients who are clinically ready for discharge. Members were informed that delayed discharges had reduced significantly and that Stockport currently had no on spot-purchased out-of-area placements, releasing resources that could be reinvested in preventative and community-based services.

## **5 March 2026**

The March meeting focused on implementation of strategic priorities and practical examples of prevention in action.

### **Boost Wellbeing and community prevention [LIVED EXPERIENCE / JOINT DEVELOPMENT]**

Members heard from Steve Flynn of Boost Wellbeing, who described how physical activity and community-based support can contribute to improved mental wellbeing. The presentation demonstrated how Boost supports recovery through activities such as walking, football, yoga and boxing, whilst also strengthening social connections and reducing isolation, and is working

successfully in partnership with primary care networks, other VCSFE organisations, inpatient services, and Life Leisure, using collaboration and targeted referrals to better align community activity with local mental health needs and improve outcomes. Partnership members appreciated Steve's impetus to inform its thinking about preventive work, and more effective partnership with VCSFEs.

### **Partnership work programme going forward [JOINT DEVELOPMENT]**

Members collated their priorities for the year's work programme. Suggestions included updates on employment support, acute crisis pathways, delivery of the Mental Health and Wellbeing Strategy including further examination of strategic ambitions. The discussion reflected the maturity of the Partnership and its desire to move beyond organisational updates towards system leadership.

### **Mental Health and Wellbeing Strategy update on Ambition 3 - Promoting awareness and understanding of mental health and wellbeing [STRATEGY]**

This update provided a focus for this meeting. Members received heard about the Connect 5 mental health literacy training for staff and volunteer, which has been brought in-house into the Council (public health) and is proving popular. A '5 Ways to Feel Good' toolkit for employers has been shared across Stockport employers to support their staff wellbeing efforts. Online 'Togetherness' training is available for families and professionals to support emotional wellbeing, relationships, child development and resilience, with good take up across Stockport. The Partnership also heard how signposting online and print resources have been redesigned with feedback from residents with lived experience to ensure information was clearer, more accessible and easier to use.

### **Clinically ready for discharge [OVERSIGHT]**

This time figures on this items were not as encouraging and a detailed discussion took place. Members reviewed data on delayed bed days and heard about challenges relating to specialist placements and dementia care capacity. The Partnership agreed that this should remain a standing item given its importance to both service quality and patient outcomes.

## **21 May 2026**

The meeting illustrated many of the themes that had been developing throughout the year, including co-production, neighbourhood transformation, carer involvement and prevention.

### **Lived experience item - Connect Hub [LIVED EXPERIENCE]**

Representatives from Making Space provided a lived experience-focused presentation on the recommissioned Connect Hub service. Members heard how the service was evolving into a recovery-focused model offering groups, volunteering opportunities, peer support and community connections. Discussion highlighted the importance of helping people build confidence and maintain wellbeing outside traditional mental health services.

### **Communication with carers [LIVED EXPERIENCE / OVERSIGHT]**

Very powerful discussions arose from a report produced by members representing the Stockport Mental Health Carers Group. The report highlighted communication difficulties experienced by carers supporting loved ones with serious mental illness. A Carers' Charter is now in development. Partnership members acknowledged the importance of carers' experiences and agreed that partners should work together to develop a response and action plan. This marked an important step in strengthening the Partnership's focus on carers as key partners.

### **Suicide prevention [APPROVAL]**

Judith Strobl who chairs the Stockport Suicide Prevention Forum provided an update on relevant work in Stockport, and an updated action plan for the following year. Members noted continued progress with suicide prevention training and approved the action plan going forward. The need for consistent engagement from key partner organisations in the Suicide Prevention Forum was recognized and supported.

### **Greater Manchester community mental health transformation [OVERSIGHT / STRATEGY]**

Gary Flanagan presented an update on the Greater Manchester Community Mental Health Transformation Programme. Members heard about plans to develop a neighbourhood-based mental health model, strengthen integration with Live Well services and improve community-based support through enhanced partnerships between health, social care and VCFSE organisations. An update was also provided on a national capital funding bid to support the development of Neighbourhood Mental Health Centres across Greater Manchester.

## **23 July 2026**

The meeting focused on the emerging neighbourhood mental health model, co-production, medication access, discharge pathways, an introduction of the new HealthWatch arrangements, and an update from the Mental Health VCSFE Network.

### **Introduction to HealthWatch [LIVED EXPERIENCE]**

Andrew Griffiths introduced the new Healthwatch service, which had taken on the contract from 1 June and appointed three community engagement officers. Healthwatch plans to work across Stockport's communities to gather feedback, and will strengthen links with the Carers Partnership, Sector 3, the VCFSE sector and equity networks.

### **Neighbourhood Mental Health Team [OVERSIGHT / STRATEGY]**

The Partnership received an overview of this new integrated, needs-led service for adults aged 18 and over. Stockport's six Primary Care Networks have been grouped into three neighbourhood mental health teams, supported by a central hub and commissioned VCFSE provision. Members welcomed the model but asked for clearer, accessible information on the roles of neighbourhood teams, community mental health teams and crisis services, including contact routes for carers, so these can be easily communicated to residents and service users.

### **Co-production survey results [LIVED EXPERIENCE]**

Richard Currie presented the results of his survey of Partnership members. Findings showed broad support for co-production, but inconsistent experience of how it was applied. Barriers included limited time, capacity, leadership support and opportunities for meaningful involvement. Given the small number of responses, the findings were treated cautiously, but the Partnership agreed to establish a short-term group to identify practical improvements and report back.

### **Shared-care medication access [OVERSIGHT]**

NHS colleagues presented the work on shared care medication arrangements across Greater Manchester. Such arrangements can cause difficulties for patients when not accepted by GPs. Pilot work is being developed to test how shared care could be better incorporated into neighbourhood mental health pathways, including timely specialist advice and routes back into services where clinically required. The discussion highlighted the need for clear information for patients and carers, holistic review of medication and substance use, timely specialist advice, and further co-production as the Greater Manchester work develops.

### **Clinically ready for discharge [OVERSIGHT]**

The Board reviewed delays linked to care home placements, brokerage, housing, social care assessment, and funding decisions. It agreed that local authority representation should be arranged for the fortnightly multi-agency meeting.

### **Mental Health VCFSE Network [STRATEGY]**

The Board heard that the Network continued to meet quarterly for information sharing, networking and collaboration. Although its previous funding had ended in March, Pure Innovations continues to support the Network in recognition of its value to the VCSFE community.

## **Summary comments**

The Partnership's work this year has built on a Partnership workshop in May 2025, where members reflected on the way the group was working. The Partnership sees itself as a strategy oversight body for mental health and wellbeing in Stockport, and enacts this responsibility by developing clearer oversight and assurance of the agenda locally, including the local Mental Health and Wellbeing Strategy. The lived experience voices have become absolutely central and the Partnership continues to strengthen its approach to co-production. Meetings also offer opportunities to consider and influence other service areas, particularly those relating to wider determinants of mental health (e.g. housing, employment), and to provide a forum for joint partner discussion of new developments, including service transformations such as the emerging neighbourhood mental health team model aligned to Primary Care Networks.

The Partnership takes a reflective approach to developing its work, and the concluded reorganization of the Integrated Care Board enables further streamlining of the oversight function. The Partnership is currently also considering the key strategic and operational

delivery risks across the breadth of the agenda from prevention, and wider determinants of mental health, to clinical mental health services and the strengthening of the local system, including VCSFE sector partners.

# Delivering Neighbourhood Health In Stockport 2026/27 – 2027/28

|                                     |                                                                                         |                        |    |
|-------------------------------------|-----------------------------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>         | ONE Stockport Health and Care Board                                                     |                        |    |
| <b>Report From (Executive Lead)</b> | Philippa Johnson – Deputy Place Based Lead, NHS Greater Manchester (Stockport Locality) |                        |    |
| <b>Report From (Author):</b>        | Gareth Lord – Senior Programme Manager for Neighbourhood Health and Care                |                        |    |
| <b>Date:</b>                        | 24 September 2026                                                                       | <b>Agenda Item No:</b> | 14 |
| <b>Previously Considered by:</b>    |                                                                                         |                        |    |

## **Purpose of the report:**

- 1.1 The purpose of this report is to provide and share with the ONE Stockport Health and Care Board our updated Neighbourhood Health Plan and One Health and Care Delivery Plan for 2026/27-2027/28, and to seek approval from the Board prior to submitting our final version to GM ICB leads.

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

In March 2026, the One Health and Care Board approved both the One Health and Care annual delivery plan and a neighbourhood health and care plan for 2026/27.

Our delivery plans have become a standard way of describing our annual priorities and work against the ambitions set out in our five-year health and care strategy (the One Health and Care Plan 2024-2029). The neighbourhood health plan is a response to new national requirements set out by government, and to be submitted to NHS GM

Since the approval by the One Health and Care Board, and plans were shared with NHS GM, new guidance such as the Neighbourhood Health Framework has been released. Each Place has since been asked to update their plans in accordance to the newly released guidance.

In Stockport, we have taken the opportunity to both incorporate new health proposals being asked of local systems in our plans (for example, developing Integrated Neighbourhood Teams (INTs)), refine some objectives to make them clearer, and re-format our plans in a way that it is clearer.

The two plans complement each other. Our Neighbourhood Health plan sets out a high-level narrative that describes our 4 main aims over the next two years, alignment of our model to the national and GM ambitions, our governance, geography, milestones and metrics. Our delivery plan sets out the detailed work that underpins our ambitions and is now also described as a two-year plan.

The latest versions are shared for information.

## **Recommendation:**

The One Health and Care Board are asked to:

- Review and comment on the reports
- Suggest further changes where appropriate prior to them being submitted
- Approve the plans

|                                                                 |                                                                                  |                          |          |                              |          |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|----------|------------------------------|----------|
| <b>Decision</b>                                                 | <b>x</b>                                                                         | <b>Discuss/Direction</b> | <b>x</b> | <b>Information/Assurance</b> | <b>x</b> |
| <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: | Not applicable |

|                                                                |                |
|----------------------------------------------------------------|----------------|
| <b>Risk and Assurance:</b>                                     |                |
| List all strategic and high-level risks relevant to this paper | Not applicable |

|                                           |                |
|-------------------------------------------|----------------|
| <b>Consultation and Engagement:</b>       |                |
| <b>Local People / Patient Engagement:</b> | Not applicable |
| <b>Workforce Engagement:</b>              | Not applicable |

|                                                                                                                                                                      |                                                                                                                                                                                                                                                            |     |  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|
| <b>Potential Implications:</b>                                                                                                                                       |                                                                                                                                                                                                                                                            |     |  |    |
| <b>Financial Impact:</b><br>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>                                                                                                                                             | The plans align existing and developing work into a two-year delivery framework. Any proposals requiring additional or recurrent investment will be subject to the relevant business case, commissioning intentions, affordability and approval processes. |     |  |    |
| <b>Performance Impact:</b>                                                                                                                                           | Performance will be monitored through the milestones and metrics linked to the four priorities, including                                                                                                                                                  |     |  |    |

|                                        |                                                                                                                                                                                                                                        |     |  |    |  |     |   |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|--|-----|---|
|                                        | access, experience, activity, outcomes, inequalities and system impact.                                                                                                                                                                |     |  |    |  |     |   |
| <b>Workforce Impact:</b>               | Delivery depends on coordinated multidisciplinary working across neighbourhoods, including development of Integrated Neighbourhood Teams and alignment of partner capacity around local priorities.                                    |     |  |    |  |     |   |
| <b>Quality and Safety Impact:</b>      | The plans support earlier intervention, coordinated care, care closer to home and clearer pathways. Quality and safety will require oversight of implementation, variation and delivery risks through the Steering and delivery groups |     |  |    |  |     |   |
| <b>Compliance and/or Legal Impact:</b> | The plans respond to national neighbourhood health requirements and Greater Manchester expectations. Specific proposals will continue to be considered through established governance, contracting and assurance arrangements.         |     |  |    |  |     |   |
| <b>Equality and Diversity:</b>         | General Statement: Reducing inequalities is a core aim. Delivery will use population insight and proportionate approaches to target support according to need and monitor variation in access, experience and outcomes.                |     |  |    |  |     |   |
|                                        | Has an equality impact assessment been completed?                                                                                                                                                                                      | Yes |  | No |  | N/A | X |
|                                        | If Not Applicable please explain why                                                                                                                                                                                                   |     |  |    |  |     |   |
| <b>Environmental Impact:</b>           | General Statement:                                                                                                                                                                                                                     |     |  |    |  |     |   |
|                                        | Has an environmental impact assessment been completed?                                                                                                                                                                                 | Yes |  | No |  | N/A | x |
|                                        | If Not Applicable please explain why                                                                                                                                                                                                   |     |  |    |  |     |   |

# Stockport Neighbourhood Health Plans 2026 – 2028

**Stockport**

Integrated Care Partnership



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# Introduction

Stockport ambition is to accelerate an all-age neighbourhood health transformation, building on strong partnerships, civic leadership and a mature culture of collaboration. Over the next two years, the priority is to further develop a prevention-led, integrated and outcomes-focused model that improves health, reduces inequalities and supports people to live well for longer.

Significant challenges remain. Inequalities in life expectancy, an ageing population, increasing frailty and complex long-term conditions are driving demand beyond what traditional models can sustain. Residents can also experience fragmented support, inconsistent access and avoidable escalation.

This plan therefore sets out how Stockport health and wellbeing offer will shift from reacting to illness towards earlier intervention, maintain independence for longer, prevention and coordinated support closer to home. Aligned with the national Neighbourhood Health Framework and Greater Manchester's Live Well ambition, it aims to create a proactive, integrated and community-centred model that improves outcomes, equity and sustainability.



## Strong platform

Established partnerships, civic leadership, regeneration and a mature culture of collaboration provide the foundation for neighbourhood health and Live Well.

## Persistent challenge

Life expectancy differs substantially between communities. Ageing, frailty and complex long-term conditions are increasing pressure on residents and services.

## Required response

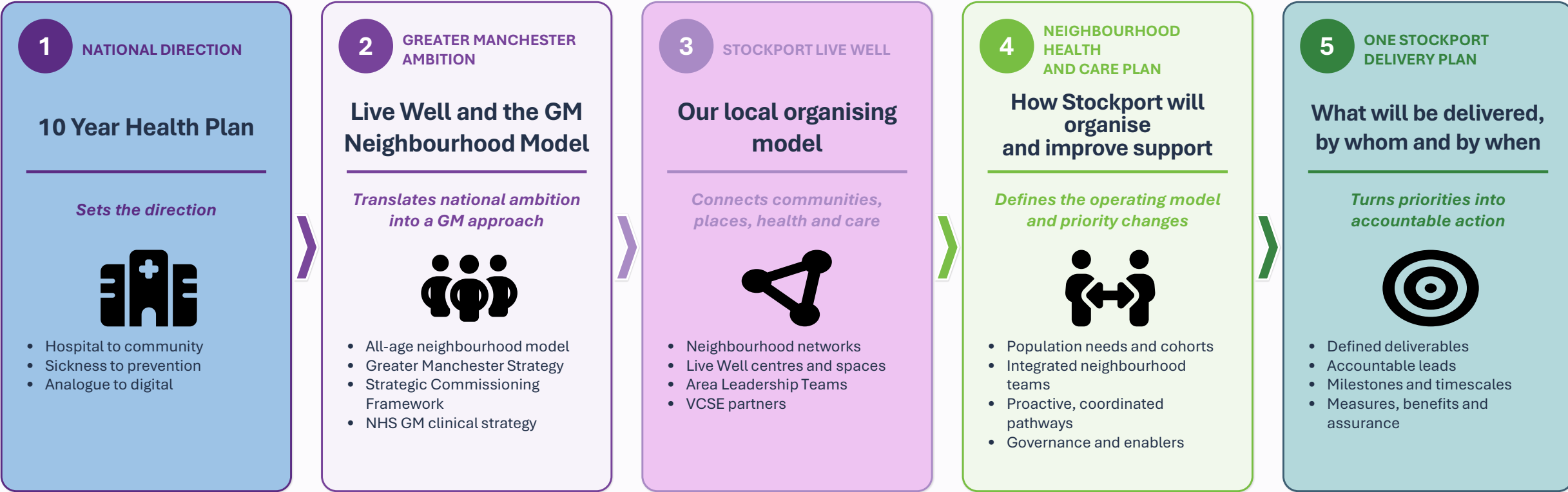
Move from fragmented and reactive support towards prevention, earlier intervention, coordinated care and action on the wider determinants of health.



# Strategic Context

# The golden thread from national ambition to better outcomes for Stockport residents

National policy and Greater Manchester strategy are translated through **Stockport Live Well**, defined through the **Neighbourhood Health and Care Plan**, and delivered through the **One Stockport Health and Care Delivery Plan 2026 – 2028**.



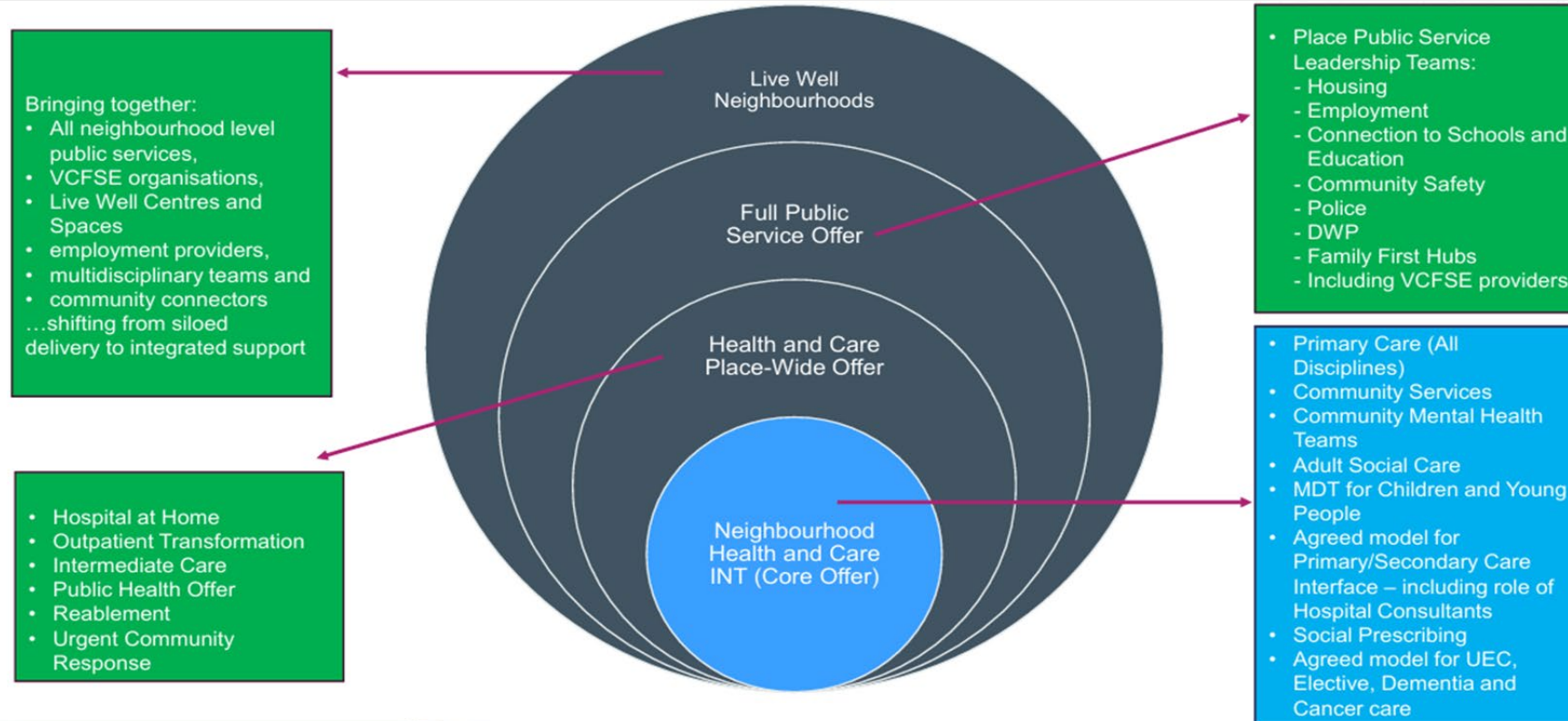
National and Greater Manchester ambitions are translated through Stockport Live Well, specified in the Neighbourhood Health and Care Plan, and delivered and assured through the One Stockport Delivery Plan.

# GM Strategic Commissioning Framework:

Integrated Neighbourhood Teams delivering neighbourhood health and care

## Stockport

Integrated Care Partnership



## GM Strategic Commissioning Framework

*...place as driving the delivery of integrated models of care*

*...GM-wide soft launch of Integrated Neighbourhood Teams in all 10 places from the end of Q3 (Jan 2027)*

*...rebalancing our health and care system to a more preventative, proactive model – improving population health, meeting need in a different way, reducing costs and slowing the rate of demand on acute services*

# GM Neighbourhood Landscape:

## Stockport Integrated Care Partnership

### OUR NEIGHBOURHOOD HEALTH LANDSCAPE

#### Working together for healthier communities

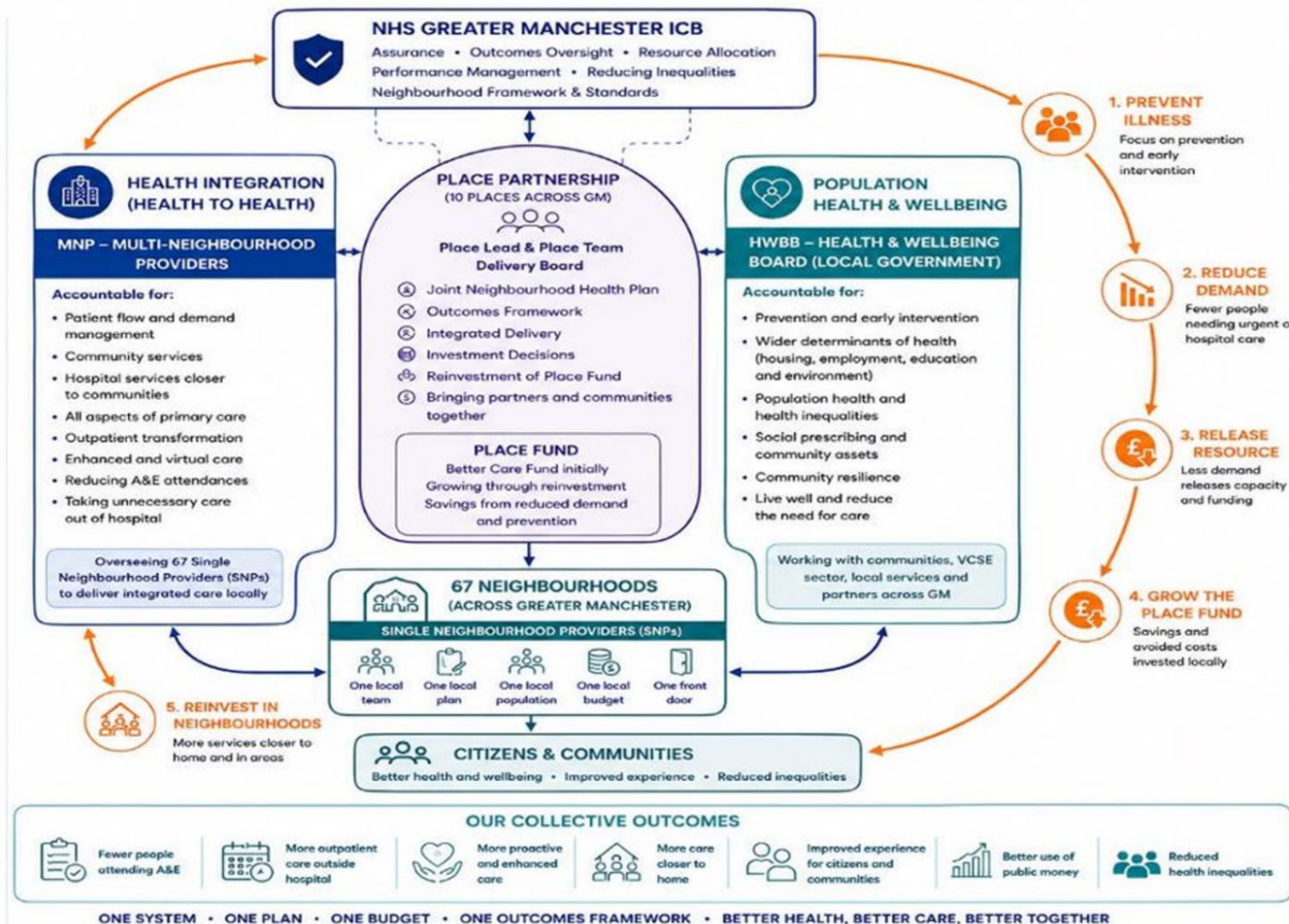
Through six weeks of engagement with partners, system leaders across Greater Manchester, we have co-designed a neighbourhood health operating model that puts prevention first, integrates health and care, and reinvests in our areas.

#### OUR SHARED PRINCIPLES

- ✓ Work together as one system
- ✓ Focus on prevention and early intervention
- ✓ Tackle health inequalities
- ✓ Care closer to home
- ✓ Make the best use of public money
- ✓ Listen to and empower our areas

#### OUR ACCOUNTABILITIES

|                         |                                                                                                               |
|-------------------------|---------------------------------------------------------------------------------------------------------------|
| ICB                     | Assurance, system leadership, outcomes oversight, resource allocation and performance.                        |
| PLACE PARTNERSHIP       | Joint neighbourhood health plan, outcomes, integrated delivery, investment and reinvestment of place fund.    |
| MNP                     | Accountable for patient flow, health integration and reducing demand on hospital services.                    |
| HWBB (LOCAL GOVERNMENT) | Accountable for prevention, wider determinants of health, population health and reducing health inequalities. |
| SNPs                    | Deliver integrated care at neighbourhood level.                                                               |
| JOINT (MNP + HWBB)      | Jointly accountable for improved outcomes, reduced admissions and better population health.                   |



By 2028, our ambition is for Stockport to have a simpler, more connected neighbourhood offer: supporting residents earlier, maintain independence for longer, coordinating care around people with complex needs, and providing more urgent care, recovery and rehabilitation at home or close to home. The model will be universal but proportionate, with a consistent core offer across Stockport and additional capacity and tailored approaches targeted according to deprivation, risk and unmet need.

Over the next two years, Stockport's neighbourhood plan will focus on four connected priorities:

# Stockport Live Well

**Stockport**  
Integrated Care Partnership



# Stockport Live Well

Stockport Live Well is our neighbourhood model for turning the One Stockport Health and Care Plan ambition into action. It connects community-led health creation with joined-up health and care, making it easier for people to access the right information, advice and support close to home.

**Our two programmes Connected Communities and Places and Collaborative Health and Care** — bring together residents, community assets, public services and integrated health and care around local needs and priorities. Together, they support a shift towards prevention, earlier intervention and coordinated support that helps people live well for longer.

Our neighbourhood networks bring together residents, community organisations, public services, businesses and wider partners to identify local priorities and develop neighbourhood action. Area Leadership Teams (ALT) bring together leadership from primary care, adult social care, public health and community services to design and deliver neighbourhood health priorities.

**STOCKPORT**  
**LIVE WELL**

## Working with communities

We work with communities – enabling and empowering community led action to reduce health inequalities.

## One Team

Collaborating as one team with communities and colleagues in neighbourhoods.

### Neighbourhood approach

Responding to the needs and priorities of each neighbourhood based on data, insight and intelligence.

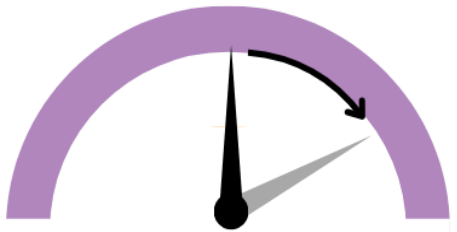
### Relentless prevention

Prevention flows through everything we do. Live Well offers ensure people can live well independently.



# Demand and Impact – shifting the dial left through neighbourhoods

**Great neighbourhoods where people can live well**



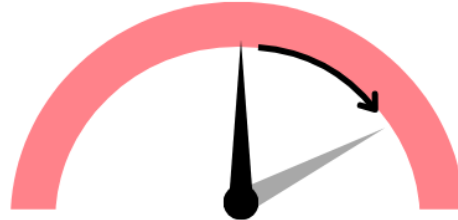
Neighbourhoods where people feel safe, connected and able to live well. Access to parks and open spaces with accessible transport connections

**Residents are more financially resilient**



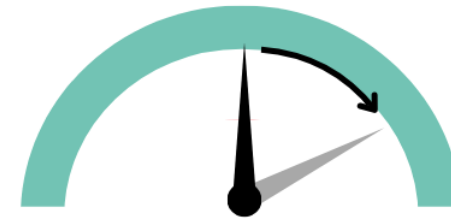
Stable careers and a growing Stockport economy build residents' financial resilience.

**More children in stable, loving homes**



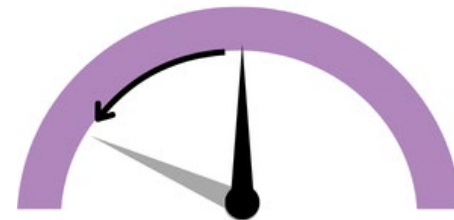
Children and young people are happy, healthy and supported by family networks in their neighbourhoods.

**More people living independently close to home**



Care is delivered close to home, preventing or delaying long-term care and keeping support community-based.

**Reducing avoidable acute demand**



Improve outcomes, experience and equity through proactive, person-centred neighbourhood care.

**Shift from reactive, crisis-led services to preventative, place-based, community-led support — targeting demand, cost and resources where they improve outcomes most.**

# Inequalities framework for Live Well

## Achieving a fairer Stockport through Live Well



Our Live Well programme is developing its approach to addressing the stark inequalities evident within Stockport.



### Equitable services

- Focus on prevention
- Assess impact on equity
- Improve access & outcomes



### Stronger building blocks

- Early years & education
- Jobs and homes
- Tackle poverty
- Build healthy places



### Greater community power

- Strengthen community assets
- Maximise the role of anchor institutions
- Empower local voices

Our framework focusses on residents, services, and the building blocks of health.



Do more for those with greater need



Co-produce with communities



Continuously learn and improve

We are also developing an inequalities outcomes framework.



# Responding to Stockport population needs

# Understanding our Borough

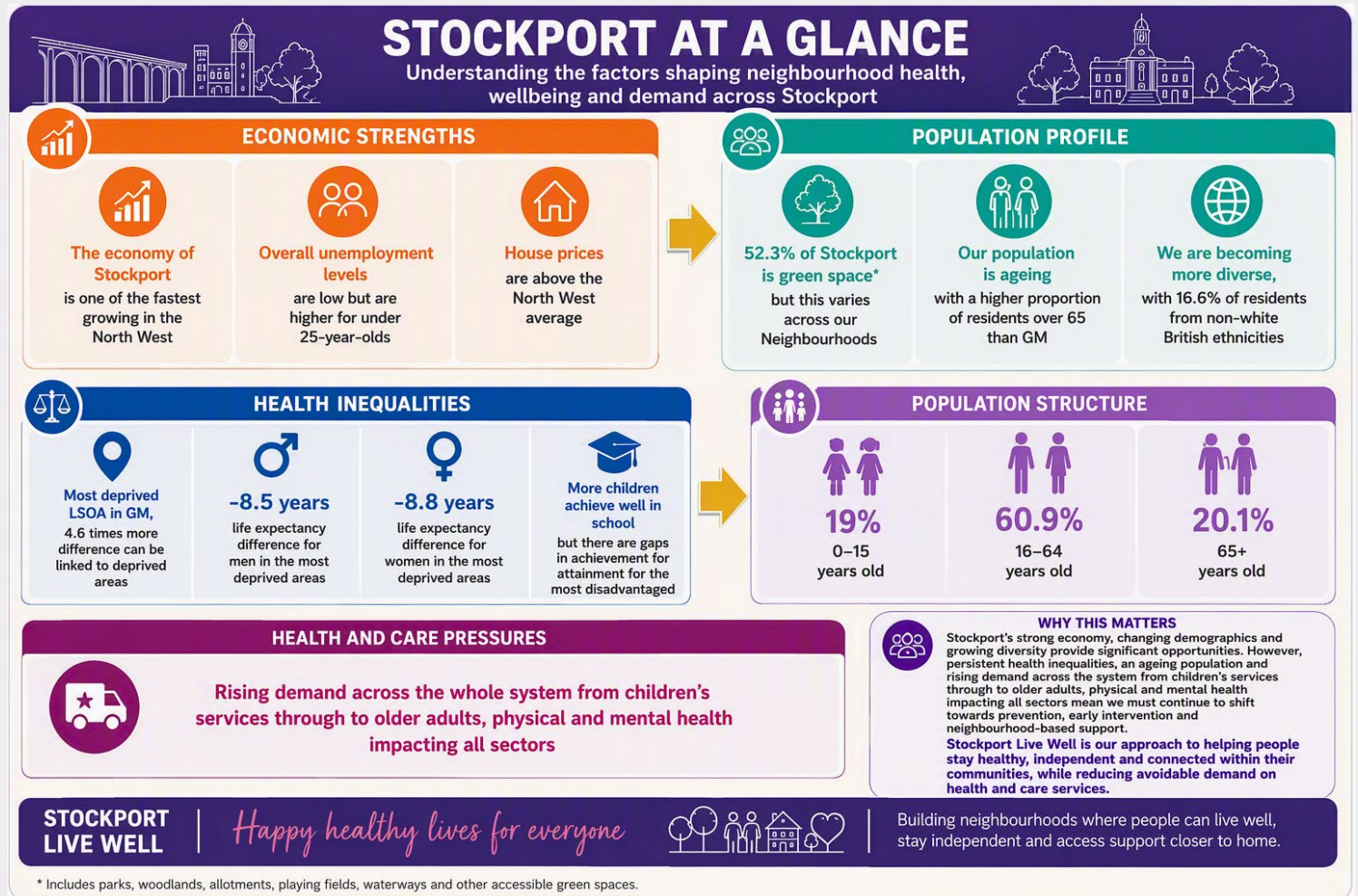
Stockport has strong borough and neighbourhood intelligence to understand local need. Our Joint Strategic Needs Assessment (State of the Borough), 'Big Picture' datasets and Primary Care Network (PCN) profiles provide insight into population health, inequalities and wider determinants, supporting place-based priorities.

This data is strengthened by lived experience from residents, communities and frontline services. Learning from the National Neighbourhood Implementation Programme (NNHIP), alongside engagement through our Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance and wider partnerships, helps identify barriers to integration and ensures seldom-heard communities inform planning.

Together, this enables us to identify variation and target priorities across Stockport. The next step is to build on these foundations to create a coherent, scalable and sustainable neighbourhood health model, with consistent delivery, shared accountability and aligned resources. The focus is on stronger integration and proactive, joined-up care closer to home to improve population health and reduce inequalities.

## Stockport

Integrated Care Partnership



# Whole population model

The model segments the population based on need and shows a proposed delivery model. The “top 1% people with high acuity, multiple complex care needs and the highest levels of unplanned admissions over the past 12 months. This provides a useful starting point for operationalising Integrated Neighbourhood Teams (INTs). However, it should form part of Stockport’s wider neighbourhood model rather than become its sole focus.

For Stockport, this supports the existing neighbourhood priorities of frailty and older people as an initial demonstrator, alongside adults and children with multiple complex needs, end-of-life needs, severe mental health needs and those requiring urgent care coordination.

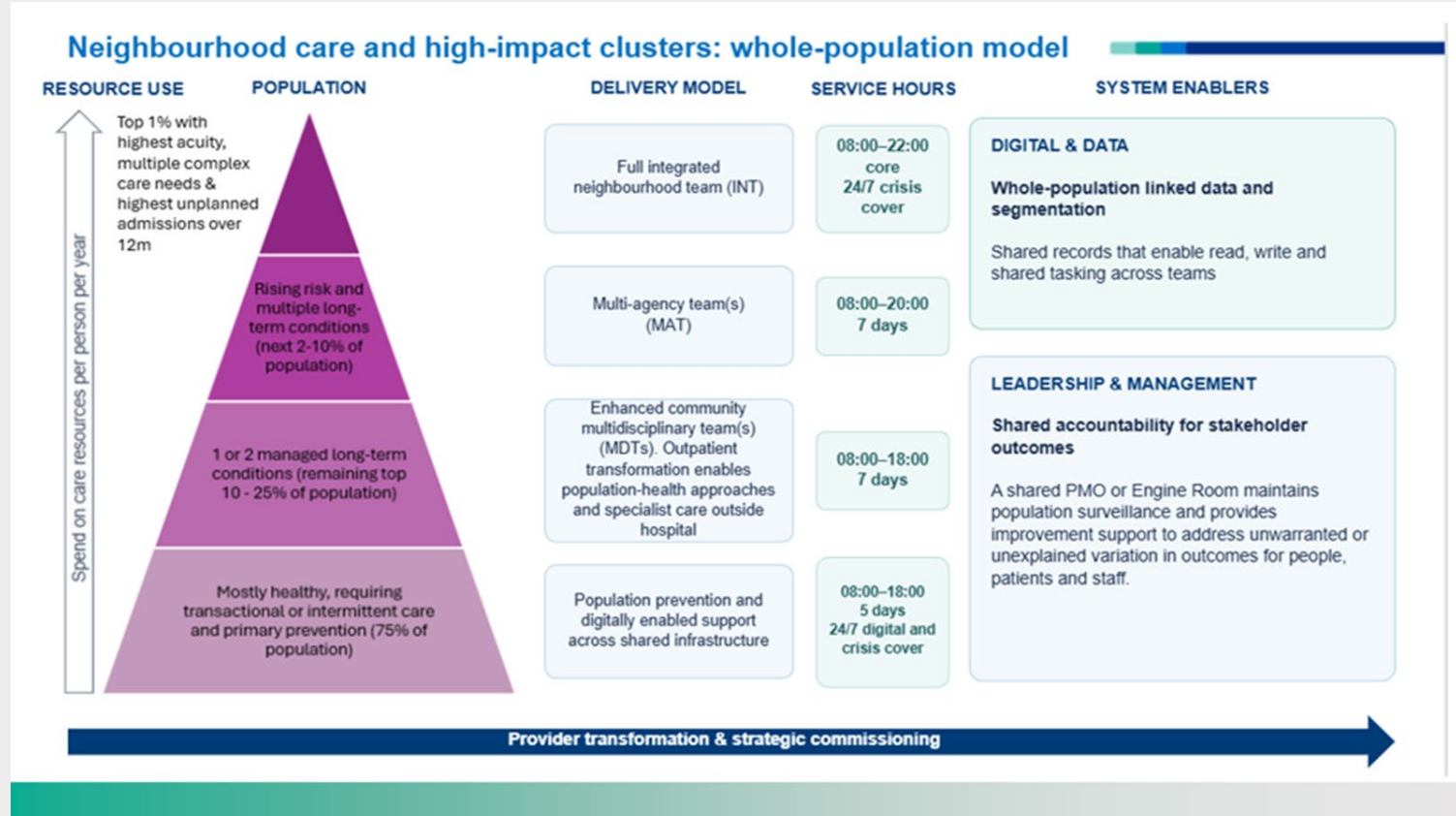
The model will also connect with wider priority cohorts, including CVD, diabetes and respiratory disease, and be targeted according to deprivation, risk and unmet need.

This gives Stockport a clear approach: use the highest-risk cohort to test and strengthen the integrated neighbourhood teams (INTs) operating model and connected pathways, while retaining a broader prevention and early-intervention offer across Live Well neighbourhoods.

Outcomes should demonstrate earlier identification, independence and connected to communities. improved care coordination and experience, reduced inequalities and avoidable escalation, and more care delivered closer to home.

## Stockport

Integrated Care Partnership



# What we know needs to change

Local insight led planning informs us our challenge is significant and persistent variation in health, ageing and need between communities.

Stockport remains relatively healthy overall, but life expectancy has stalled and the gap between the most and least deprived communities remains substantial.

We have rising prevalence of conditions such as hypertension, diabetes, and dementia alongside concerns about physical inactivity and healthier lifestyles; cancer and cardiovascular disease remain major causes of death.

There is more to do to change from having a reactive model of responding to illness towards proactive, preventative and integrated support closer to where people live.

An ageing population, rising levels of multiple long-term conditions, frailty, dementia, disability and neighbourhood inequalities mean more demand must be prevented or managed earlier, closer to home.

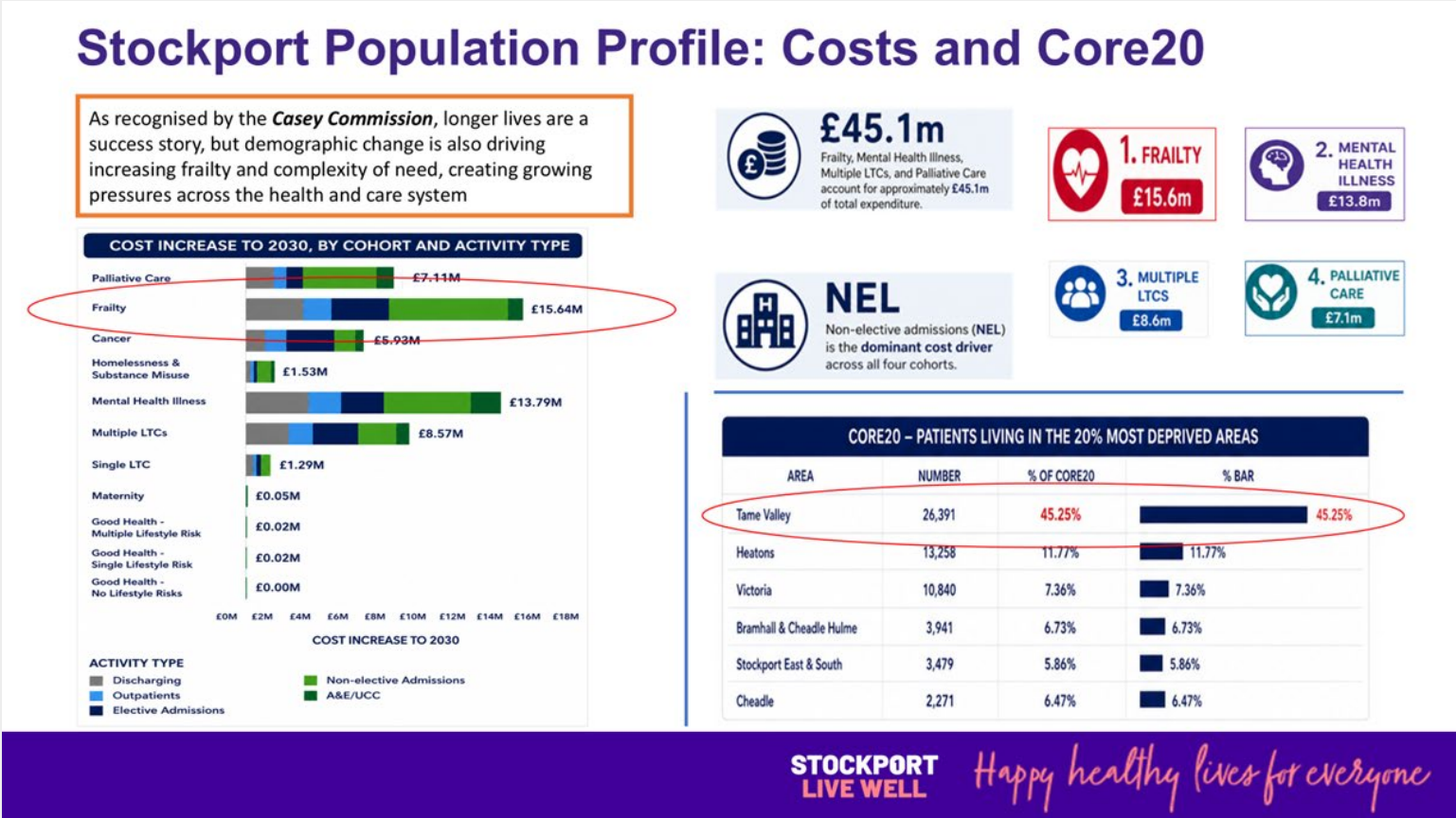
Neighbourhood teams and community assets need to identify risk, support prevention and self-management, intervene early, and strengthen our community health and care offer.

The aim is to provide the right support in the right place, maintain independence and reduce avoidable hospital admissions and longer-term care.

# Stockport

Integrated Care Partnership





# What we will do to deliver the change

In Stockport, over the next two years our neighbourhood plan will focus on delivering four main things:

## Stockport

Integrated Care Partnership



### What we will do: our four big things

The four Board-agreed priorities for neighbourhood health and care in Stockport

1

#### Enhanced neighbourhood health to provide proactive and preventative care

##### WHAT WE WILL DO

- Develop our Live Well offers and use centres, spaces, networks and technology to help local people build the confidence, skills and resilience needed to live well.
- Provide support in education, health, employment, housing and social support, as close to home as possible and accessible when required.
- Improve support for people with complex health needs through MEAM and Integrated Neighbourhood Teams.
- Apply learning from the NNHIP pilot and proactively identify people at rising risk for review, treatment optimisation and prevention of avoidable health and care events.

2

#### Improved intermediate care offer for those who are, or have been acutely unwell, to support hospital demand

##### WHAT WE WILL DO

- Explore commissioning opportunities to maximise the use of resources and budgets.
- Strengthen the interface between primary, secondary, community and social care to better coordinate urgent care and reduce the impact on hospitals.
- Develop single points of access, pathway appropriation and community urgent treatment offers.
- Deliver a home-first approach, supporting reablement, independence and recovery through pathway 1; provide a new short-term bed-based facility at St Thomas Gardens and review use of the available bed base.

3

#### Improved Neighbourhood Health and Care in our Town Centre

##### WHAT WE WILL DO

- Launch the One Stockport Independent Living Centre in the town centre and trial technology-enabled care, linking multiple offers together.
- Establish a new Town Centre Neighbourhood Health Hub.
- Bring together GP services, community services, Local Authority services and VCFSE partners.
- Provide joined-up care and improve outcomes.

4

#### Improved offer of support to children, young people and their families, especially those with additional support needs to get help when they need it

##### WHAT WE WILL DO

- Complete the Balanced System for children's therapies and integrate Speech and Language Therapy, Occupational Therapy and Physiotherapy.
- Align the Healthy Child Programme and Family Hubs with the national Best Start in Life approach.
- Through Families First, provide more coordinated early help and strengthen multi-agency safeguarding and family decision-making.
- Expand multidisciplinary community support and integrated pathways for children with complex needs, while delivering the SEND programme.



#### THREE SHIFTS

In Stockport, we will build on our established Live Well architecture to accelerate the three shifts: sickness to prevention, hospital to community, and analogue to digital. This means strengthening prevention and support across the life course, from early years through adulthood and older age, alongside accessible local services that address the wider determinants of health and enable people to live well at every stage of life.



#### EARLIER, TARGETED SUPPORT

We will identify and support people at rising risk earlier, with stronger coordination across services and integrated neighbourhood teams (INTs), particularly for those in crisis or at greatest risk of hospital admission. Neighbourhood capacity should be targeted according to need, enabling earlier intervention, more care closer to home and reduced health inequalities.



#### DELIVERY AND ALIGNMENT

Our detailed delivery plan sets out the four main priorities and the wider work required to deliver them, including work and skills, VCFSE, mental health, priority pathways, independence and care, ALT priorities, primary and community care, and system enablers. It also describes Stockport's contribution to NHS Greater Manchester's strategic commissioning priorities.

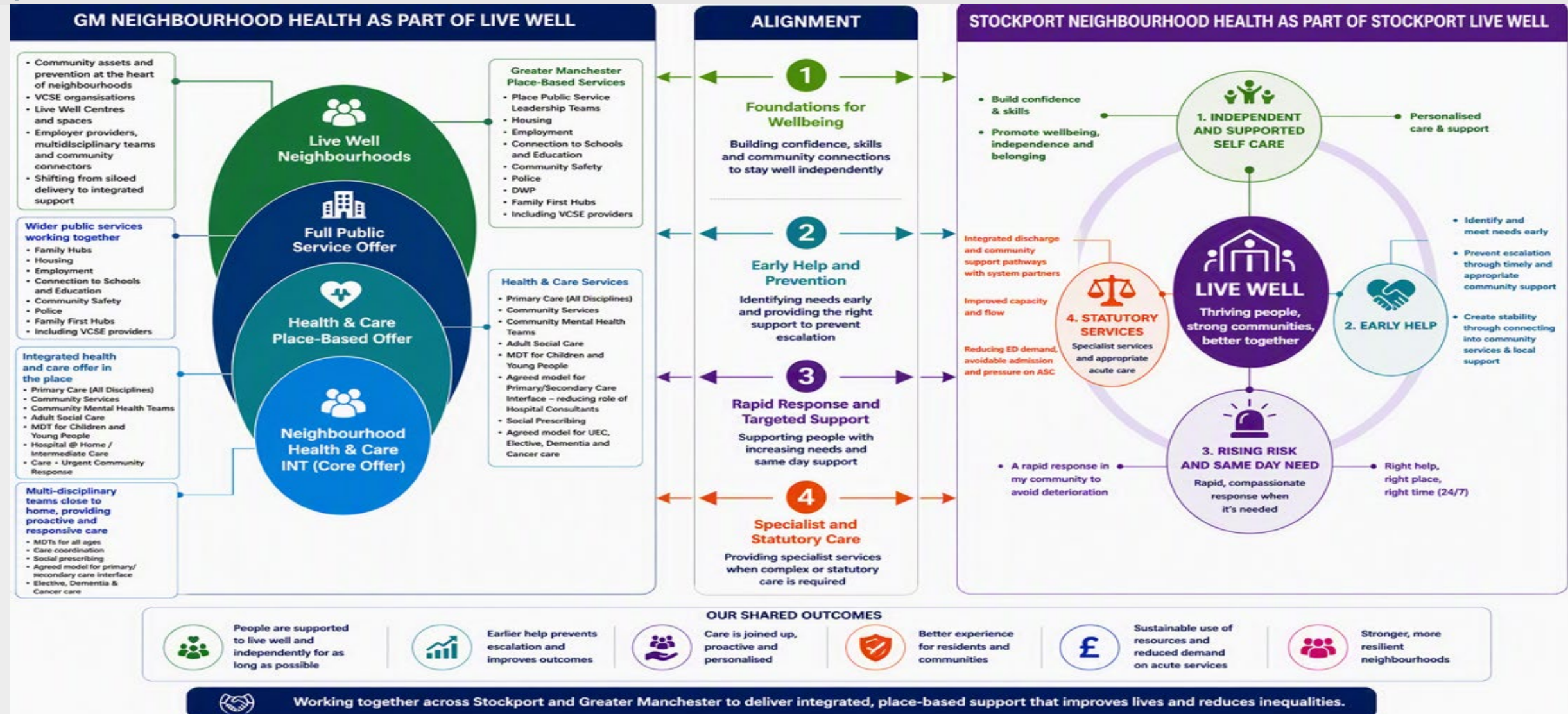
Together, these priorities shift support towards prevention, community, independence and earlier help.

# How the One Stockport Delivery Plan delivers the four priorities

The four neighbourhood priorities provide the strategic focus; the delivery plan connects them to accountable programmes, milestones and resident outcomes.



# Alignment of GM neighbourhood Model and Stockport Health and Care Model as part of Live Well



# Evidence through outcomes



Our focus will be centred around our population needs.

Whilst we will strive to improve our position against a catalogue of metrics (national and local), we need to see improvements in key areas that reflect neighbourhood health and wellbeing.



By 2028, our ambition is for Stockport to have a simpler, more connected neighbourhood offer: supporting residents earlier, maintain independence for longer, coordinating care around people with complex needs, and providing more urgent care, recovery and rehabilitation at home or close to home. The model will be universal but proportionate, with a consistent core offer across Stockport and additional capacity and tailored approaches targeted according to deprivation, risk and unmet need.

Over the next two years, Stockport's neighbourhood plan will focus on four connected priorities:

# Stockport Neighbourhood Structure

# Geography

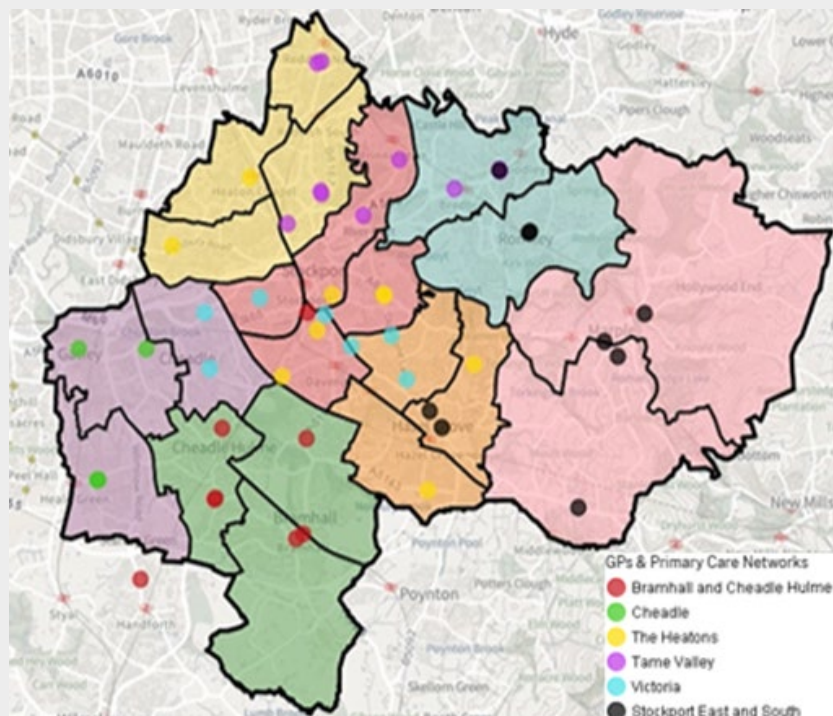
Stockport has the core infrastructure in place to deliver neighbourhood working at scale.

Live Well Neighbourhood Networks provide the community-facing platform, connecting residents to local assets, services and wider support, while Area Leadership Teams align partners around shared priorities and population health intelligence. Integrated Neighbourhood Teams, NNHIP and established urgent, intermediate and discharge pathways provide the clinical and care infrastructure for proactive, coordinated support for people with complex or escalating needs. This model is reinforced by a distributed network of Live Well Centres, Family Hubs, libraries and other community bases, alongside the Town Centre Neighbourhood Health Hub and Independent Living Centre.

## Neighbourhoods and Networks



## PCN mapped against neighbourhoods



## Stockport

Integrated Care Partnership



Together, these established structures connect prevention, wider determinants, primary and community care, social care, acute services, children's services and the VCFSE sector.

Our strategic focus is therefore on strengthening and aligning this existing infrastructure, using insight and learning to target resources, reduce inequalities and scale effective neighbourhood approaches across Stockport.

The VCFSE sector is a strategic partner in delivering Live Well, strengthening prevention, reducing inequalities and building community resilience.

Through the VCFSE Alliance, community organisations help shape neighbourhood priorities, connect residents to support and extend the reach of public services.

This year, Stockport approved its Live Well investment plans for the VCFSE sector, providing a clear route to invest Implementation Support Funding in community-led projects aligned to local priorities and the delivery plan.

# Centres, Spaces and Offers

## Stockport

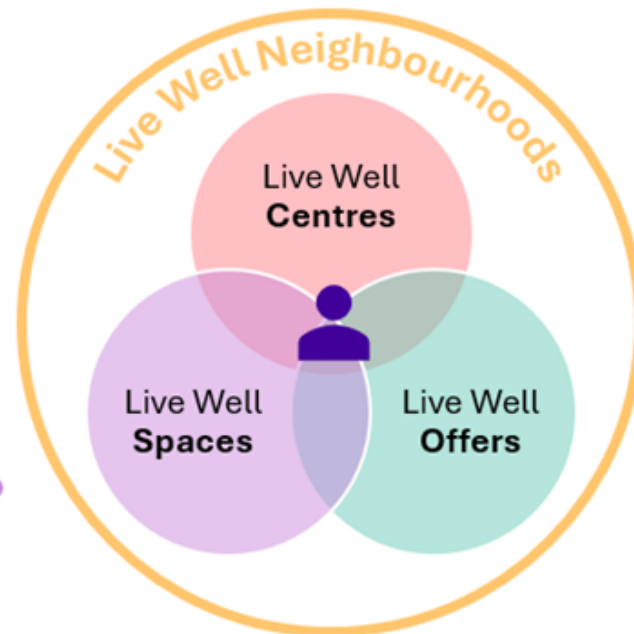
Integrated Care Partnership



### Live Well Neighbourhoods, Centres, Spaces & Offers

**Live Well Centres** are a welcoming front door where people can get everyday support for the things that matter most. They can get information, search for activity in local Spaces and get face to face expert advice.

**Live Well Spaces** are the heart of everyday community life — informal, welcoming places where people come to connect, belong and take part.



Live Well Centres, Spaces and Offers are part of a wider **Live Well Neighbourhood** — a connected local network of people, communities, VCFSE, public services and businesses working together to improve wellbeing and reduce inequalities.

**Live Well Offers** happen wherever people live, work and connect. They are united by common principles and practice. Live Well workers help people navigate these offers, ensuring support is holistic and joined up.

The launch of the Live Well Spaces network in June 2026 marked a significant step in expanding the Live Well approach across Stockport with further Centres and Spaces planned through 2026/27.

Building on the opening of Stockroom as the borough's flagship Live Well Centre, residents can now access support through a growing network of trusted community locations, including libraries, Life Leisure centres, Family Hubs, Cornerstone and the digital Live Well offer.

Building on the successful Family Hubs model, Live Well brings together information, advice and support through trusted neighbourhood settings and digital access, strengthening prevention, independence and connections between community, health and care services. A borough-wide communications and engagement programme is supporting awareness and use of the network.



By 2028, our ambition is for Stockport to have a simpler, more connected neighbourhood offer: supporting residents earlier, maintain independence for longer, coordinating care around people with complex needs, and providing more urgent care, recovery and rehabilitation at home or close to home. The model will be universal but proportionate, with a consistent core offer across Stockport and additional capacity and tailored approaches targeted according to deprivation, risk and unmet need.

Over the next two years, Stockport's neighbourhood plan will focus on four connected priorities:

## Operating Model

# Governance

## Stockport

Integrated Care Partnership

Current governance arrangements (under review):

Stockport's Live Well Executive Board currently provides strategic oversight of the neighbourhood health model, supported by established place governance.

The Health and Wellbeing Board provides statutory leadership and will approve Neighbourhood Plans from 2026/27, while the One Stockport Health and Care Board coordinates system-wide planning, delivery and assurance.

These arrangements are currently being reviewed as Stockport evolves its Place Partnership and governance model.

Neighbourhood Networks and Area Leadership Teams use population intelligence, PCN profiles and local insight to agree priorities and shape local action across the Connected Communities and Collaborative Health and Care pillars.

Programme groups provide delivery oversight, manage risks and escalate key decisions, creating a clear line of accountability from neighbourhood delivery to the Executive Board



# Stockport Live Well Programme

## STOCKPORT LIVE WELL EXECUTIVE BOARD

CHAIR: CHRIS MCLOUGHLIN

### LIVE WELL SRO GROUP

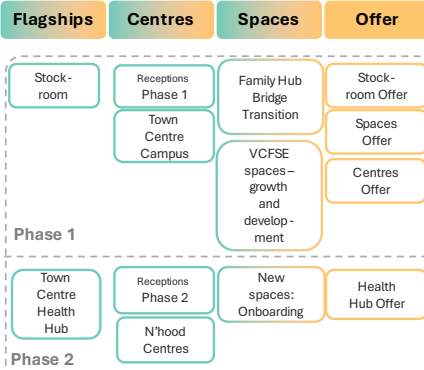
CHAIR: CHRIS MCLOUGHLIN

### Connected Communities & Places

Chairs: Jo McGrath (S3) & Kathryn Rees (SMBC)

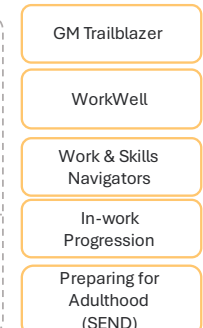
#### Centres, Spaces & Offers

SROs: Heidi Shaw & Emma Stubbs



#### Work & Skills

SRO: Tim Bowman



#### Neighbourhood Model

SRO: Kathryn Rees

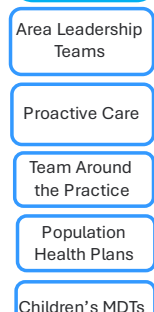


#### VCFSE Collaboration

SROs: Jo McGrath (S3) & Holly Rae



#### Architecture



#### Community Mental Health

Neighbour - hood Mental Health Team

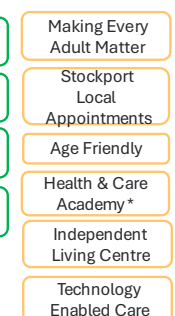
### Collaborative Health & Care

Chairs: Philippa Johnson (ICB) & Sarah Dillon (SMBC)

#### Prevention & Integrated Care Pathways



#### Independence and Care



#### Urgent Neighbourhood Services

Out-of-Hospital Urgent Care Model

#### Community Services

Access  
Standards

#### Modern General Practice

Access  
Continuity of Care  
Demand Management  
Digital

#### Intermediate Care (UEC Delivery Board)

### Programme-wide Enablers

SRO: Kathryn Rees



# Learning through the National Neighbourhood Health Implementation Programme (NNHIP)



NNHIP learning is now informing the next phase of Live Well and neighbourhood health delivery across Stockport, with a focus on stronger prevention pathways, earlier identification of need, improved service coordination, neighbourhood health plans and greater use of community-based support. The next phase for Stockport is to move from small tests of change to implementation at scale.

Stockport’s NNHIP has tested neighbourhood approaches across six areas, bringing together primary care, community services, adult social care, VCFSE partners and residents, with a focus on frailty, dementia and end-of-life care.

Learning highlights the value of prevention, earlier identification of need, strong neighbourhood partnerships and coordinated support that helps people remain independent and reduces avoidable demand.

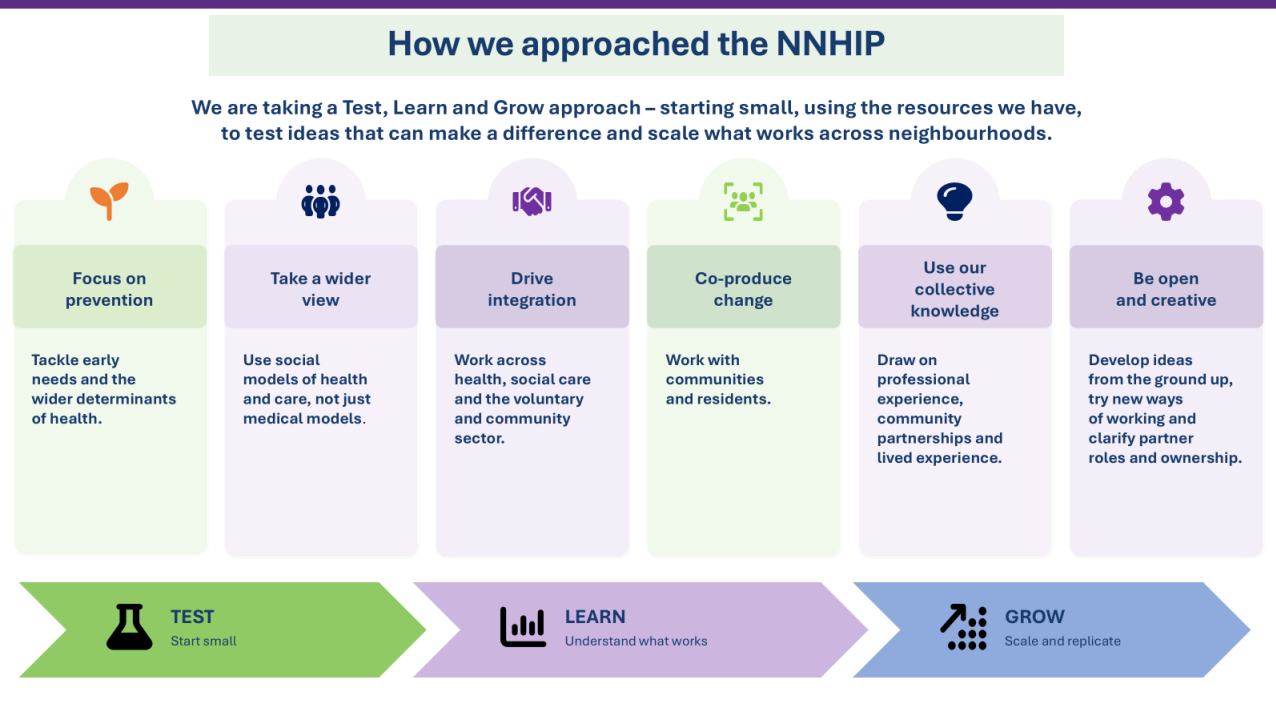
Practical improvements include stronger frailty identification and falls prevention, Healthy Futures, a dementia hub, proactive dementia and end-of-life care planning, and multidisciplinary support for complex frailty.

Links between neighbourhood teams, social prescribing, community organisations and prevention services have also strengthened.

The next step is to make **Integrated neighbourhood teams** (INTs) and Area leadership Teams effective delivery mechanisms, with clear leadership, accountability and decision-making authority.

INTs will operate as ‘teams of teams’, sharing responsibility for neighbourhood populations based on resident needs , outcomes and pathways while reducing duplication, handoffs and fragmented assessments and care plans.

We will align workforce, specific INT commissioned capacity and investment to population need; test the model initially through frailty and complex-needs cohorts; and use shared outcomes and neighbourhood intelligence to learn and scale.



# **ONE Stockport Health and Care Delivery Plan 2026 – 2028**

**Year 3 & 4 Delivery Plan of  
the One Health and Care  
Plan (draft)**

# Introduction to our Delivery Plan

A single, strategic framework for translating Stockport's priorities into coordinated delivery with partners.

## THE PLAN

It sets the priorities to be delivered at place in year three and four of the five-year ONE Stockport Health and Care Delivery Plan, with clear alignment to neighbourhood, provider and wider system strategies.

### 1 Purpose and scope

The priorities are the collective ambitions of partners working together to improve health and care in Stockport. Business-as-usual activity is outside the scope of this plan.

### 2 A refreshed delivery model

Two connected strands: NHS Greater Manchester commissions and delivers with partners at place; local organisations lead transformation shaped by the needs of Stockport's population.

### 3 Partnership and alignment

Delivery spans primary, secondary, community and mental health, the local authority, voluntary, community, faith and social enterprise partners, housing, police and resident voice.

### 4 One integrated plan architecture

The delivery plan is supported by the Neighbourhood Health Plan and the integrated delivery plans of Stockport NHS Foundation Trust and Pennine Care Foundation Trust. Provider plans show how national and local priorities will be delivered sustainably.

### 5 Clear strategic line of sight

All plans align delivery to the Borough Plan, Our 5 Big Things, the NHS 10 Year Health Plan and the Greater Manchester Strategy 2025–2035. The Neighbourhood Health Plan sets out partnership, geography, governance, leadership and the operating model.

### 6 Three strategic shifts

|            |                                                       |
|------------|-------------------------------------------------------|
| PREVENTION | From reactive care to prevention                      |
| COMMUNITY  | From hospital-based services to community-led support |
| DIGITAL    | From analogue systems to digitally enabled care       |

# Integrated Neighbourhood Health (Stockport)

Historic delivery programmes and the transition to our 2026/28 priorities

## OUR CONTEXT AND DIRECTION

Historically, in Stockport as part of the ONE Health and Care Plan (2024-29) we've described 8 distinct delivery programmes, supported by a number of enabling workstreams. These have served us well to date. However, given the prominence of GM Live Well and the new GM Operating Model, there is an opportunity to consider how we reframe our delivery programmes to describe how we will deliver Neighbourhood Health, and how as a system we respond to GM strategic commissioning intentions that sit as part of a wider health improvement model.

Stockport Live Well is our neighbourhood-based support model that offers early help, advice and community resources together in one place, so residents can find support for everyday challenges including from health and wellbeing. As part of this model, we will work with enabling programmes to improve health and health prevention by addressing the wider determinants of health. Moving forward, it is proposed delivery of our Neighbourhood Health is framed under the Live Well Programme.

Live Well becomes the organising frame for Neighbourhood Health

## HOW THE PROGRAMME EVOLVES

### ONE HEALTH & CARE

Previous delivery programmes

Mental Health, Learning Disabilities & Autism

Elective, Cancer & End of Life Care

Safe and Timely Discharge, including UEC

Live Well

Improving Access to Primary & Community Care, including Medicines Optimisation

Improving the Cost of Living & Anti-poverty

Delivering Adult Social Care

Maternity, Children, Young People & SEND



REFRAME

### 2026/27 PRIORITIES

One Health & Care priority delivery programmes

LW

#### Live Well Programme

The organising frame for Neighbourhood Health

SP

#### Strategic priorities for local delivery

Aligned to GM strategic commissioning intentions

Neighbourhood Health delivery

# Place based priorities to deliver improved Neighbourhood Health

The following slides describe the priorities and plans for Stockport Live Well and neighbourhood Health .

# Locality Delivery Plan

## Connected Communities | Centres, Spaces and Offers

Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>01</div> <div>Expand Live Well access</div> <div>By 31 Mar 2027</div> <div>Increase the number and neighbourhood coverage of Live Well centres and spaces, with a documented location list and delivery status.</div> <div>Service outcome: Increased local service offers</div> | <div>02</div> <div>Align Family Hubs</div> <div>By 31 Dec 2026</div> <div>Agree and document how Family Hubs align with Live Well centres and spaces, including shared referral and access arrangements.</div> <div>Service outcome: Increased age-range offer through aligned Family Hubs</div> | <div>03</div> <div>Define local offers</div> <div>By 31 Mar 2027</div> <div>Publish an offer for each neighbourhood Live Well space that responds to the priorities identified in its neighbourhood action plan.</div> <div>Service outcome: Increased local service offers aligned to neighbourhood priorities</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Core outcomes

REACH

More neighbourhood access

ALIGN

Offers reflect local priorities

PARTNER

Stronger community delivery

EVIDENCE

Measures support assurance

# Locality Delivery Plan

## Connected Communities | Work and Skills

Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                |
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| <div>01</div> <div>Preparing for Adulthood</div> <div>By 31 Dec 2026</div> <div>Finalise the Preparing for Adulthood Strategy with families, carers and young people, approve an action plan and begin delivery.</div> <div>Service outcome: Clear Stockport locality aims for preparing for adulthood</div> | <div>02</div> <div>Local work and skills access</div> <div>By 31 Mar 2027</div> <div>Integrate work and skills support with neighbourhood services so residents can access help within their own communities.</div> <div>Service outcome: Increased work and skills support offers</div> | <div>03</div> <div>Work &amp; Skills Navigators</div> <div>By 31 Mar 2027</div> <div>Increase navigator capacity and embed the role within the Fair and Inclusive Communities offer and Live Well model.</div> <div>Service outcome: Improved fair and inclusive offer</div> | <div>04</div> <div>Inclusive employment</div> <div>Quarterly through 2026/27</div> <div>Increase employment opportunities accessed by people with care and support needs and monitor outcomes quarterly.</div> <div>Service outcome: Increased access to employment</div> | <div>05</div> <div>Deliver locality grant</div> <div>By 31 Mar 2027</div> <div>Deliver the Stockport Locality Work &amp; Skills Grant portfolio, including WorkWell, Economic Inactivity Trailblazer and NEET support.</div> <div>Service outcome: Best use of the Work and Skills Grant</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Locality Delivery Plan

## Connected Communities | Neighbourhood Model

Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>01</div> <div>Embed coordination</div> <div>By 30 September 2026</div> <div>Confirm and embed neighbourhood coordination and governance arrangements across all neighbourhood footprints.</div> <div>Service outcome:<br/>Neighbourhood coordinators involved in meetings, with increased links</div> | <div>02</div> <div>Strengthen networks</div> <div>Monthly through 2026/27</div> <div>Maintain neighbourhood network meetings and systematic representation at Area Leadership Teams.</div> <div>Service outcome:<br/>Neighbourhood coordinators involved in meetings, with increased links</div> | <div>03</div> <div>Neighbourhood action plans</div> <div>By 31 Dec 2026</div> <div>Produce an action plan for each neighbourhood that identifies priorities, opportunities, owners, milestones and measures.</div> <div>Service outcome: Local authority neighbourhood plans in place</div> | <div>04</div> <div>Build Live Well capability</div> <div>Quarterly through 2026/27</div> <div>Increase completion of Welcome to Live Well training and report uptake by organisation and neighbourhood.</div> <div>Service outcome: More staff aware of the Live Well concept</div> | <div>05</div> <div>Empower communities</div> <div>By 31 Mar 2027</div> <div>Create documented routes for residents and VCFSE partners to shape, deliver and review neighbourhood priorities.</div> <div>Service outcome: Improved links, connectivity and input to plans</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Core outcomes

● REACH

● ALIGN

● PARTNER

● EVIDENCE

More neighbourhood access

Offers reflect local priorities

Stronger community delivery

Measures support assurance

# Locality Delivery Plan

## Connected Communities | VCFSE Collaboration

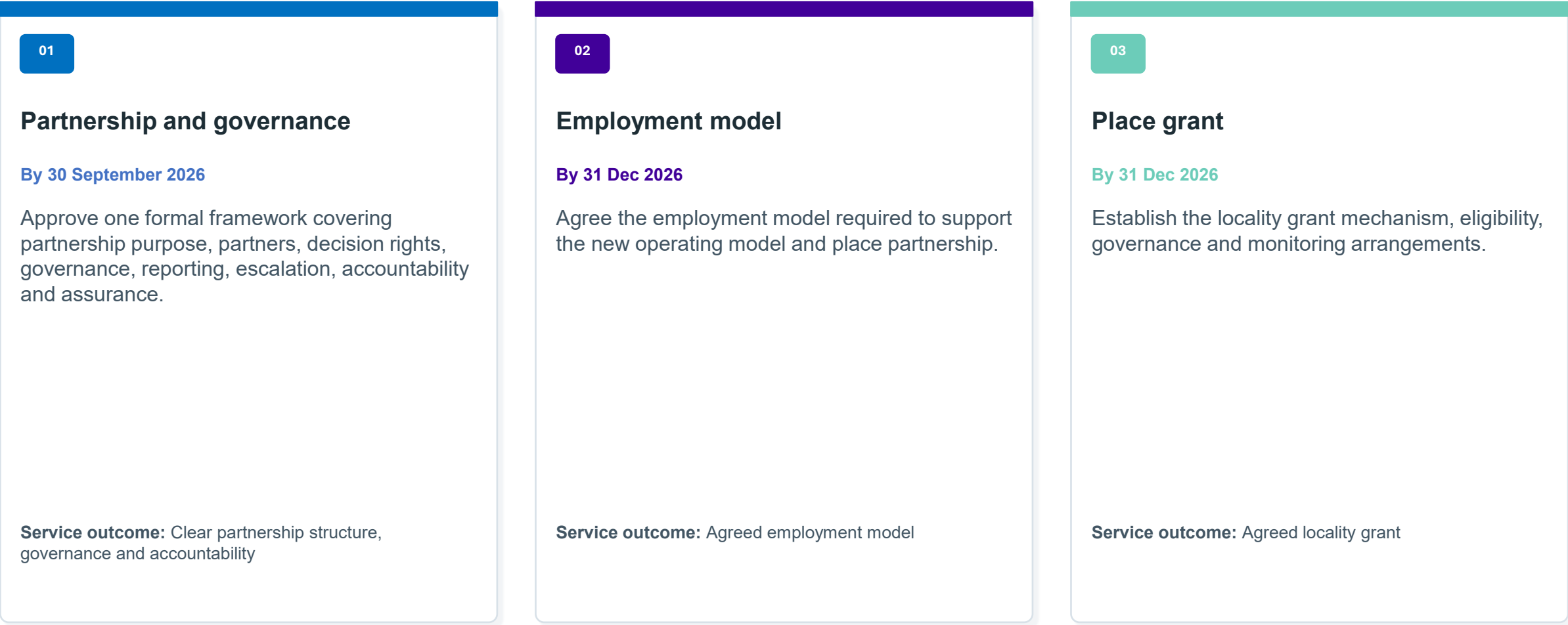
Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <div>01</div> <div><b>Deploy implementation fund</b></div> <div>By 31 Mar 2027</div> <div>Allocate and monitor Live Well Implementation Fund investment against projects aligned to the One Health and Care delivery plan.</div> <div><b>Service outcome:</b> Increased investment in community delivery</div> | <div>02</div> <div><b>Strengthen VCFSE workforce</b></div> <div>By 31 Mar 2027</div> <div>Deliver workforce development, skills and volunteer recruitment and retention support for participating VCFSE organisations.</div> <div><b>Service outcome:</b> Increased VCFSE capacity and sustainability</div> | <div>03</div> <div><b>Improve community assets</b></div> <div>By 31 Mar 2027</div> <div>Support agreed improvements to community buildings, assets and digital infrastructure that enable sustainable local delivery.</div> <div><b>Service outcome:</b> Stronger, accessible community infrastructure</div> | <div>04</div> <div><b>Work with and invest in communities</b></div> <div>By 31 Dec 2026</div> <div>Establish a Stockport VCFSE Provider Partnership, use Sector 3 intelligence in planning, and align community capacity and funding with referrals and demand.</div> <div><b>Service outcome:</b> Communities and VCFSE partners shape and support neighbourhood delivery</div> | <div>05</div> <div><b>Promote equality and culturally responsive care</b></div> <div>Throughout 2026/27</div> <div>Work with the Race Equality Partnership and faith leaders, apply the Patient and Carer Race Equality Framework, and co-design action on neighbourhood inequalities.</div> <div><b>Service outcome:</b> More equitable, inclusive and culturally responsive neighbourhood care</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Locality Delivery Plan

## Architecture | Place partnership, governance, employment and Place Grant

Deliverables/Actions for 2026/28



# Locality Delivery Plan

## Collaborative Health and Care | Architecture and Integrated Neighbourhood Teams

Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>01</div> <div>Enable workforce and leadership</div> <div>Throughout 2026/28</div> <div>Align clinical and operational leadership, workforce capacity, skills and development to support neighbourhood working and continuous improvement across all teams. Supported by commissioned capacity and investment</div> <div>Service outcome: Confident, capable and aligned neighbourhood workforce</div> | <div>02</div> <div>Reset ALT leadership and accountability</div> <div>By 31 Dec 2026</div> <div>Approve refreshed Area Leadership teams ( ALT) Terms of Reference with clear purpose, membership, delegated decision authority and accountability, with senior leaders and clinicians represented.</div> <div>Service outcome: Accountable ALT decisions and strategic support to INTs and NNHIP priorities</div> | <div>03</div> <div>Build Integrated Neighbourhood Teams (INT )</div> <div>By 31 Dec 2026</div> <div>Strengthen care coordination by bringing acute, community, primary care, social care and VCFSE colleagues into connected INTs, with consistent pathways, clear roles, shared accountability and strengthened multidisciplinary working.</div> <div>Service outcome: Proactive, joined-up support for people with complex needs</div> | <div>04</div> <div>Test, learn &amp; grow INTs</div> <div>Throughout 2026/27</div> <div>Use frailty as the clearest shared starting point ,capture and share learning from NNHIP test sites, and Victoria ALT Refine models using evidence, track outcomes and system impact .</div> <div>Service outcome: Evidence-led improvement and model implementation at scale.</div> | <div>05</div> <div></div> <div>During 2027/27</div> <div>Develop and implement a plan to scale INT approaches across all Stockport neighbourhoods for additional cohorts, including highly complex adults within the top 1% at risk of unplanned admission,</div> <div>Service outcome: evidence-led improvement and consistent implementation at scale.</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Locality Delivery Plan

## Collaborative Health and Care | Community Mental Health

Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>01</div> <div>Agree implementation plan</div> <div>By Sept 2026</div> <div>Approve the Living Well / Neighbourhood Mental Health implementation plan for the VCFSE offer with partners.</div> <div>Service outcome: Increased access to mental health services</div> | <div>02</div> <div>Mobilise VCFSE delivery</div> <div>By Oct 2026</div> <div>Begin delivery of the agreed neighbourhood mental health offer through VCFSE and system partners.</div> <div>Service outcome: Increased access to mental health services</div> | <div>03</div> <div>Embed mental health in neighbourhood care</div> <div>By 31 Mar 2027</div> <div>Align PCN mental health teams and huddles with INTs, develop neighbourhood mental health hubs, address SMI inequalities and parity of esteem, and secure sustainable funding for roles and leadership.</div> <div>Service outcome: Mental health embedded as a core part of proactive neighbourhood care</div> | <div>04</div> <div>Review impact</div> <div>Quarterly through 2026/27</div> <div>Review access, experience, outcomes and inequalities, agreeing corrective action where delivery varies.</div> <div>Service outcome: Improved recovery and reduced inequality through neighbourhood support</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Core outcomes

● PREVENT

● INTEGRATE

● FLOW

● EQUITY

Earlier support and intervention

Joined-up pathways and teams

Fewer avoidable delays

Reduced outcome variation

# Locality Delivery Plan

## Collaborative Health and Care | Prevention and Integrated pathways

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               |
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| <div>01</div> <div>Update four partnership plans</div> <div>By 31 Dec 2026</div> <div>Approve 12-month plans for dementia, Cardiovascular (CVD ), diabetes and respiratory care, each with named leads, milestones and measures.</div> <div>Service outcome: 12-month locality partnership plans in place</div> | <div>02</div> <div>Dementia pathway and community offer</div> <div>By 31 Mar 2027</div> <div>Identify hospital-activity outliers, agree targeted actions, extend the hub learning, establish the hub network, embed Global \deterioration scale (GDS) recording and publish a training plan.</div> <div>Service outcome: Fewer ED and non-elective admissions from targeted dementia areas</div> | <div>03</div> <div>BeCCoR proactive case finding</div> <div>From Oct 2026; monthly</div> <div>Deliver targeted reviews for high-need CVD, diabetes, COPD and asthma cohorts, with PCN-level reporting and action where outcomes vary.</div> <div>Service outcome: Proactive case-finding offer and improved treatment to clinical targets</div> | <div>04</div> <div>Reduce alcohol-related harm</div> <div>By 31 Mar 2027</div> <div>Complete the licensing data matrix, agree the SFT model and capacity response, and evaluate the Tame Valley test of change.</div> <div>Service outcome: Improved support offer for people admitted with alcohol-related harm</div> | <div>05</div> <div>Medicines optimisation</div> <div>By 31 Mar 2027</div> <div>Use the GM safer-prescribing dashboard to target structured medication reviews and deliver Teach and Treat for community pharmacist independent prescribers.</div> <div>Service outcome: Improved service offer and workforce capability</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Core outcomes



PREVENT



TARGET



SUPPORT



REDUCE

Earlier identification and treatment

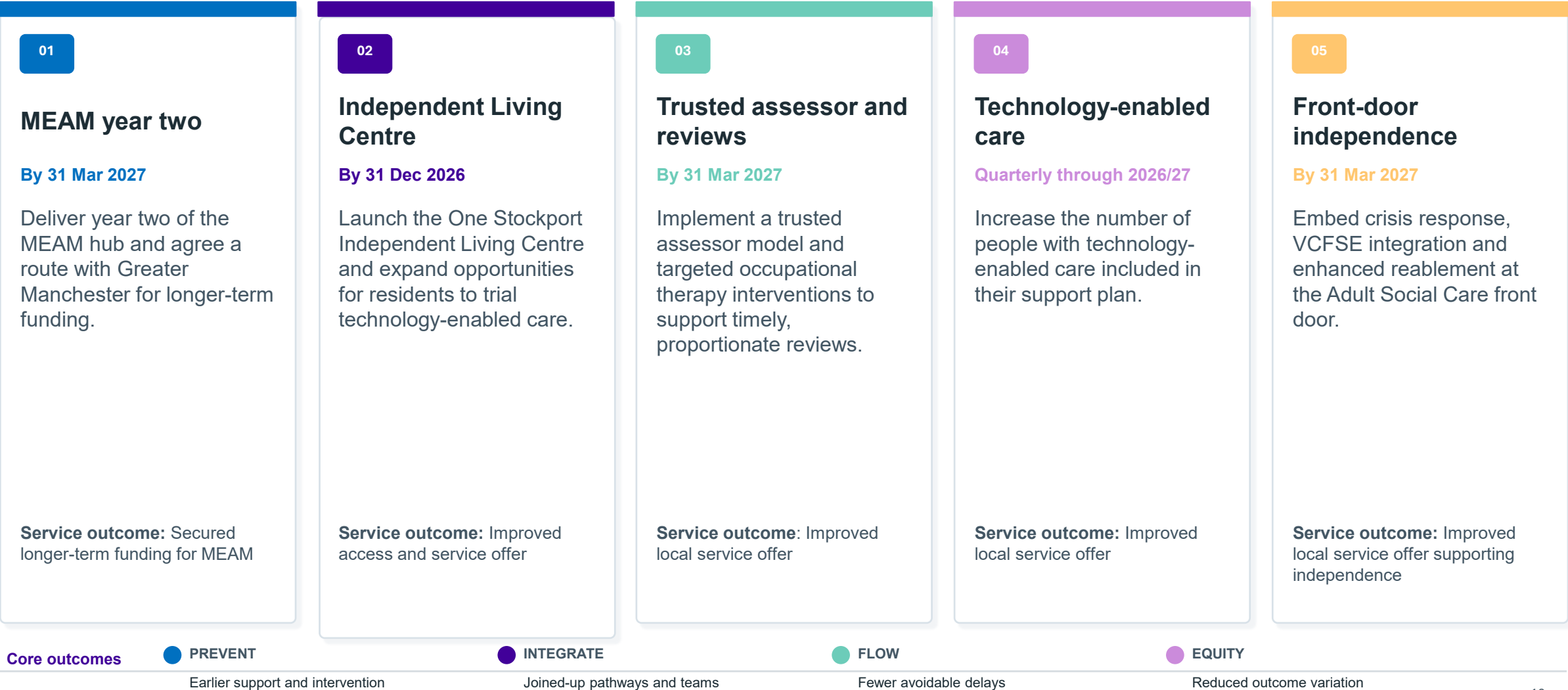
Reduced inequality in clinical outcomes

More accessible community offers

Avoidable harm and hospital activity

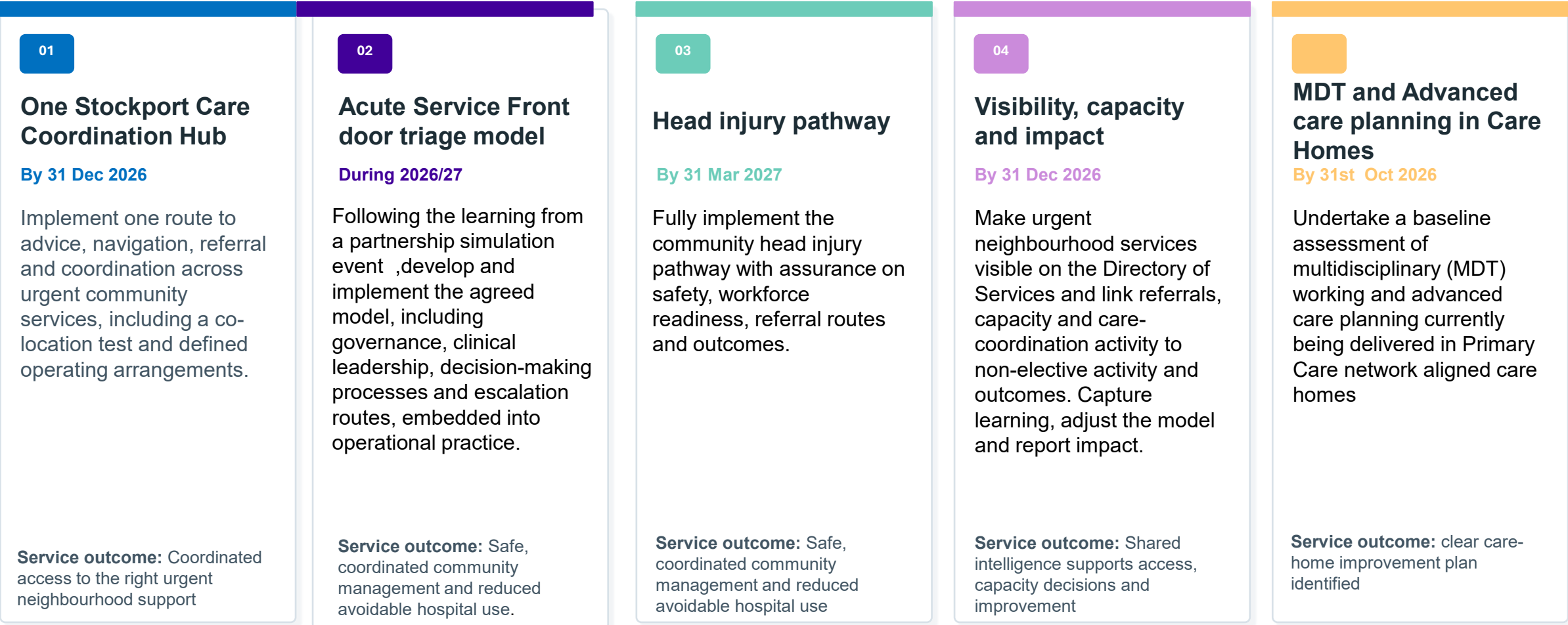
# Locality Delivery Plan

## Collaborative Health and Care | Independence and Care



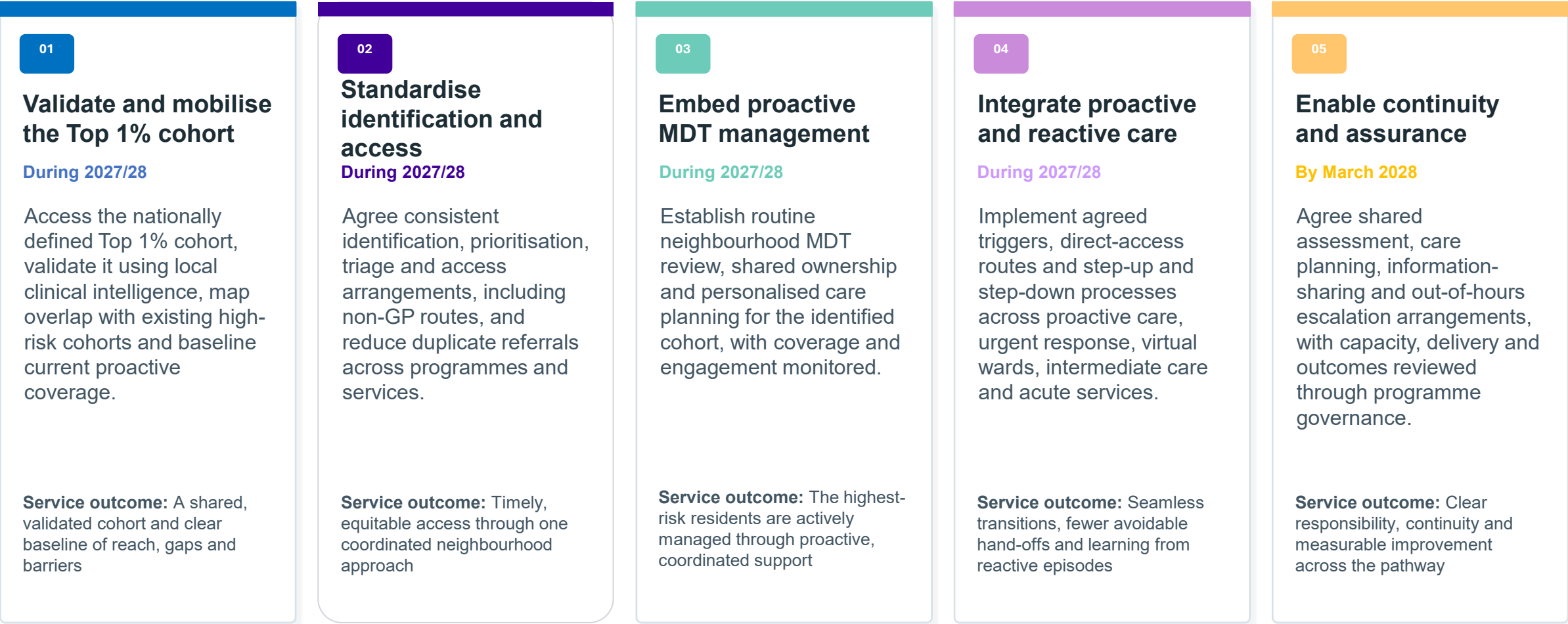
# Locality Delivery Plan

## Collaborative Health and Care | Urgent Neighbourhood Services



# Locality Delivery Plan

## Collaborative Health and Care | Whole Population Model



# Locality Delivery Plan

## Collaborative Health and Care | Primary and Community Care

01

### Waiting-time self-assessment

By required GM/NHSE deadline

Support completion of the neighbourhood health self-assessment covering community service waits, trajectories and an agreed reduction plan.

**Service outcome:** Greater understanding of community waits and robust plans

02

### Wait reduction oversight

Monthly through 2026/27

Track performance against agreed trajectories and escalate variance through locality governance.

**Service outcome:** Delivery against agreed wait-reduction trajectories

03

### Town Centre neighbourhood health hub planning

By 31 Mar 2027

Complete the planning requirements for a new Town Centre neighbourhood hub, including scope, dependencies and decision points for primary and community care.

**Service outcome:** Improved primary and community care offer

#### Core outcomes

● PREVENT

Earlier support and intervention

● INTEGRATE

Joined-up pathways and teams

● FLOW

Fewer avoidable delays

● EQUITY

Reduced outcome variation

# Locality Delivery Plan

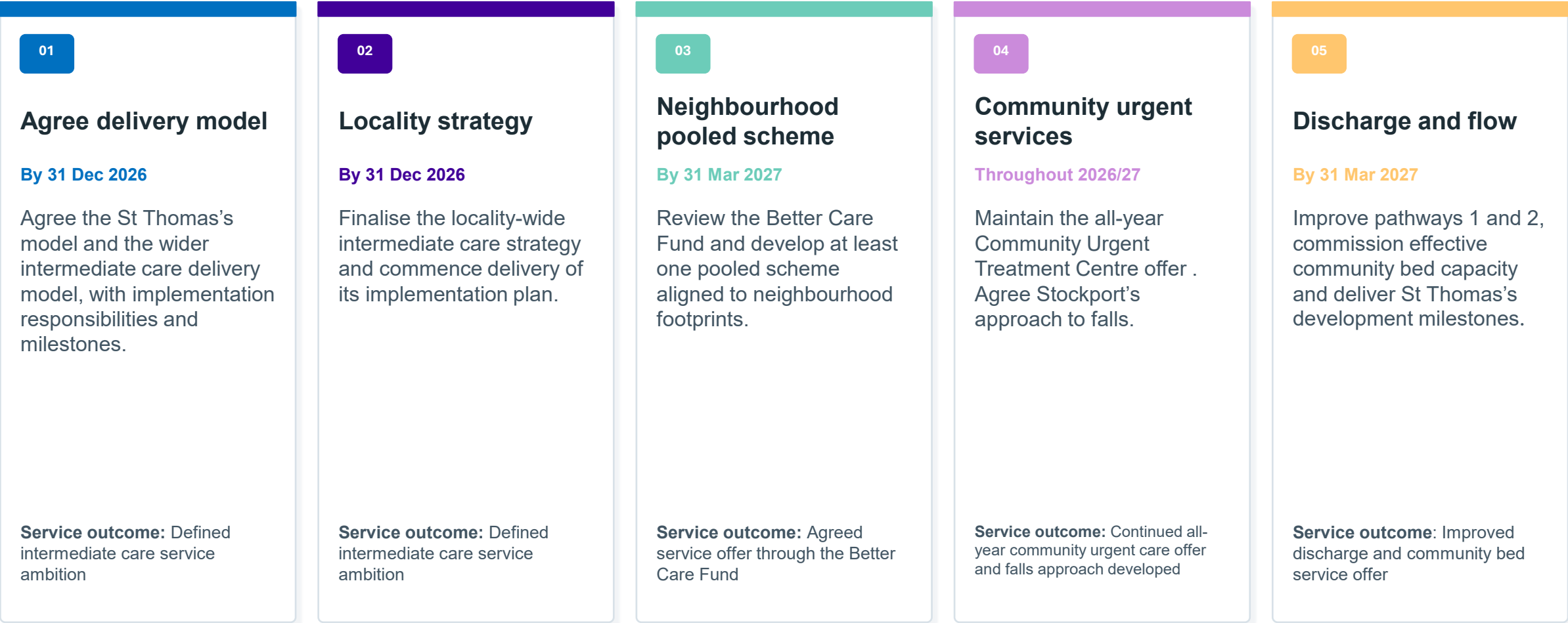
## Collaborative Health and Care | Primary and Community Care

Deliverables/Actions for 2026/28

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |
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| <div>01</div> <div>Access and variation</div> <div>By 31 Mar 2027</div> <div>Support the national and Stockport plan to improve general practice access, core-hours compliance and urgent access, with action on unwarranted variation.</div> <div>Service outcome: Understanding of access variation and plans to reduce it</div> | <div>02</div> <div>Consultant Connect and SPOA</div> <div>Quarterly through 2026/27</div> <div>Increase appropriate advice and guidance use for ENT and Gynaecology to support elective demand management.</div> <div>Service outcome: Improved service offer and reduced elective waits</div> | <div>03</div> <div>Primary-secondary interface</div> <div>By Dec 2026</div> <div>Re-establish interface meetings to address red tape and Get It Right First Time (GIRFT) priorities.</div> <div>Service outcome: Improved partnership transparency and collaborative working</div> | <div>04</div> <div>Medicines optimisation</div> <div>By 31 Mar 2027</div> <div>Use the safer prescribing dashboard for targeted reviews, deliver Teach and Treat, and trial transfer of oral contraception activity to community pharmacy.</div> <div>Service outcome: Improved local service offer and workforce capability</div> |
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# Locality Delivery Plan

## Collaborative Health and Care | Intermediate Care



# Locality Delivery Plan

## Supporting Children, Young People and Families | Integrated Delivery

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <div>01</div> <div>Children’s therapies</div> <div>By 31 Mar 2027</div> <div>Complete the Children’s Therapies transformation through the Balanced System Framework, integrated multidisciplinary pathways, a neighbourhood model, alignment to Experts at Hand, and use of the Outcomes Framework and Prove It Tool to measure impact and improvement.</div> <div>Service outcome: Improved proactive children’s therapies offer</div> | <div>02</div> <div>Healthy Child programme</div> <div>By 31 Mar 2027</div> <div>Align health visiting, school nursing and family nurse partnership delivery with Best Start in Life standards through Family hubs and the Stockport family integrated early-years model.</div> <div>Service outcome: Improved integrated Healthy Child service offer</div> | <div>03</div> <div>Health, Activity, PE and Sport in schools – SHAPES Alliance</div> <div>Throughout 2026/27</div> <div>Deliver the SHAPES Alliance SLA to support schools in providing high-quality physical education, sport and physical activity, promoting healthier lifestyles for children and young people.</div> <div>Service outcome: Improved education offer</div> | <div>04</div> <div>Healthcare needs in school</div> <div>By 31 Mar 2027</div> <div>Implement the Medical Needs in School Review findings , expanding support to Lisburne and Pear Tree Special Schools and delivering a training offer to improve attendance and attainment for children with healthcare needs.</div> <div>Service outcome: Schools more confident and capable in managing medical needs</div> | <div>05</div> <div>Families First and complex needs</div> <div>By 31 Mar 2027</div> <div>Improve access to community paediatric care through integrated multidisciplinary pathways, using learning from GM pilots. Complete the Swanbourne Review, agree resources for special school expansion, and deliver the SEND programme.</div> <div>Service outcome: Improved joined-up support around families and improved SEND offer</div> |
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# Locality Delivery Plan

## Programme-wide Enablers | Delivery Infrastructure

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| <div>01</div> <div>Anti-poverty</div> <div>By 31 Mar 2027</div> <div>Deliver agreed income maximisation, crisis resilience, in-work progression and poverty-proofing actions through neighbourhood delivery.</div> | <div>02</div> <div>Workforce and culture</div> <div>Quarterly through 2026/27</div> <div>Deliver Welcome to Live Well training, onboarding, the Health and Care Academy, inclusion standards and fair-workforce actions.</div> | <div>03</div> <div>Data and intelligence</div> <div>By 31 Mar 2027</div> <div>Expand neighbourhood self-service dashboards, strengthen ethical data sharing and assess cloud-based analytical environments.</div> | <div>04</div> <div>Digital</div> <div>By 31 Dec 2026</div> <div>Agree a prioritised digital roadmap that identifies opportunities, owners, dependencies, milestones and benefits.</div> | <div>05</div> <div>Engagement and EDI</div> <div>Quarterly through 2026/27</div> <div>Promote Live Well to professionals and residents and apply equality, diversity and inclusion insight to service design and outcome review.</div> |
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# Place based priorities to deliver improved Neighbourhood Health

The following slides describe the priorities and plans for Stockport Area Leadership Team Neighbourhood Health delivery.

# Locality Delivery Plan

## Heatons Area Leadership Team (ALT) – Neighbourhood Priorities

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <div>01</div> <div>Frailty and care-home support</div> <div>By 31 Mar 2027</div> <div>Establish coordinated frailty MDT support and strengthen proactive falls prevention, care planning and medicines review across community and care-home settings.</div> <div>Lead: Heatons ALT leads</div> <div>Service outcome: Earlier support, safer care and fewer avoidable admissions.</div> | <div>02</div> <div>Inclusive access and practical support</div> <div>Weekly from Oct 2026</div> <div>Provide accessible neighbourhood support for digital inclusion, service navigation, benefits advice and connection to Live Well, social prescribing and VCFSE services.</div> <div>Lead: Heatons ALT Leads</div> <div>Service outcome: Reduced access barriers and improved practical support.</div> | <div>03</div> <div>Targeted clinical prevention</div> <div>By 31 Mar 2027</div> <div>Use neighbourhood intelligence to improve cardiovascular, respiratory and primary prevention for communities experiencing unmet need or health inequalities.</div> <div>Lead: Heatons ALT Leads</div> <div>Service outcome: Improved prevention uptake and more equitable outcomes.</div> | <div>04</div> <div>Engagement, wellbeing and social connection</div> <div>Quarterly through 2026/27</div> <div>Deliver targeted group and community activity that improves self-management, physical activity, social connection and access to wider health and wellbeing support.</div> <div>Lead: Heatons ALT Leads</div> <div>Service outcome: Better wellbeing, stronger engagement and released capacity.</div> | <div>05</div> <div>Neighbourhood coordination and assurance</div> <div>Bi-monthly through 2026/27</div> <div>Use the Neighbourhood Leadership Team to coordinate priorities, assign accountable leads, review milestones and outcomes, resolve barriers and share learning.</div> <div>Lead: Heatons ALT Leads</div> <div>Service outcome: Clear accountability and consistent partnership delivery.</div> |
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# Locality Delivery Plan

## Cheadle ALT – Neighbourhood Priorities

01

Neighbourhood coordination and navigation

By 31 Dec 2026

Establish coordinated neighbourhood governance, clear practice navigation arrangements and stronger referral routes to community support.

Lead: Cheadle ALT leads

Service outcome: Clear accountability and easier access to support.

02

Targeted CVD and diabetes reviews

Monthly through 2026/27

Increase engagement in high-risk CVD and diabetes reviews through targeted follow-up and action on barriers to access.

Lead: Cheadle ALT leads

Service outcome: Improved review uptake and proactive care.

03

Enhanced care-home support

By 31 Mar 2027

Strengthen multidisciplinary care-home support, medicines optimisation, falls prevention and monitoring of avoidable conveyance.

Lead: Cheadle ALT leads

Service outcome: Safer proactive care and fewer avoidable admissions.

04

End-of-life and integrated care

By 31 Mar 2027

Improve earlier identification, GSF working, EPaCCS completion and integrated neighbourhood support for people approaching end of life.

Lead: Cheadle ALT leads

Service outcome: Better coordinated care and preferred-place outcomes.

05

Support for unpaid carers

By 31 Mar 2027

Increase identification, coding and culturally responsive support for unpaid carers through health, community and faith settings.

Lead: Cheadle ALT leads

Service outcome: More carers identified and connected to support.

06

Prevention and community engagement

Quarterly through 2026/27

Use neighbourhood intelligence and community outreach to increase NHS Health Checks, diabetes education and wider prevention uptake.

Lead: Cheadle ALT leads

Service outcome: More equitable prevention and stronger engagement.

# Locality Delivery Plan

## Stockport East and South ALT – Neighbourhood Priorities

01

Proactive frailty care

By 31 Mar 2027

Implement a coordinated frailty approach across primary, community and care-home services, with proactive identification, shared care planning and multidisciplinary support.

Lead: East and South ALT Leads

Service outcome: Earlier support and fewer avoidable admissions.

02

Prevention and healthy ageing

Throughout 2026/27

Deliver a joined-up prevention offer covering cardiovascular risk, physical activity, falls prevention and community wellbeing, targeted to people least likely to engage.

Lead: East and South ALT Leads

Service outcome: Improved prevention uptake and healthy ageing.

03

Medicines and patient involvement

By 31 Mar 2027

Improve medicines safety and patient involvement through targeted reviews, patient-led ordering, digital support and community-pharmacy collaboration.

Lead: East and South ALT Leads

Service outcome: Safer medicines, reduced waste and greater involvement.

04

Engagement and health inequalities

Quarterly through 2026/27

Use neighbourhood intelligence and community partnerships to improve uptake of prevention and immunisation, co-designing activity with residents to address unmet need.

Lead: East and South ALT Leads

Service outcome: More equitable access and resident-led improvement.

# Locality Delivery Plan

## Bramhall and Cheadle Hulme ALT – Neighbourhood Priorities

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              |
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| <div>01</div> <div>Neighbourhood coordination and INT working</div> <div>By 31 Mar 2027</div> <div>Establish effective neighbourhood leadership and coordinated partnership working around agreed cohorts and residents.</div> <div>Lead: Bramhall and Cheadle Hulme ALT Leads</div> <div>Service outcome: Clear priorities and stronger integrated delivery.</div> | <div>02</div> <div>Healthy Futures support and empowerment</div> <div>Throughout 2026/27</div> <div>Embed proportionate Healthy Futures conversations and provide targeted empowerment support for people with wider health, wellbeing or frailty needs.</div> <div>Lead: Bramhall and Cheadle Hulme ALT Leads</div> <div>Service outcome: Improved confidence, self-management and independence.</div> | <div>03</div> <div>Targeted clinical reviews and prevention</div> <div>Quarterly through 2026/27</div> <div>Use Re-ID intelligence to complete outstanding reviews and deliver targeted prevention for priority cardiovascular, respiratory and asthma cohorts.</div> <div>Lead: Bramhall and Cheadle Hulme ALT Leads</div> <div>Service outcome: Reduced missing indicators and improved proactive care.</div> | <div>04</div> <div>Community connection and accessible support</div> <div>By 31 Mar 2027</div> <div>Strengthen identification of social isolation, map the local offer and use community and vaccination activity to connect residents to support.</div> <div>Lead: Bramhall and Cheadle Hulme ALT Leads</div> <div>Service outcome: Reduced isolation and improved access to community support.</div> | <div>05</div> <div>Care-home frailty and medicines support</div> <div>By 31 Mar 2027</div> <div>Align care-home falls prevention, frailty identification, seasonal vaccination and medicines optimisation with existing neighbourhood work.</div> <div>Lead: Bramhall and Cheadle Hulme ALT Leads</div> <div>Service outcome: Safer care and reduced avoidable deterioration and harm.</div> |
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# Locality Delivery Plan

## Victoria ALT – Neighbourhood Priorities

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| <div>01</div> <div>Women’s health and prevention</div> <div>Throughout 2026/27</div> <div>Develop accessible women’s health, menopause and strength support, with opportunistic identification and management of cardiovascular and wider health risks.</div> <div>Lead: Victoria ALT leads</div> <div>Service outcome: Improved engagement, confidence and preventative care.</div> | <div>02</div> <div>Frailty and integrated neighbourhood care</div> <div>By 31 Mar 2027</div> <div>Build on NNHIP frailty delivery to strengthen proactive identification, multidisciplinary care, falls prevention and transition towards an INT model.</div> <div>Lead: Victoria ALT leads</div> <div>Service outcome: Earlier support and fewer avoidable urgent-care episodes.</div> | <div>03</div> <div>Targeted clinical prevention and optimisation</div> <div>Quarterly through 2026/27</div> <div>Use neighbourhood intelligence to reduce unmet cardiovascular, diabetes, kidney and respiratory need through targeted review, education and treatment optimisation.</div> <div>Lead: Victoria ALT leads</div> <div>Service outcome: Improved clinical management and reduced unmet need.</div> | <div>04</div> <div>Wellbeing, activity and community connection</div> <div>Throughout 2026/27</div> <div>Expand community-based wellbeing, peer support, physical activity, falls prevention and social connection through local and VCFSE partners.</div> <div>Lead: Victoria ALT leads</div> <div>Service outcome: Improved wellbeing, activity and community connection.</div> | <div>05</div> <div>Health inequalities and co-designed delivery</div> <div>Monthly oversight through 2026/27</div> <div>Coordinate targeted action for underserved high-risk cohorts, including alcohol-related harm, using resident feedback and partnership intelligence to improve access and scale effective approaches.</div> <div>Lead: Victoria ALT leads</div> <div>Service outcome: More equitable access, earlier intervention and reduced harm.</div> |
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# Locality Delivery Plan

## Tame Valley ALT – Neighbourhood Priorities

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| <div>01</div> <div>Targeted chronic disease reviews</div> <div>By 31 Mar 2027</div> <div>Use neighbourhood intelligence to reduce missing chronic disease reviews, prioritising COPD and respiratory need and using proportionate follow-up.</div> <div>Lead: Tame Valley ALT leads</div> <div>Service outcome: Reduced unmet clinical need and improved proactive care.</div> | <div>02</div> <div>Accessible community outreach and wider support</div> <div>Throughout 2026/27</div> <div>Use community outreach, home visiting and benefits advice to reach people facing barriers and connect wider health, wellbeing and practical needs to support.</div> <div>Lead: Tame Valley ALT leads</div> <div>Service outcome: Improved access, independence and engagement.</div> | <div>03</div> <div>Dementia pathway and neighbourhood support</div> <div>By 31 Mar 2027</div> <div>Embed consistent dementia identification and review, strengthen referral pathways and connect people with dementia and carers to local community support.</div> <div>Lead: Tame Valley ALT leads</div> <div>Service outcome: Earlier identification and improved access to coordinated support.</div> | <div>04</div> <div>Inclusive community and wellbeing support</div> <div>Throughout 2026/27</div> <div>Develop accessible peer, physical activity and wellbeing offers for people affected by substance use, menopause, men’s mental health, learning disabilities or autism.</div> <div>Lead: Tame Valley ALT leads</div> <div>Service outcome: Reduced barriers and increased connection to appropriate support.</div> | <div>05</div> <div>Neighbourhood partnership and assurance</div> <div>Quarterly through 2026/27</div> <div>Coordinate practice, neighbourhood and VCFSE action around unmet need, track delivery and use learning to improve engagement with underserved cohorts.</div> <div>Lead: Tame Valley ALT leads</div> <div>Service outcome: Stronger joint delivery and measurable reduction in inequalities.</div> |
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# GM strategic priorities for local delivery

The following slides describe the focus of the NHS Greater Manchester ICB and what this means for local delivery.

# 01 Urgent and Emergency Care

From fragmented access to reliable, community-based urgent care pathways

## OBJECTIVE

During 2026/28, increase use of community urgent care to avoid admissions and support earlier discharge.

## SUCCESS MEASURE

Virtual Ward occupancy routinely above 80%; UCR use aligned to the national standard



### Hospital@Home / Virtual Wards

Increase access and utilisation for both step-up admission avoidance and early supported discharge.

- Reduce variation in referrals from primary care and other services
- Improve compliance with core standards
- Implement a consistent payment model across GM
- Increase Virtual Ward occupancy to routinely above 80%



#### Lead:

Stockport NHS Foundation Trust



### Model UCR

Maximise UCR capacity and referral rates.

- Utilise the versatile clinical skills of urgent community services
- Reduce admissions and support demand from primary care, healthcare professionals and care homes
- Ensure we meet the national standard per head of population



#### Lead:

Stockport NHS Foundation Trust + Place



### Community Single Point of Access

A single, centralised route for advice, triage, navigation and onward referral.

- Navigate people to the most appropriate service (UCR, Hospital@Home and other community alternatives)
- Work with NWAS and other professionals to reduce unnecessary ED attendances and admissions
- Use a single digital platform to provide consistent access across GM and reduce variation



#### Lead:

Stockport NHS Foundation Trust + NWAS + Place



### Integrated Urgent Neighbourhood Services

Coordinate referrals and pathways across providers.

- Integrated multidisciplinary working and shared decision-making
- Common standards and shared induction
- Timely access to UCR and Virtual Wards
- Digital referral tracking and proactive case management



#### Lead:

Place partnership with Stockport FT, Primary Care, Adult Social Care, NWAS and wider community partners



Single Point of Access



UCR / Hospital@Home



Avoid admission / Earlier discharge



Home

Supporting people to recover and stay well in their communities

## How this supports our Four Big Things

1

### Enhanced neighbourhood health

Proactive and preventative care closer to home

2

### Improved intermediate care

Admission avoidance, Home First and hospital flow



### Directly supports Collaborative Health & Care

Care Coordination Hub, urgent neighbourhood dashboard, Directory of Services and integrated digital working.

## 02 Elective Care Reform

Manage demand, improve referral quality and expand care closer to home

### OBJECTIVE

**During 2026/28, reduce unwarranted variation in elective referrals and increase use of effective alternatives to secondary care.**

### SUCCESS MEASURE

Practice-level improvement plans; Advice and Guidance used first where appropriate

| NHS GM priority                                                                                                                                                                                                                                                                                                                      | What this means for Stockport                                                                                                                                                                                                                                                                                              | Lead / partners                                                                                                                                                           | How this supports our Four Big Things and Collaborative Health & Care                                                                                                                                                                                  |
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|  <b>BeCCoR elective initiative</b><br>Second year of the GP peer review programme to address outlier referral rates through GP education and use of alternatives to secondary care, monitored via locality-specific targets.                        | <ul style="list-style-type: none"> <li>Evaluate progress against BeCCoR standards.</li> <li>Continue practice level quality improvement plans where required.</li> <li>Develop action plans for discussion at PCN level, with SMART action plans.</li> </ul>                                                               |  <b>Lead: Place</b><br>Primary Care, PCNs and locality teams                           | <ul style="list-style-type: none"> <li><b>1</b> Enhanced neighbourhood health (prevention, appropriate use of services)</li> <li><b>3</b> Improved Town Centre neighbourhood health &amp; care (reduced variation and better access)</li> </ul>        |
|  <b>Expansion of Advice and Guidance</b><br>Extend pan-GM Consultant Connect service and ensure secondary care providers have job-planned local services where these are required.                                                                  | <ul style="list-style-type: none"> <li>Increase use of advice and guidance as a first step for all referrals, where possible.</li> <li>Primary Care to cascade communication and explore further engagement opportunities to raise awareness.</li> </ul>                                                                   |  <b>Lead: Stockport NHS Foundation Trust + Place</b><br>Primary Care, speciality teams | <ul style="list-style-type: none"> <li><b>1</b> Enhanced neighbourhood health (appropriate care, close to home)</li> <li><b>3</b> Improved Town Centre neighbourhood health &amp; care (right care, right place)</li> </ul>                            |
|  <b>Single Point of Access (SPoA)</b><br>Work with secondary care, primary care and locality teams to implement NHSE model of speciality-specific SPoAs, including development of straight-to-test pathways incorporating CDC capacity.             | <ul style="list-style-type: none"> <li>Increase use of the Single Point of Access across specialties.</li> <li>Remodel the electronic referral service and waiting list validation using digital innovation to classify patient pathways and reduce waiting times.</li> </ul>                                              |  <b>Lead: Stockport NHS Foundation Trust</b><br>Primary Care, Place                    | <ul style="list-style-type: none"> <li><b>2</b> Improved intermediate care (faster access and, close to home)</li> <li><b>3</b> Improved Town Centre neighbourhood health &amp; care (digital access and flow)</li> </ul>                              |
|  <b>Community-based alternatives to secondary care</b><br>Commission dermatology community service, ENT Tier 2 and gynaecology community services, implement new community MSK model and develop services in respiratory, urology and cardiology. | <ul style="list-style-type: none"> <li>Ensure dermatology community service is embedded.</li> <li>Commission ENT Tier 2 and gynaecology community services.</li> <li>Implement new community MSK model.</li> <li>Develop other services such as respiratory, urology and cardiology.</li> </ul>                            |  <b>GM led activity</b><br>With support from Stockport NHS Foundation Trust          | <ul style="list-style-type: none"> <li><b>1</b> Enhanced neighbourhood health (more care in the community)</li> <li><b>2</b> Improved intermediate care (supports earlier intervention and avoids unnecessary hospital care)</li> </ul>                |
|  <b>Implementation of new GIRFT pathways</b><br>Apply GIRFT follow-up protocols with follow-up activity outside best practice not being funded.                                                                                                   | <ul style="list-style-type: none"> <li>Increase virtual and patient initiated follow up reviews across a wider range of specialties.</li> <li>Use the My Recovery app for some orthopaedic pathways.</li> <li>Digitise the pre-operative pathway to reduce the need for patients to attend the trust in person.</li> </ul> |  <b>Lead: Stockport NHS Foundation Trust</b>                                         | <ul style="list-style-type: none"> <li><b>2</b> Improved intermediate care (more efficient pathways and reduced waiting times)</li> <li><b>3</b> Improved Town Centre neighbourhood health &amp; care (digital innovation and productivity)</li> </ul> |

# 03 Mental Health, Learning Disabilities and Autism

Improve access, reduce avoidable inpatient use and embed needs-led community support

## OBJECTIVE

**By March 2027, improve equitable access and timely flow across mental health and neurodiversity pathways, with care delivered closer to home.**

## SUCCESS MEASURE

70% of schools reached by MHSTs; recovery standards maintained; spot placements reduced

| NHS GM priority                                                                                                                                                                                        | What this means for Stockport                                                                                                                                                                                                                                                                                                                                                                         | Lead / partners                                                                                                                                                                                               | How this supports our Four Big Things and Collaborative Health & Care                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Reduce out-of-area and spot placements</b><br>Deliver system savings and better outcomes.                         | <ul style="list-style-type: none"> <li>Continue weekly monitoring of people clinically ready for discharge.</li> <li>Place-chaired escalation meetings to reduce/remove spot placements (including rehabilitation beds).</li> <li>Support delivery of the Mental Health Integrated Fund.</li> </ul>                                                                                                   |  <b>Lead: Pennine Care NHS Foundation Trust + Place</b>                                                                    | <div>1 <b>Enhanced neighbourhood health</b></div> <div>2 <b>Improved intermediate care</b><br/>Supports discharge, community support and reduces reliance on out-of-area placements.</div>                           |
|  <b>Crisis and community mental health</b><br>Earlier support, closer to home.                                        | <ul style="list-style-type: none"> <li>Expand Home Treatment Teams to include crisis resolution.</li> <li>Increase utilisation of crisis apartments.</li> <li>Develop Adult Community Mental Health (Assertive Outreach and EIP).</li> <li>Deliver Living Well / Neighbourhood Mental Health Model with VCFSE and ICS.</li> </ul>                                                                     |  <b>Lead: Pennine Care NHS Foundation Trust + Place / VCFSE partners</b>                                                   | <div>1 <b>Enhanced neighbourhood health</b></div> <div>2 <b>Supports Collaborative Health &amp; Care</b><br/>Community mental health, integrated working and proactive support.</div>                                |
|  <b>Children &amp; young people's mental health</b><br>More children and young people get the right support, earlier. | <ul style="list-style-type: none"> <li>Expand Mental Health Support Teams to reach 70% of schools by March 2027 (including 7 new schools).</li> <li>Increase access via MHSTs and digital offers (Kooth, Silvercloud).</li> <li>Streamline locality single point of access.</li> <li>Enhanced CAMHS offer for cared-for children.</li> </ul>                                                          |  <b>Lead: Pennine Care NHS Foundation Trust</b>                                                                            | <div>4 <b>Improved support to children, young people &amp; families</b></div> <div>1 <b>Enhanced neighbourhood health</b><br/>Earlier help, better access and improved outcomes for CYP in Stockport.</div>          |
|  <b>Perinatal and inpatient quality</b><br>High-quality, compassionate care at the right time.                       | <ul style="list-style-type: none"> <li>Review perinatal and parent-infant services across GM to reduce variation and improve consistency by March 2027.</li> <li>Transform all-age inpatient and rehabilitation services to a therapeutic model of care, implementing the 10 high impact changes.</li> <li>Actively participate in weekly ICS mental health discharge escalation meetings.</li> </ul> |  <b>Lead: Greater Manchester Mental Health NHS FT (GM partners (perinatal) Pennine Care NHS FT (inpatient/discharge))</b> | <div>1 <b>Enhanced neighbourhood health</b></div> <div>2 <b>Improved intermediate care</b><br/>Supports safe, timely discharge and high-quality, person-centred care.</div>                                          |
|  <b>Neurodiversity and eating disorders</b><br>Inclusive, joined-up support across the life course.                 | <ul style="list-style-type: none"> <li>Implement new needs-led Thrive model for adult and CYP neurodiversity.</li> <li>Implement mental health support into Skyline Homes.</li> <li>ND Hub implementation plan – April go-live.</li> <li>Ensure equitable access to adult and CYP eating disorder services. (Stockport model aligned commissioning vs GM Cheshire and Wirral Partnership).</li> </ul> |  <b>Lead: Pennine Care NHS Foundation Trust + ICS / GM partners</b>                                                      | <div>1 <b>Enhanced neighbourhood health</b></div> <div>4 <b>Improved support to children, young people &amp; families</b><br/>Fairer access, improved outcomes and support to live well within neurodiversity.</div> |
|  <b>Recovery, employment and Talking Therapies</b><br>Supporting people to live well and achieve their goals.       | <ul style="list-style-type: none"> <li>Individual Placement Support (a MDPP priority).</li> <li>Improve recovery for people accessing Talking Therapies (a MDPP priority).</li> <li>Reduce waiting times and ensure recovery rates meet expected standards/KPIs.</li> </ul>                                                                                                                           |  <b>Lead: Pennine Care NHS Foundation Trust (with ICS oversight)</b>                                                     | <div>1 <b>Enhanced neighbourhood health</b></div> <div>2 <b>Supports Collaborative Health &amp; Care</b><br/>Prevention, recovery, employment and community wellbeing.</div>                                         |

# 04 Cancer and Diagnostics

Deliver national standards while improving equity and efficient use of diagnostic capacity

| <div> <b>OBJECTIVE</b> During 2026/28, align Stockport cancer and diagnostic activity with agreed GM plans and national access, diagnosis and treatment standards. </div> <div> <b>SUCCESS MEASURE</b><br/> Agreed activity plans; national standards tracked; early-diagnosis inequality gap reduced </div> |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NHS GM priority                                                                                                                                                                                                                                                                                              | What this means for Stockport                                                                                                                                                                                                                                                                                                                                       | Lead / partners                                                                                                                                                    | How this supports our Four Big Things and Collaborative Health & Care                                                                                                                                                                                                                     |
|  <b>Deliver national cancer standards</b><br>Agree activity plans to meet national standards for cancer pathways.                                                                                                           | <ul style="list-style-type: none"> <li>Activity plans (diagnosis and treatment) that are sufficient to meet national Cancer Waiting Times standards.</li> <li>Plans determined in agreement with GM.</li> </ul>                                                                                                                                                     |  <b>GM led activity</b><br>(with support from Stockport NHS Foundation Trust)   | <div>1</div> <b>Enhanced neighbourhood health</b><br>(earlier diagnosis, reducing inequalities) <div>2</div> <b>Improved intermediate care</b><br>(right care, right time) <div>4</div> <b>Improved Town Centre neighbourhood health &amp; care</b><br>(faster access to cancer services) |
|  <b>Diagnostics – network operating models</b><br>Commission diagnostic services through network wide models and recommission direct access diagnostics.                                                                    | <ul style="list-style-type: none"> <li>Effective and efficient use of resources.</li> <li>Support the 'left shift' in GM (more tests in the community, earlier diagnosis).</li> <li>Recommission direct access diagnostics.</li> </ul>                                                                                                                              |  <b>GM led activity</b><br>(with support from Stockport NHS Foundation Trust)   | <div>1</div> <b>Enhanced neighbourhood health</b><br>(prevention and earlier diagnosis) <div>2</div> <b>Improved intermediate care</b><br>(reducing avoidable hospital care)                                                                                                              |
|  <b>Future commissioning models</b><br>Consider new commissioning models and recommission contracts expiring in 2026/27.                                                                                                    | <ul style="list-style-type: none"> <li>Develop new commissioning models in line with GM strategy and national direction.</li> <li>Optimise the use of the GM Community Diagnostic Centre (CDC) resource.</li> </ul>                                                                                                                                                 |  <b>GM led activity</b><br>(with support from Stockport NHS Foundation Trust)   | <div>2</div> <b>Improved intermediate care</b><br>(more care closer to home) <div>4</div> <b>Improved support to children, young people &amp; families</b><br>(timely diagnosis and treatment)                                                                                            |
|  <b>Increase early diagnosis and screening</b><br>Commission sufficient activity to meet national early diagnosis and screening standards.                                                                                 | <ul style="list-style-type: none"> <li>Ensure sufficient activity to meet the level of suspected cancer referrals required, measured through the Rapid Cancer Registration Dataset.</li> <li>Meet national standards in the 4 cancer screening programmes.</li> <li>Reduce the gap in % early diagnosis between our least and most deprived communities.</li> </ul> |  <b>GM led activity</b><br>(with support from Stockport NHS Foundation Trust) | <div>1</div> <b>Enhanced neighbourhood health</b><br>(reducing inequalities) <div>2</div> <b>Improved intermediate care</b><br>(earlier diagnosis and treatment) <div>3</div> <b>Improved Town Centre neighbourhood health &amp; care</b><br>(addressing health inequalities)             |
|  <b>GM Single Queue Diagnostics programme</b><br>Support the ongoing expansion of the GM Single Queue Diagnostics programme.                                                                                              | <ul style="list-style-type: none"> <li>Increase utilisation of the GM Single Queue.</li> <li>Reduce waiting times and improve equity of access across GM.</li> </ul>                                                                                                                                                                                                |  <b>GM led activity</b><br>(with support from Stockport NHS Foundation Trust) | <div>2</div> <b>Improved intermediate care</b><br>(faster access to diagnostics) <div>3</div> <b>Improved Town Centre neighbourhood health &amp; care</b><br>(reduced variation and improved productivity)                                                                                |
|  <b>Personalised Stratified Follow Up (PSFU)</b><br>NHSE provides to operationalise and track PSFU.                                                                                                                       | <ul style="list-style-type: none"> <li>Support implementation of PSFU for eligible pathways.</li> <li>Ensure tracking and reporting of activity in line with national requirements.</li> </ul>                                                                                                                                                                      |  <b>GM led activity</b><br>(with support from Stockport NHS Foundation Trust) | <div>2</div> <b>Improved intermediate care</b><br>(right care, right follow up) <div>3</div> <b>Improved Town Centre neighbourhood health &amp; care</b><br>(digital innovation and productivity)                                                                                         |

# 05 GM-guided Commissioning at Place

Use GM reviews to secure consistent, sustainable services for Stockport residents

| OBJECTIVE                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SUCCESS MEASURE                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| During 2026/28, contribute Stockport evidence and operational expertise to GM-led reviews, while maintaining safe local service continuity.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Reviews informed by Stockport input; Community UTC and interim pathways maintained                                                                                                                                                       |
| Priority area                                                                                                                                                    | Delivery in Stockport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lead / partners                                                                                                                                                                                                                          |
|  <b>Urgent &amp; Emergency Care</b><br>Right care, right place, right time.     | <ul style="list-style-type: none"> <li>Undertake a review of GP Out of Hours services within the context of the wider Primary Care strategy, ensuring integrated urgent care access, consistent standards, and seamless links with NHS 111 and community urgent care pathways.</li> <li>Review of Walk-in Centres to ensure effectiveness informing future commissioning decision.</li> </ul>                                                                                                                                                                                                                                                                                       |  GM led review of GP Out-Of-Hours. Place to continue to commission Community UTC, as referenced earlier.                                              |
|  <b>Children &amp; Young People</b><br>Healthier, happier futures.              | <ul style="list-style-type: none"> <li>Continued delivery of the Greater Manchester Children &amp; Young People Joint Forward Plan.</li> <li>Increase in Paediatric Surgical Capacity for key pressured areas such as ENT and Oral Surgery.</li> <li>Review of Paediatric Audiology – development of new model of care / standardised service specification and continuation of interim arrangements to ensure service continuity.</li> <li>Review of Community Paediatrics (incl. CYP Therapies).</li> </ul>                                                                                                                                                                       |  GM led activity with support from Stockport NHS Foundation Trust.                                                                                    |
|  <b>Maternity</b><br>Safe, high-quality care for every family.                  | <ul style="list-style-type: none"> <li>Undertake strategic commissioning review of provision of maternity services including antenatal education, estates, home birth provision.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  GM led activity with support from Stockport Families and Stockport NHS Foundation Trust.                                                             |
|  <b>Community Services</b><br>Support to live well at home.                    | <ul style="list-style-type: none"> <li>Implement GM standard service specification for District Nursing.</li> <li>Implement a set of core standards for Intermediate Care.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  GM led activity with support from Stockport NHS Foundation Trust for District Nursing specification and place-based partners for Intermediate Care. |
|  <b>Long Term Conditions</b><br>Earlier support, better health, longer lives. | <ul style="list-style-type: none"> <li>Frailty / MSK – commission fracture liaison services in all GM localities.</li> <li>Implementation of a multi-year, population health approach to obesity and weight management (all age) including prevention, lifestyle and behaviour support, specialist intervention (medical and surgical).</li> <li>HIV/CFS and Long Covid – commission a new, combined model across GM with dedicated psychological input to support diagnosis and treatment – this will require a redistribution of non-recurrent Long Covid funding.</li> <li>Commission new GM structured Diabetes Education Service in line with new GM specification.</li> </ul> |  GM led activity with support from place partners.                                                                                                  |
|  <b>Population Health</b><br>Stronger, healthier communities.                 | <ul style="list-style-type: none"> <li>Continuation of in hospital-based support to reduce Alcohol Harm, building upon the current Alcohol Care Team model and Treating Tobacco Dependency. Providers to absorb within existing allocation.</li> <li>Continuation of ADVSE service for victims of Domestic Abuse whilst embark on the development of a multi-year plan as part of the 5 year commissioning strategy.</li> </ul>                                                                                                                                                                                                                                                     |  GM led activity with support from Stockport NHS Foundation Trust, Public Health and the One Stockport Safety Partnership.                          |

# GP Patient Survey 2026

|                                  |                                                                                                                                                                    |                        |    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>      | ONE Stockport Health and Care Board                                                                                                                                |                        |    |
| <b>Report From (Board Lead)</b>  | GP Partner, Cheadle Medical Practice & Alvanley Family Practice, GP Chief Officer, Viaduct Care, Chair, Stockport GP & Primary Care Board, Vice-Chair, GM GP Board |                        |    |
| <b>Report From (Author):</b>     | Shannon Wesley, Senior Project Manager – Neighbourhood Health & Care, NHS Greater Manchester – Stockport Place                                                     |                        |    |
| <b>Date:</b>                     | 30/09/2026                                                                                                                                                         | <b>Agenda Item No:</b> | 15 |
| <b>Previously Considered by:</b> | N/A                                                                                                                                                                |                        |    |

## Purpose of the report:

The purpose of this report is to update the ONE Stockport Health and Care Board on the results of the GP Patient Survey 2026, subsequent analysis and next steps.

## Key points (Executive Summary):

- The 2026 GP Patient Survey provides an important indicator of how Stockport residents experience primary care, dental and pharmacy services across Stockport.
- Of the 12,880 surveys distributed between February and April 2026, 3,554 responses were received, representing a 19% response rate.
- Overall, the results demonstrate that patient experience in Stockport remains strong and compares favourably with both Greater Manchester and national benchmarks.
- Eighty per cent of respondents reported a good overall experience of their GP practice, exceeding the ICB average by 1% and the national average by 3%. Patient satisfaction with community pharmacy services also remains high, with 90% reporting a positive experience, representing a 2% improvement from 2025. In addition, 74% of patients reported a good experience of NHS dental services, a 1% increase from the previous year.
- The survey findings indicate continued progress in the adoption of digital access routes. More than half of patients reported using online GP services, including online appointment booking, and over half found it easy to contact their practice through the NHS App. Across telephone, website and NHS App channels, between 59% and 66% of patients reported that contacting their GP practice was easy.
- These findings suggest that investments in digital access and patient-facing technology are supporting improved access and experience for many residents.
- Despite these positive outcomes, the results also highlight opportunities to further improve consistency of access and patient experience across practices and population groups.
- Variations in ease of contact and the continued reliance on multiple access routes reinforce the need to strengthen equitable access, reduce unwarranted variation and ensure that digital transformation is accompanied by appropriate support for those at risk of exclusion.
- The findings will inform the ongoing development of neighbourhood health and care services and support delivery of One Stockport priorities, including improving access, reducing health inequalities, promoting self-care through digital channels and ensuring primary care services remain responsive to the needs of local communities.

|                                                                                                                                                                                                                                                                                                                                              |  |                          |  |                              |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------------|----------|
| <ul style="list-style-type: none"> <li>Targeted analysis is underway to better understand variation in experience and identify opportunities for improvement at practice, neighbourhood and locality level.</li> </ul>                                                                                                                       |  |                          |  |                              |          |
| <b>Recommendation:</b>                                                                                                                                                                                                                                                                                                                       |  |                          |  |                              |          |
| The Board is asked to:                                                                                                                                                                                                                                                                                                                       |  |                          |  |                              |          |
| <ul style="list-style-type: none"> <li><b>NOTE</b> the findings of the GP Patient Survey 2026</li> <li><b>SUPPORT</b> the proposed areas of focus for improvements</li> <li><b>PROVIDE FEEDBACK</b> on any significant risks, dependencies or issues that should be considered as part of the next phase of improvement planning.</li> </ul> |  |                          |  |                              |          |
| <b>Decision</b>                                                                                                                                                                                                                                                                                                                              |  | <b>Discuss/Direction</b> |  | <b>Information/Assurance</b> | <b>X</b> |

| <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: | No potential conflicts of interest have been identified in relation to this paper. |

| <b>Risk and Assurance:</b>                                     |     |
|----------------------------------------------------------------|-----|
| List all strategic and high level risks relevant to this paper | N/A |

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

| <b>Potential Implications:</b>                                                                                                                                       |                                                  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----|----|
| <b>Financial Impact:</b><br>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>                                                                                                                                             | N/A                                              |     |    |

|                                                                                        |                                      |     |  |    |  |     |   |
|----------------------------------------------------------------------------------------|--------------------------------------|-----|--|----|--|-----|---|
| <b>Performance Impact:</b>                                                             | N/A                                  |     |  |    |  |     |   |
| <b>Workforce Impact:</b>                                                               | N/A                                  |     |  |    |  |     |   |
| <b>Quality and Safety Impact:</b>                                                      | N/A                                  |     |  |    |  |     |   |
| <b>Compliance and/or Legal Impact:</b>                                                 | N/A                                  |     |  |    |  |     |   |
| <b>Equality and Diversity:</b><br>Has an equality impact assessment been completed?    | General Statement:                   |     |  |    |  |     |   |
|                                                                                        | If Not Applicable please explain why | Yes |  | No |  | N/A | X |
|                                                                                        |                                      |     |  |    |  |     |   |
| <b>Environmental Impact:</b><br>Has an environmental impact assessment been completed? | General Statement:                   |     |  |    |  |     |   |
|                                                                                        | If Not Applicable please explain why | Yes |  | No |  | N/A | X |
|                                                                                        |                                      |     |  |    |  |     |   |

# GP Patient Survey 2026

**Stockport**

Integrated Care Partnership



**Part of** Greater Manchester  
Integrated Care Partnership



## Stockport Key Findings

- 80% of patients had a good overall experience of their GP practice, 1% above the ICS average and 3% above the national average.
  - More than 50% of patients reported they had used online GP services, including booking appointments online, and over half of patients reported it was easy to contact their practice using the NHS App.
  - Across all three contact methods that patients were asked about (phone, practice website, and NHS App), between 59% and 66% of patients reported they generally found it 'easy' to contact their general practice.
  - 74% of patients had a good overall experience of NHS dental services, an increase of 1% from 2025 - (information held at ICS level)
  - 90% of patients had a good overall experience of using pharmacy services, an increase of 2% from 2025
-



## Locality Benchmarking

In relation to locality benchmarking, Stockport is the best performing of the 10 GM localities across 15 of the 21 questions tracked by NHS GM, as highlighted on the next slide.

Stockport remains the best performing GM locality across two thirds of the 21 questions tracked by NHS GM over the last three years.

Whilst Stockport remains the best performing GM locality, variation across the GM localities has begun to reduce in line with incentive programmes delivered over the last three years.

Stockport has three GP practices within the top 10 across all GM practices for general experience:

- High Lane Medical Practice
  - Manor Medical Practice
  - Marple Bridge Medical Practice
-

# Locality Benchmarking

| Year       | GP practice services                   |                                           |                                           |                                                            |                                                                 | Last contact                                   |                                              |                                                     | Last appointment                        |                                      |                                |                                                 |                                                        |                                                                |                                                                      |                                                                           |                                                                            |                                                       | Health                                                                  |                                                           | Overall e..                                             |
|------------|----------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|----------------------------------------------|-----------------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|
|            | Q1                                     | Q2                                        | Q3                                        | Q4                                                         | Q7                                                              | Q12                                            | Q13                                          | Q16                                                 | Q19a                                    | Q19b                                 | Q21                            | Q24                                             | Q25                                                    | Q26                                                            | Q27                                                                  | Q28                                                                       | Q29                                                                        | Q31                                                   | Q43                                                                     | Q46                                                       | Q32                                                     |
|            | Contact by phone - Very or fairly easy | Contact via website - Very or fairly easy | Contact via NHS App - Very or fairly easy | Helpfulness reception/admin staff - Very or fairly helpful | Preferred HC professional - Always, almost always or a lot of.. | Knew next step after contacting practice - Yes | Knew next step after contact - Within 2 days | Overall experience of contact - Very or fairly good | Appointment choice of time or day - Yes | Appointment choice of location - Yes | Appointment wait - About right | HC professional listening - Very or fairly good | HC professional care and concern - Very or fairly good | HC professional considered mental wellbeing - Very or fairly.. | HC professional necessary patient info - Yes, definitely or to som.. | Confidence and trust in the HC professional - Yes, definitely or to som.. | Involved as much as wanted to be in decisions - Yes, definitely or to so.. | Patient needs met - Yes, definitely or to some extent | Supported to manage conditions/illnesses in L12M - Yes, definitely or.. | Care Plan - helpful to manage conditions/illnesses - Ve.. | Overall experience of GP practice - Very or fairly good |
| 2026       |                                        |                                           |                                           |                                                            |                                                                 |                                                |                                              |                                                     |                                         |                                      |                                |                                                 |                                                        |                                                                |                                                                      |                                                                           |                                                                            |                                                       |                                                                         |                                                           |                                                         |
| GM Rank    |                                        | 110                                       |                                           |                                                            |                                                                 |                                                |                                              |                                                     |                                         |                                      |                                |                                                 |                                                        |                                                                |                                                                      |                                                                           |                                                                            |                                                       |                                                                         |                                                           |                                                         |
| 1          |                                        |                                           |                                           |                                                            |                                                                 |                                                |                                              |                                                     |                                         |                                      |                                |                                                 |                                                        |                                                                |                                                                      |                                                                           |                                                                            |                                                       |                                                                         |                                                           |                                                         |
| Stockport  | 68.3%<br>(2)                           | 70.8%<br>(1)                              | 69.0%<br>(1)                              | 91.3%<br>(1)                                               | 48.5%<br>(3)                                                    | 89.3%<br>(1)                                   | 94.6%<br>(2)                                 | 80.5%<br>(2)                                        | 69.4%<br>(1)                            | 18.7%<br>(1)                         | 80.6%<br>(1)                   | 91.8%<br>(1)                                    | 91.2%<br>(1)                                           | 79.8%<br>(3)                                                   | 95.5%<br>(1)                                                         | 96.0%<br>(1)                                                              | 94.9%<br>(1)                                                               | 93.7%<br>(1)                                          | 75.6%<br>(1)                                                            | 96.0%<br>(2)                                              | 84.9%<br>(1)                                            |
| Trafford   | 67.2%<br>(3)                           | 64.2%<br>(3)                              | 57.7%<br>(5)                              | 87.2%<br>(4)                                               | 49.3%<br>(2)                                                    | 87.6%<br>(2)                                   | 92.2%<br>(9)                                 | 79.3%<br>(3)                                        | 65.9%<br>(2)                            | 13.7%<br>(6)                         | 73.6%<br>(3)                   | 90.2%<br>(2)                                    | 89.7%<br>(2)                                           | 79.0%<br>(5)                                                   | 94.2%<br>(2)                                                         | 93.9%<br>(3)                                                              | 94.2%<br>(2)                                                               | 92.4%<br>(2)                                          | 74.3%<br>(2)                                                            | 97.9%<br>(1)                                              | 82.7%<br>(2)                                            |
| Salford    | 65.3%<br>(4)                           | 61.3%<br>(5)                              | 55.6%<br>(7)                              | 87.8%<br>(3)                                               | 42.8%<br>(4)                                                    | 84.3%<br>(6)                                   | 92.3%<br>(8)                                 | 77.7%<br>(4)                                        | 58.6%<br>(7)                            | 16.2%<br>(4)                         | 71.8%<br>(4)                   | 87.8%<br>(5)                                    | 88.2%<br>(5)                                           | 80.5%<br>(2)                                                   | 93.3%<br>(4)                                                         | 93.6%<br>(4)                                                              | 92.7%<br>(4)                                                               | 91.3%<br>(4)                                          | 70.7%<br>(4)                                                            | 96.0%<br>(3)                                              | 80.9%<br>(4)                                            |
| Wigan      | 70.3%<br>(1)                           | 65.7%<br>(2)                              | 61.1%<br>(3)                              | 89.8%<br>(2)                                               | 54.3%<br>(1)                                                    | 86.4%<br>(3)                                   | 93.9%<br>(3)                                 | 80.7%<br>(1)                                        | 62.8%<br>(3)                            | 16.2%<br>(3)                         | 71.6%<br>(5)                   | 90.0%<br>(3)                                    | 89.3%<br>(3)                                           | 79.2%<br>(4)                                                   | 93.4%<br>(3)                                                         | 93.9%<br>(2)                                                              | 93.2%<br>(3)                                                               | 92.0%<br>(3)                                          | 73.5%<br>(3)                                                            | 93.7%<br>(6)                                              | 82.6%<br>(3)                                            |
| Rochdale   | 61.8%<br>(6)                           | 55.8%<br>(8)                              | 63.2%<br>(2)                              | 85.3%<br>(7)                                               | 41.6%<br>(6)                                                    | 83.1%<br>(8)                                   | 95.0%<br>(1)                                 | 74.9%<br>(7)                                        | 58.9%<br>(5)                            | 12.7%<br>(7)                         | 71.1%<br>(6)                   | 87.6%<br>(6)                                    | 86.6%<br>(6)                                           | 77.6%<br>(6)                                                   | 92.7%<br>(5)                                                         | 93.2%<br>(5)                                                              | 92.1%<br>(5)                                                               | 91.2%<br>(5)                                          | 70.1%<br>(5)                                                            | 91.5%<br>(9)                                              | 80.1%<br>(5)                                            |
| Manchester | 62.1%<br>(5)                           | 63.6%<br>(4)                              | 57.9%<br>(4)                              | 86.1%<br>(5)                                               | 42.1%<br>(5)                                                    | 83.8%<br>(7)                                   | 93.6%<br>(4)                                 | 76.2%<br>(5)                                        | 62.3%<br>(4)                            | 15.7%<br>(5)                         | 73.9%<br>(2)                   | 89.0%<br>(4)                                    | 88.3%<br>(4)                                           | 80.5%<br>(1)                                                   | 92.2%<br>(6)                                                         | 93.1%<br>(6)                                                              | 91.0%<br>(6)                                                               | 90.7%<br>(6)                                          | 68.0%<br>(7)                                                            | 92.9%<br>(8)                                              | 78.9%<br>(6)                                            |
| Bolton     | 61.1%<br>(7)                           | 57.8%<br>(7)                              | 56.0%<br>(6)                              | 85.3%<br>(6)                                               | 40.8%<br>(7)                                                    | 85.3%<br>(4)                                   | 93.3%<br>(5)                                 | 76.1%<br>(6)                                        | 58.8%<br>(6)                            | 17.3%<br>(2)                         | 70.2%<br>(7)                   | 87.0%<br>(7)                                    | 85.8%<br>(7)                                           | 75.6%<br>(7)                                                   | 91.4%<br>(8)                                                         | 92.5%<br>(7)                                                              | 90.8%<br>(7)                                                               | 90.3%<br>(7)                                          | 66.9%<br>(9)                                                            | 94.7%<br>(5)                                              | 78.4%<br>(7)                                            |
| Tameside   | 58.8%<br>(8)                           | 58.2%<br>(6)                              | 52.0%<br>(9)                              | 83.2%<br>(8)                                               | 35.9%<br>(8)                                                    | 81.2%<br>(9)                                   | 91.7%<br>(10)                                | 70.3%<br>(8)                                        | 54.8%<br>(8)                            | 12.3%<br>(9)                         | 67.3%<br>(8)                   | 85.3%<br>(8)                                    | 83.9%<br>(8)                                           | 71.9%<br>(9)                                                   | 89.3%<br>(10)                                                        | 90.7%<br>(10)                                                             | 90.0%<br>(9)                                                               | 88.3%<br>(9)                                          | 67.1%<br>(8)                                                            | 93.1%<br>(7)                                              | 74.2%<br>(9)                                            |
| Oldham     | 54.7%<br>(9)                           | 52.6%<br>(9)                              | 53.5%<br>(8)                              | 81.1%<br>(10)                                              | 35.9%<br>(9)                                                    | 78.1%<br>(10)                                  | 93.1%<br>(7)                                 | 69.0%<br>(10)                                       | 51.2%<br>(9)                            | 11.7%<br>(10)                        | 62.5%<br>(10)                  | 82.9%<br>(10)                                   | 82.6%<br>(10)                                          | 72.4%<br>(8)                                                   | 91.9%<br>(7)                                                         | 91.3%<br>(9)                                                              | 89.4%<br>(10)                                                              | 87.3%<br>(10)                                         | 68.2%<br>(6)                                                            | 86.0%<br>(10)                                             | 74.2%<br>(8)                                            |
| Bury       | 53.6%<br>(10)                          | 43.6%<br>(10)                             | 51.6%<br>(10)                             | 82.3%<br>(9)                                               | 34.2%<br>(10)                                                   | 85.0%<br>(5)                                   | 93.2%<br>(6)                                 | 69.3%<br>(9)                                        | 48.7%<br>(10)                           | 12.7%<br>(8)                         | 62.7%<br>(9)                   | 84.8%<br>(9)                                    | 83.9%<br>(9)                                           | 70.6%<br>(10)                                                  | 90.5%<br>(9)                                                         | 92.1%<br>(8)                                                              | 90.7%<br>(8)                                                               | 89.1%<br>(8)                                          | 64.4%<br>(10)                                                           | 95.0%<br>(4)                                              | 71.4%<br>(10)                                           |

# Summary

STOCKPORT

GP PATIENT SURVEY



QUESTIONNAIRES  
SENT OUT

12,880



NUMBER OF  
COMPLETED  
SURVEYS

3,554



RESPONSE RATE

19%



80%

had a good overall experience of their GP  
practice

Q32 ICS result: 79%

Q32 National result: 77%

Base: Stockport 3,535; ICS 41,384; National 651,774



77%

had a good overall experience of  
contacting their GP practice

Q16 ICS result: 76%

Q16 National result: 73%

Base: Stockport 3,489; ICS 40,555; National 639,474

63%

had a good overall experience of NHS services  
when their GP practice was closed

Q36 ICS result: 62%

Q36 National result: 59%

Base: Stockport 806; ICS 11,571; National 179,050



90%

had a good overall experience of  
pharmacy services

Q48 ICS result: 89%

Q48 National result: 89%

Base: Stockport 3168; ICS 36,981; National 585,375



74%

had a good overall experience of NHS  
dental services

Q52 National result: 73%

Base: ICS 23,814; National 334,849

# Summary

STOCKPORT

GP PATIENT SURVEY



QUESTIONNAIRES  
SENT OUT

12,880



NUMBER OF  
COMPLETED  
SURVEYS

3,554



RESPONSE RATE

19%

93%

had confidence and trust in the healthcare  
professional they saw or spoke to

Q28 ICS result: 93%

Q28 National result: 93%

Base: Stockport 3,442; ICS 39,521; National 621,366



92%

were involved as much as they wanted to  
be in decisions about their care and  
treatment

Q29 ICS result: 92%

Q29 National result: 92%

Base: Stockport 3,295; ICS 38,019; National 594,275



84%

of patients who managed to contact their  
practice knew what the next step would be in  
dealing with their request

Q12 ICS result: 85%

Q12 National result: 84%

Base: Stockport 3,409; ICS 39,270; National 616,950



91%

felt that their needs were met during their  
last appointment

Q31 ICS result: 91%

Q31 National result: 90%

Base: Stockport 3,432; ICS 39,533; National 622,837



70%

felt they had enough support from local  
services or organisations to help them  
manage their conditions or illnesses

Q43 ICS result: 70%

Q43 National result: 70%

Base: Stockport 2,426; ICS 21,298; National 324,837





# General Practice

# GP Patient Survey Highlights 2026



- Across all the question's (9) GM ranked PCN's, Stockport Locality had a least one PCN within the top 10.
- 8 out of the 9 questions ranked, had two or more Stockport Locality PCN's within the top 10.
- **Stockport East and South were consistently within the top 5 PCN's across 8 of the 9 ranked questions.**

| Question                                                       | Total Number of Stockport PCN's within Top 10 |
|----------------------------------------------------------------|-----------------------------------------------|
| Overall Experience of GP practice                              | 2 PCN's                                       |
| Ease of contacting GP practice on the phone                    | 2 PCN'S                                       |
| Ease of contacting GP practice using their website             | 2 PCN's                                       |
| Ease of contacting GP practice using the NHS App               | 3 PCN's                                       |
| Next step in dealing with request after contacting GP practice | 3 PCN's                                       |
| Time taken to know next step                                   | 2 PCN'S                                       |
| Overall experience of contact GP practice                      | 2 PCN's                                       |
| How patients felt about appointment wait time                  | 1 PCN                                         |
| Support with managing conditions or illnesses                  | 2 PCN's                                       |

## Overall Experience of GP Practice

- 80% of Stockport patients describe 'your experience of your GP practice' as good (very good or fairly good) compared to 77% nationally and 79% as an ICS.
- Stockport East and South PCN is the best performing PCN across all localities for overall experience.

| PCN                      | 2026 | 2025 | 2024 | Trend | 2026 GM Ranking | 2025 GM Ranking |
|--------------------------|------|------|------|-------|-----------------|-----------------|
| Stockport East and South | 92%  | 92%  | 91%  | +     | 65/65           | 65/65           |
| Bramhall & Cheadle Hulme | 87%  | 83%  | 81%  | +     | 58/65           | 58/65           |
| Cheadle                  | 82%  | 77%  | 74%  | +     | 45/65           | 31/65           |
| Heatons                  | 80%  | 82%  | 91%  | -     | 33/65           | 52/65           |
| Tame Valley              | 84%  | 81%  | 81%  | +     | 54/65           | 50/65           |
| Victoria                 | 84%  | 83%  | 78%  | +     | 52/65           | 57/65           |

| Top 5 Stockport Practices for General Experience | Performance | GM Ranking |
|--------------------------------------------------|-------------|------------|
| High Lane Medical Practice                       | 99%         | 2/406      |
| Manor Medical Practice                           | 97%         | 5/406      |
| Marple Bridge Surgery                            | 96%         | 7/406      |
| The Village Surgery                              | 94%         | 18/406     |
| Bredbury Medical Centre                          | 94%         | 21/406     |

\* Practices ranked from 1 (highest scoring) to 406

\* GM order PCN's from lowest to highest score, with ranking 1 being the lowest score and ranking 65 the highest score

# Accessing GP Services



| PCN                      | 2026 | 2025 | 2024 | Trend | 2026 Q1<br>GM<br>Ranking | 2025 Q1<br>GM<br>Ranking |
|--------------------------|------|------|------|-------|--------------------------|--------------------------|
| Bramhall & Cheadle Hulme | 58%  | 50%  | 48%  | +     | 20/65                    | 15/65                    |
| Cheadle                  | 59%  | 48%  | 42%  | +     | 24/65                    | 13/65                    |
| Heatons                  | 64%  | 61%  | 74%  | + / - | 41/65                    | 40/65                    |
| Stockport East and South | 87%  | 86%  | 84%  | +     | 65/65                    | 64/65                    |
| Tame Valley              | 73%  | 65%  | 62%  | +     | 56/65                    | 51/65                    |
| Victoria                 | 61%  | 64%  | 57%  | + / - | 32/65                    | 47/65                    |
| PCN                      | 2026 | 2025 | 2024 | Trend | 2026 Q2<br>GM<br>Ranking | 2025 Q2<br>GM<br>Ranking |
| Bramhall & Cheadle Hulme | 74%  | 70%  | 62%  | +     | 62/65                    | 62/65                    |
| Cheadle                  | 68%  | 56%  | 39%  | +     | 50/65                    | 37/65                    |
| Heatons                  | 67%  | 59%  | 50%  | +     | 46/65                    | 45/65                    |
| Stockport East and South | 82%  | 71%  | 63%  | +     | 65/65                    | 63/65                    |
| Tame Valley              | 68%  | 60%  | 57%  | +     | 52/65                    | 48/65                    |
| Victoria                 | 67%  | 64%  | 46%  | +     | 45/65                    | 54/65                    |

Q1. 68% of Stockport patients when asked ‘easy or difficult to contact GP on the phone’ describe their experience as easy (very easy or fairly easy) compared to 57% national and 63% as an ICS.

Q2. 71% of Stockport patients when asked ‘easy or difficult to contact GP via their website’ describe their experience as easy (very easy or fairly easy) compared to 58% nationally and 61% as an ICS.

\* GM order PCN’s from lowest to highest score, with ranking 1 being the lowest score and ranking 65 the highest score

# Accessing GP Services



| PCN                         | 2026 | 2025 | 2024 | Trend | 2026 Q3<br>GM<br>Ranking | 2025 Q3<br>GM<br>Ranking |
|-----------------------------|------|------|------|-------|--------------------------|--------------------------|
| Bramhall & Cheadle<br>Hulme | 70%  | 59%  | 48%  | +     | 61/65                    | 51/65                    |
| Cheadle                     | 64%  | 52%  | 38%  | +     | 50/65                    | 35/65                    |
| Heatons                     | 66%  | 52%  | 77%  | +     | 55/65                    | 33/65                    |
| Stockport East and<br>South | 82%  | 77%  | 75%  | +     | 65/65                    | 65/65                    |
| Tame Valley                 | 68%  | 64%  | 57%  | +     | 57/65                    | 63/65                    |
| Victoria                    | 63%  | 51%  | 46%  | +     | 46/65                    | 30/65                    |

Q3. 69% of Stockport patients when asked ‘easy or difficult to contact GP via NHS App’ describe their experience as easy (very easy or fairly easy) compared to 54% nationally and 58% as an ICS.

\* GM order PCN’s from lowest to highest score, with ranking 1 being the lowest score and ranking 65 the highest score

## Further Key Messages:

In relation to access, there is significant variation between Stockport GP Practices across all three types of access:

- For access via telephone, variation ranged from 45% to 98%, 7 GP practices are below the national average of 57%
- For access via website, variation ranged from 53% to 93%, 2 GP practices are below the national average of 58%
- For access via NHS App, variation ranged from 54% to 90%, 0 GP Practices are below the national average of 54%

77% of Stockport patients described their experience of contacting their GP practice as ‘good’ (very good or fairly good) compared to 73% nationally and 76% as an ICS.

| PCN                      | 2026 | 2025 | 2024 | Trend | 2026 GM Ranking | 2025 GM Ranking |
|--------------------------|------|------|------|-------|-----------------|-----------------|
| Bramhall & Cheadle Hulme | 84%  | 76%  | 76%  | +     | 57/65           | 42/65           |
| Cheadle                  | 77%  | 70%  | 66%  | +     | 37/65           | 30/65           |
| Heatons                  | 74%  | 73%  | 87%  | ~     | 23/65           | 34/65           |
| Stockport East and South | 90%  | 91%  | 89%  | ~     | 65/65           | 65/65           |
| Tame Valley              | 78%  | 80%  | 74%  | ~     | 42/65           | 54/65           |
| Victoria                 | 79%  | 79%  | 71%  | ~     | 43/65           | 58/65           |

\* GM order PCN’s from lowest to highest score, with ranking 1 being the lowest score and ranking 65 the highest score

## Further Key Messages

Whilst overall access has improved since 2024, there is a fluctuation of results between 2025 and 2026.

| <input type="checkbox"/> | Measure                             | 2024 | 2025 | 2026 |
|--------------------------|-------------------------------------|------|------|------|
|                          | Overall experience of GP practice   | 76%  | 83%  | 80%  |
|                          | Good experience contacting practice | 70%  | 78%  | 77%  |
|                          | Easy to contact by phone            | 56%  | 63%  | 66%  |
|                          | Easy to contact via website         | 48%  | 63%  | 59%  |
|                          | Easy to contact via NHS App         | 48%  | 60%  | 60%  |

## Further Key Messages

In line with results across Greater Manchester, patient confidence in clinicians remains high.

Patients continue to report very strong experiences of clinical care:

- 93% trusted the healthcare professional they saw. (England 93%, ICS 93%)
  - 93% felt professionals had the information they needed. (England 92%, ICS 93%)
  - 92% were involved in decisions about their care. (England 92%, ICS 92%)
  - 91% felt their needs were met. (England 90%, ICS 91%)
-



## Next Steps

Further analysis of the variation across access scores is needed.

As the GPPS is only one piece of the puzzle, this will need triangulating with other access data before drawing any final conclusions.

This will identify where support may be needed and whether there are opportunities to share learning between practices with similar access models but varying patient feedback levels.





# Pharmacy Services

## Overall Experience of Pharmacy Services

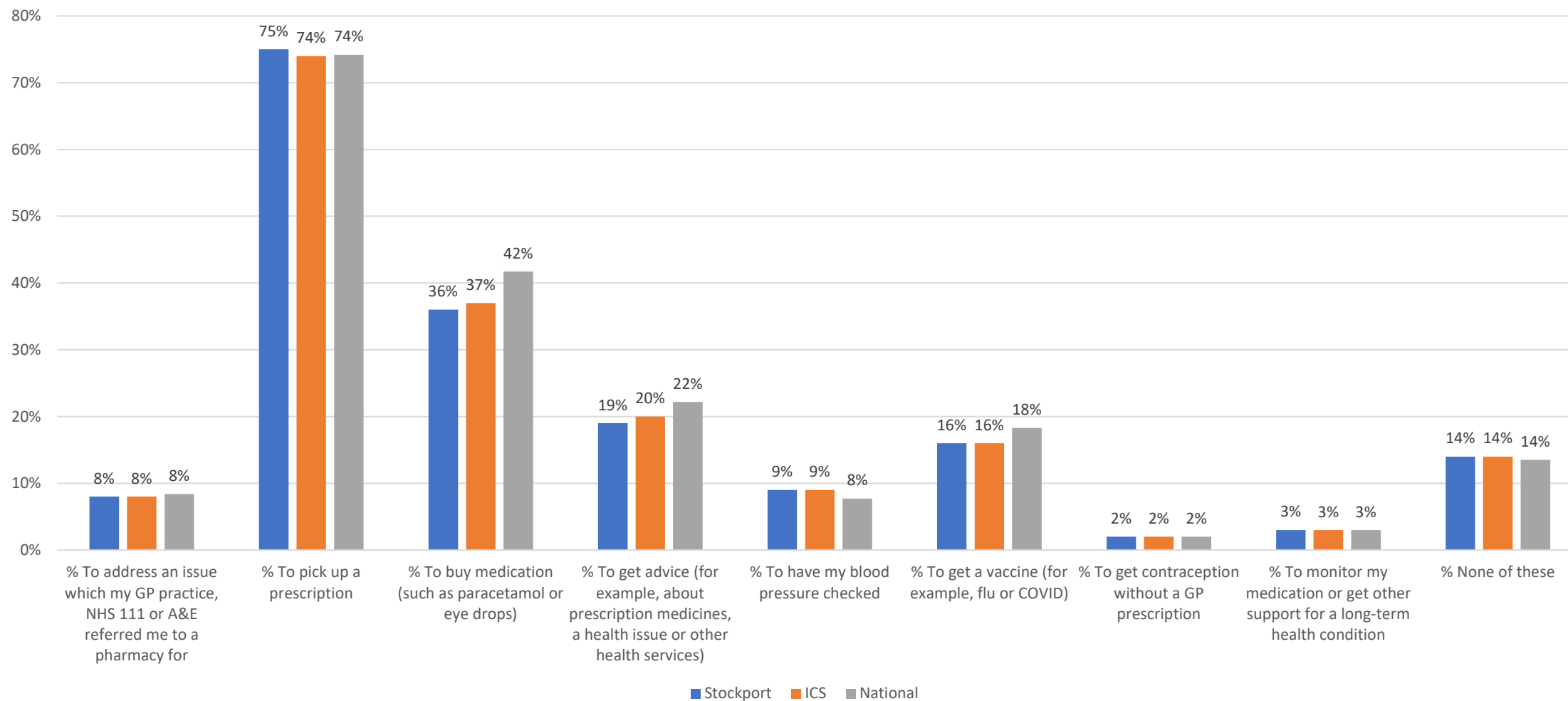
- 90% of Stockport patients described 'your experience of Pharmacy Services' as good (very good or fairly good) compared to 89% nationally and 89% as an ICS
- Only around 3% reported a poor experience.

| PCN                      | 2026 | 2025 | 2024 | Trend | 2026<br>Q48. GM<br>Ranking | 2025<br>Q48. GM<br>Ranking |
|--------------------------|------|------|------|-------|----------------------------|----------------------------|
| Bramhall & Cheadle Hulme | 89%  | 88%  | 90%  | ~     | 22/65                      | 30/65                      |
| Cheadle                  | 88%  | 89%  | 90%  | -     | 17/65                      | 40/65                      |
| Heatons                  | 89%  | 88%  | 84%  | +     | 21/65                      | 28/65                      |
| Stockport East and South | 91%  | 88%  | 89%  | +     | 45/65                      | 33/65                      |
| Tame Valley              | 89%  | 88%  | 83%  | +     | 28/65                      | 38/65                      |
| Victoria                 | 90%  | 95%  | 91%  | -     | 31/65                      | 65/65                      |

\* GM order PCN's from lowest to highest score, with ranking 1 being the lowest score and ranking 65 the highest score



## Utilisation of Pharmacy Services in the last 12 months (average)





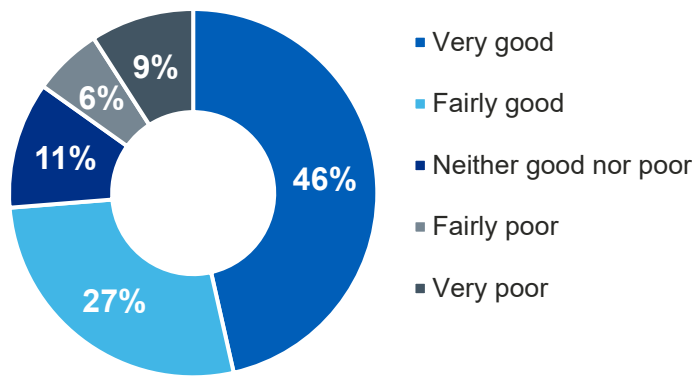
# Dental Services

# Overall experience of NHS dental services

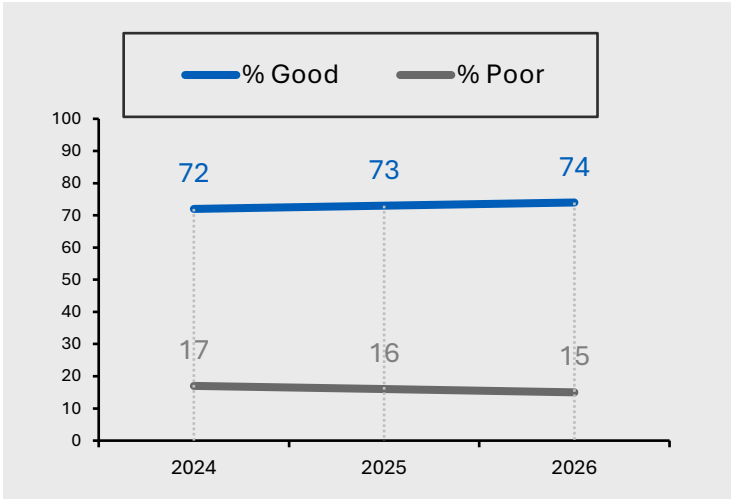
GREATER MANCHESTER INTEGRATED CARE SYSTEM

## Q52. Overall, how would you describe your experience of NHS dental services?

### ICS result



### ICS result over time



### Comparison of results

| ICS  |      | National |      |
|------|------|----------|------|
| Good | Poor | Good     | Poor |
| 74%  | 15%  | 73%      | 15%  |

Base: Asked of patients who have tried to get an NHS dental appointment in the last 2 years. National 2026 (334,849); ICS 2024 (26,526); ICS 2025 (27,056); ICS 2026 (23,814);

**i** %Good = %Very good + %Fairly good  
%Poor= %Very poor + %Fairly poor



# PCN Performance – Infographics

**Stockport**

Integrated Care Partnership



**Part of** Greater Manchester  
Integrated Care Partnership



\*\*\*

PCN name

BRAMHALL AND CHEADL... ▼

## PCN DASHBOARD

NO. OF ISSUED  
QUESTIONNAIRES

1,777

NO. OF RETURNED  
QUESTIONNAIRES

539



RESPONSE RATE

30%



ICS

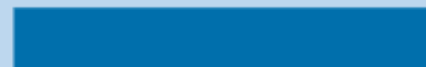
GREATER MANCHESTER  
INTEGRATED CARE SYSTEM

Q12

Knew next step in dealing with  
request after contacting GP practice

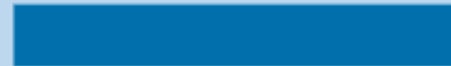
National

% Yes



84%

PCN



90%

☒ Yes

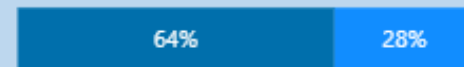
Base: National (616,950), PCN (515)

Q28

Confidence and trust in healthcare  
professional at last appointment

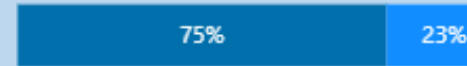
National

% Yes



93%

PCN



98%

☒ Yes, definitely
 ☒ Yes, to some extent

Base: National (621,366), PCN (515)

Q1

Ease of contacting GP practice on  
the phone

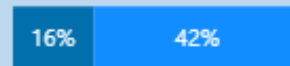
National

% Easy



57%

PCN



58%

☒ Very easy
 ☒ Fairly easy

Base: National (613,457), PCN (473)

Q16

Overall experience of contacting GP  
practice

National

% Good



73%

PCN



84%

☒ Very good
 ☒ Fairly good

Base: National (639,474), PCN (529)

Q32

Overall experience of GP  
practice

National

% Good



77%

PCN



87%

☒ Very good
 ☒ Fairly good

Base: National (651,774), PCN (538)

PCN name

CHEADLE NETWORK PCN ... ▼

## PCN DASHBOARD

NO. OF ISSUED  
QUESTIONNAIRES

1,777

NO. OF RETURNED  
QUESTIONNAIRES

489



RESPONSE RATE

28%



ICS

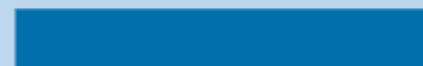
GREATER MANCHESTER  
INTEGRATED CARE SYSTEM

Q12

Knew next step in dealing with  
request after contacting GP practice

National

% Yes



84%

PCN



89%

☒ Yes

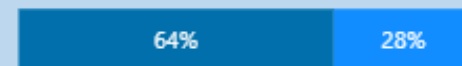
Base: National (616,950), PCN (464)

Q28

Confidence and trust in healthcare  
professional at last appointment

National

% Yes



93%

PCN



97%

☒ Yes, definitely
 ☒ Yes, to some extent

Base: National (621,366), PCN (471)

Q1

Ease of contacting GP practice on  
the phone

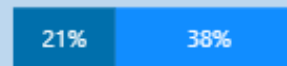
National

% Easy



57%

PCN



59%

☒ Very easy
 ☒ Fairly easy

Base: National (613,457), PCN (462)

Q16

Overall experience of contacting GP  
practice

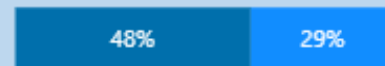
National

% Good



73%

PCN



77%

☒ Very good
 ☒ Fairly good

Base: National (639,474), PCN (483)

Q32

Overall experience of GP  
practice

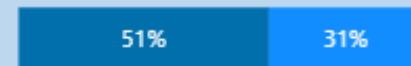
National

% Good



77%

PCN



82%

☒ Very good
 ☒ Fairly good

Base: National (651,774), PCN (486)

## PCN name

HEATONS GROUP NETWO... ▼

## PCN DASHBOARD

NO. OF ISSUED  
QUESTIONNAIRES

1,234

NO. OF RETURNED  
QUESTIONNAIRES

344



RESPONSE RATE

28%



ICS

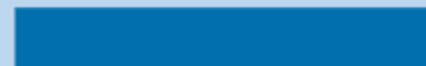
GREATER MANCHESTER  
INTEGRATED CARE SYSTEM

## Q12

Knew next step in dealing with  
request after contacting GP practice

National

% Yes



84%

PCN



86%

☒ Yes

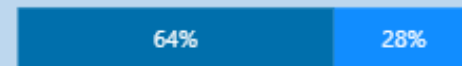
Base: National (616,950), PCN (328)

## Q28

Confidence and trust in healthcare  
professional at last appointment

National

% Yes



93%

PCN



94%

☒ Yes, definitely ☐ Yes, to some extent

Base: National (621,366), PCN (331)

## Q1

Ease of contacting GP practice on  
the phone

National

% Easy



57%

PCN



64%

☒ Very easy ☐ Fairly easy

Base: National (613,457), PCN (316)

## Q16

Overall experience of contacting GP  
practice

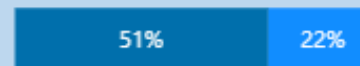
National

% Good



73%

PCN



74%

☒ Very good ☐ Fairly good

Base: National (639,474), PCN (338)

## Q32

Overall experience of GP  
practice

National

% Good



77%

PCN



80%

☒ Very good ☐ Fairly good

Base: National (651,774), PCN (342)

PCN name

STOCKPORT EAST AND SO... ▼

## PCN DASHBOARD

NO. OF ISSUED  
QUESTIONNAIRES

2.703

NO. OF RETURNED  
QUESTIONNAIRES

883



RESPONSE RATE

33%



ICS

GREATER MANCHESTER  
INTEGRATED CARE SYSTEM

Q12

Knew next step in dealing with  
request after contacting GP practice

National

% Yes



84%

PCN



93%

 Yes

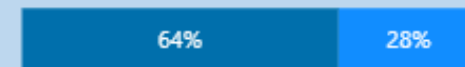
Base: National (616,950), PCN (860)

Q28

Confidence and trust in healthcare  
professional at last appointment

National

% Yes



93%

PCN



97%

 Yes, definitely  Yes, to some extent

Base: National (621,366), PCN (850)

Q1

Ease of contacting GP practice on  
the phone

National

% Easy



57%

PCN



87%

 Very easy  Fairly easy

Base: National (613,457), PCN (846)

Q16

Overall experience of contacting GP  
practice

National

% Good



73%

PCN



90%

 Very good  Fairly good

Base: National (639,474), PCN (868)

Q32

Overall experience of GP  
practice

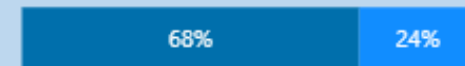
National

% Good



77%

PCN



92%

 Very good  Fairly good

Base: National (651,774), PCN (880)

PCN name

TAME VALLEY PCN [U99971] ▼

## PCN DASHBOARD

NO. OF ISSUED  
QUESTIONNAIRES

3,812

NO. OF RETURNED  
QUESTIONNAIRES

848



RESPONSE RATE

22%



ICS

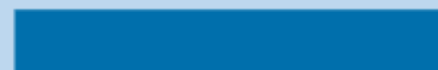
GREATER MANCHESTER  
INTEGRATED CARE SYSTEM

Q12

Knew next step in dealing with  
request after contacting GP practice

National

% Yes



84%

PCN



88%

☒ Yes

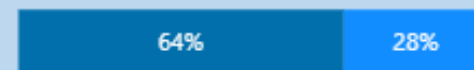
Base: National (616,950), PCN (805)

Q28

Confidence and trust in healthcare  
professional at last appointment

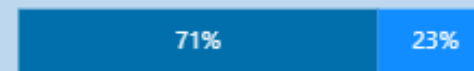
National

% Yes



93%

PCN



94%

☒ Yes, definitely ☒ Yes, to some extent

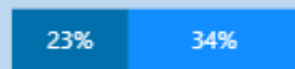
Base: National (621,366), PCN (823)

Q1

Ease of contacting GP practice on  
the phone

National

% Easy



57%

PCN



73%

☒ Very easy ☒ Fairly easy

Base: National (613,457), PCN (790)

Q16

Overall experience of contacting GP  
practice

National

% Good



73%

PCN



78%

☒ Very good ☒ Fairly good

Base: National (639,474), PCN (828)

Q32

Overall experience of GP  
practice

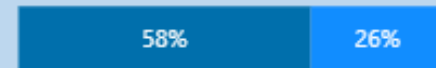
National

% Good



77%

PCN



84%

☒ Very good ☒ Fairly good

Base: National (651,774), PCN (841)

PCN name

VICTORIA PCN [U14006]

## PCN DASHBOARD

NO. OF ISSUED  
QUESTIONNAIRES

1,577

NO. OF RETURNED  
QUESTIONNAIRES

451



RESPONSE RATE

29%



ICS

GREATER MANCHESTER  
INTEGRATED CARE SYSTEM

Q12

Knew next step in dealing with  
request after contacting GP practice

National

% Yes



84%

PCN



90%

 Yes

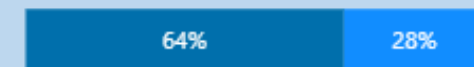
Base: National (616,950), PCN (437)

Q28

Confidence and trust in healthcare  
professional at last appointment

National

% Yes



64%

28%

93%

PCN



77%

20%

97%

 Yes, definitely  Yes, to some extent

Base: National (621,366), PCN (432)

Q1

Ease of contacting GP practice on  
the phone

National

% Easy

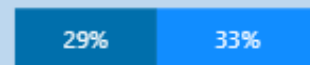


23%

34%

57%

PCN



29%

33%

61%

 Very easy  Fairly easy

Base: National (613,457), PCN (419)

Q16

Overall experience of contacting GP  
practice

National

% Good



42%

31%

73%

PCN



49%

30%

79%

 Very good  Fairly good

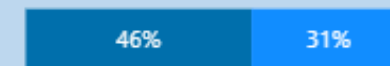
Base: National (639,474), PCN (443)

Q32

Overall experience of GP  
practice

National

% Good

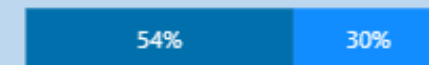


46%

31%

77%

PCN



54%

30%

84%

 Very good  Fairly good

Base: National (651,774), PCN (448)

# Stockport Age-Friendly Annual Action Plan update: Report on 2025/26 Action Plan and new 2026/27 Action Plan

|                                  |                                                                   |                        |    |
|----------------------------------|-------------------------------------------------------------------|------------------------|----|
| <b>Report To (Meeting):</b>      | ONE Stockport Health and Care Board                               |                        |    |
| <b>Report From (Board Lead)</b>  | Sarah Dillon (Executive Director of Adult Social Care and Health) |                        |    |
| <b>Report From (Author):</b>     | Judith Strobl (Consultant in Public Health)                       |                        |    |
| <b>Date:</b>                     | 30 <sup>th</sup> September 2026                                   | <b>Agenda Item No:</b> | 16 |
| <b>Previously Considered by:</b> | Stockport Age-Friendly Partnership 17 Sept 2026                   |                        |    |

## Purpose of the report:

- To update the Board on progress with the 2025/26 Action Plan;
- To share with the Board the new Action Plan for 2026/27;
- To assure the Board of continued progress with this important agenda for Stockport.

## Key points (Executive Summary):

- The multi-agency Age-Friendly Partnership continues to its vibrant quarterly forum meetings, bringing together partners from a wide range of policy areas able to influence how people can age well in Stockport.
- The 2025/26 Action Plan was developed by the Age-Friendly Partnership after wider engagement of Stockport partners and residents, and shared with the Board in September 2025. The report provides highlights of the progress with delivering the action plan across ten domains.
- The Partnership has also just developed a new action plan for 2026/27 which is also shared as part of this report.

## Recommendation:

The Board is asked to:

- **Note** the progress highlights and new forward action plan.

|                 |  |                          |  |                              |          |
|-----------------|--|--------------------------|--|------------------------------|----------|
| <b>Decision</b> |  | <b>Discuss/Direction</b> |  | <b>Information/Assurance</b> | <b>x</b> |
|-----------------|--|--------------------------|--|------------------------------|----------|

## 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 | None |

|                                           |                       |
|-------------------------------------------|-----------------------|
| <b>Consultation and Engagement:</b>       |                       |
| <b>Local People / Patient Engagement:</b> | <i>Not applicable</i> |
| <b>Workforce Engagement:</b>              | <i>Not applicable</i> |

|                                                                                                                                                                      |                                                  |     |  |    |  |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----|--|----|--|-----|--|
| <b>Potential Implications:</b>                                                                                                                                       |                                                  |     |  |    |  |     |  |
| <b>Financial Impact:</b><br>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>                                                                                                                                             | <i>Not applicable</i>                            |     |  |    |  |     |  |
| <b>Performance Impact:</b>                                                                                                                                           | <i>Not applicable</i>                            |     |  |    |  |     |  |
| <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><br>Has an equality impact assessment been completed?                                                                                  | General Statement:                               |     |  |    |  |     |  |
|                                                                                                                                                                      | If Not Applicable please explain why             | Yes |  | No |  | N/A |  |
|                                                                                                                                                                      |                                                  |     |  |    |  |     |  |
| <b>Environmental Impact:</b><br>Has an environmental impact assessment been completed?                                                                               | General Statement:                               |     |  |    |  |     |  |
|                                                                                                                                                                      | If Not Applicable please explain why             | Yes |  | No |  | N/A |  |
|                                                                                                                                                                      |                                                  |     |  |    |  |     |  |

# Age-Friendly Partnership Annual Update: 2025/26 Highlights and 2026/27 Action Plan

The multi-agency Age-Friendly Partnership continues to meet quarterly and is co-chaired by a resident with lived experience and the Executive Director of Adult Social Care and Health, including partners from a wide range of policy areas able to influence how people can age well in Stockport. This breadth of perspective and commitment is evident in the annual work programme spanning ten domains: housing, respect and inclusion, social participation, employment and civic participation, transport, communication and information, community support and health services, outdoor spaces and buildings, active ageing, and digital inclusion.

This report includes highlights from the work on each of these domains delivering the Action Plan 2025/26, as well as the new Action Plan for 2026/27 (Appendix I).

## 2025/26 Highlights

### 1. Housing

Brookhead Lodge Extra Care Scheme in Cheadle opened with 49 self-contained one- and two-bedroom social-rent flats and a 24-hour on-site care team. Twenty-three residents moved from Stockport Homes properties and seven from other registered providers, releasing high-demand homes. Three supported-living schemes for 15 people also opened, with a further five-place scheme due in September 2026 and nine schemes for 116 people in the delivery pipeline.

### 2. Respect and Inclusion

Age UK Stockport is working to challenge ageist language and promote more positive ways of describing older people. The Council launched its Integrated Impact Assessment tool which has already been used across several policy areas. Regular Age-Friendly Network meetings brought residents and professionals together around issues affecting older people, including discussion with the Bee Network about access to bus transport.

### 3. Social Participation

Live Well Neighbourhood Network meetings strengthen a shared understanding of local priorities with wider VCFSE engagement. Welcome Wednesday at the college provided monthly intergenerational activities for older residents and college students. Stockroom expanded social and cultural opportunities through Brews and Boardgames, Knit and Natter, exhibitions and co-production. The Live Well in Stockport Grant funded 37 projects. The externally funded Live Well in Later Life programme (across all Greater Manchester localities)

will focus on the Stockport areas of Lancashire Hill, Offerton, Edgeley and Mottram Street, with Skylight as delivery partner.

#### **4. Employment and Civic Participation**

In Work Progression has been widely promoted to encourage take up, including at community events, leaflets, social media and via employers. Business start-up support has been widely promoted via the Review and local partners as well as social media. The Age Friendly Employer toolkit has been promoted via the Business Bulletin to local employers. The Partnership's lived experience Partnership Co-Chair has met a number of groups over the year and fed back views expressed by those visited to the Age-Friendly Partnership.

#### **5. Transportation**

Council representatives participated in Streets for All review meetings with Transport for Greater Manchester. Cycling opportunities and the adult driving course were promoted through local channels. Transport consultations and service information are shared with contacts and networks supporting older residents.

#### **6. Communication and Information**

The International Day of Older Persons (1 October) is celebrated annually in Stockport. This year, we have a wonderful line-up of events for residents by a range of partner organisations. We have also promoted falls-prevention through wide distribution of STEADY posters, and leaflets through GP practices, pharmacies, Stockport Homes, libraries, partners and neighbourhood teams, extending reach beyond digital channels. Age-friendly webpages and event listings were updated.

#### **7. Community Support and Health Services**

The Live Well Independently Stockport Suite opened in June, allowing residents, carers and professionals to explore equipment, adaptations and technology-enabled care. A dementia crisis pathway was agreed, an Offerton dementia hub trial was established and the use of the Global Deterioration Scale was added to GP contracts. Between April 2025 and February 2026, GPs completed 2,400 personalised care plans for residents aged 75+ following a fall or fracture, and around 10,000 residents had a recorded Rockwood frailty score. Stockport joined the National Neighbourhood Health Implementation Programme, with frailty as its focus, and established a single point of access for urgent community care.

#### **8. Outdoor Spaces and Buildings**

The Live Well in Later Life programme will engage with older people to identify their priorities; the programme is engaging with the wider Live Well programme so learning and impact can be shared. The Green Space Strategy progressed through scrutiny and consultation. The council works closely with emergency services and other agencies to improve feelings of safety.

## **9. Active Ageing**

Live Well neighbourhood offers grew through Active Pathways, Place Partner and the Active Communities Implementation Plan, including community-led developments. Examples include SMILE, walking football, confidence walks and active-care-home initiatives.

Participation by people aged 75+ using facilities increased from 2,573 to 3,282 during 2025/26, a 28% rise. The proportion of PARiS or falls-prevention participants aged over 65 increased from 37% to 39%. The Move Well Studio opened and supported around 100 adults with lower mobility or deconditioning.

## **10. Digital Inclusion**

Weekly digital skills drop-in support sessions continue to be delivered across Stockport.

Hosted 12 lunch and learns for digital champions attracting 248 people to upskill in topics such as how to signpost to services, Virtual House and Trips and Falls. 53 volunteers aged over 55 were recruited and trained. Direct health resources and wider health determinant resources have been created, including NHS App guides, health apps, accessibility features, video calling, safety and wellbeing, and keeping safe in adverse weather. The Age UK Stockport Digital Hub continues to provide free digital inclusion support, including one-to-one help with smartphones, tablets, laptops and online services, helping people stay connected, access essential services and improve their digital skills. In collaboration with Adult Social Care Independent Living Suite, Starting Point are working with Digital Champion Volunteers to test everyday technology and how it can play a part in supporting people to remain independent.

## Appendix I - 2026/27 Action Plan

| Section heading              | Priorities for 2026/27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lead team / organisation                                                                                                                                          |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Housing</b>               | <ul style="list-style-type: none"> <li>• Develop further Extra Care scheme to provide 109 self-contained flats, some of which having special design features to accommodate customers living with dementia. Design incorporates 2-bedroom flats in the area set aside to better meet the needs of those living with dementia to accommodate couples who might otherwise have to live separately with one of them moving to a care home. Communal facilities will include a bistro, hairdressers and pamper suite.</li> <li>• Consultation on next version of Local Plan and submission of plan to government to take place before the end of 2026. Examination in Public to take place in 2027. Anticipated adoption of plan late-27/early-28.</li> <li>• Learning disability and autism scheme being worked up, with independent flats and some shared accommodation with communal facilities and a 24/7 onsite care team.</li> </ul> | <ul style="list-style-type: none"> <li>• Housing Development and Regeneration</li> <li>• Planning Team</li> <li>• Housing Development and Regeneration</li> </ul> |
| <b>Respect and Inclusion</b> | <ul style="list-style-type: none"> <li>• Ongoing plan of action to promote age-friendly employer pledge to be updated and shared.</li> <li>• We have further meetings planned to explore additional ways of engaging with older residents. We also aim to broaden and diversify our membership, and will be looking at how to encourage more residents from a wide range of backgrounds to take part in our age-friendly activities.</li> <li>• Broader and more diverse engagement of older residents in decision-making through the Live Well in Later Life programme and by extension the wider Stockport Live Well programme.</li> </ul>                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Age UK Stockport</li> <li>• Age UK Stockport</li> <li>• Stockport Homes Group / Live Well SROs</li> </ul>                |

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Social Participation</b>               | <ul style="list-style-type: none"> <li>• Expand intergenerational engagement opportunities by increasing the number of sessions and exploring additional themes such as digital skills, arts and culture, local history, and wellbeing.</li> <li>• Strengthen partnerships with local colleges to embed intergenerational work into curriculum areas such as health and social care, hospitality, digital media, and community development.</li> <li>• Increase participation from diverse older residents by working with community groups, neighbourhood teams, and local organisations to promote the programme more widely.</li> <li>• Develop a shared evaluation framework to capture the impact on both students and older residents, ensuring the programme continues to evolve based on feedback.</li> <li>• Explore new intergenerational models, including project-based collaborations, volunteering opportunities, and community events that bring different age groups together.</li> <li>• Seek evaluation and review and improve offer in line with feedback.</li> <li>• Development of volunteer programme for those who wish to engage more deeply with Stockroom on a regular basis.</li> <li>• Introduction of new weekly and monthly offer e.g. Gardening group, more creative reading and writing groups.</li> <li>• Strawberry Studios Sounds exhibition programme (Stockroom, Stockport Museum and Stockport War Memorial Art Gallery). A look back at the musical heritage of Stockport's famous Strawberry Studios and a new look into the global journey of the music that was made there and how it has influences new genres.</li> <li>• Prepare funding round to use Live Well in Later Life micro-grant funding.</li> <li>• Develop and deliver local Live Well in Later Life programme and models for more active role in decision-making by older residents.</li> </ul> | <ul style="list-style-type: none"> <li>• Age UK Stockport and partners</li> <li>• Age UK Stockport and partners</li> <li>• Age UK Stockport and partners</li> <li>• Age UK Stockport and partners</li> <li>• Age UK Stockport and partners</li> <li>• Culture team</li> <li>• Stockroom</li> <li>• Culture team</li> <li>• Neighbourhood team/Public health</li> <li>• SKylight (SHG)</li> </ul> |
| <b>Employment and Civic Participation</b> | <ul style="list-style-type: none"> <li>• Develop engagement activities with Age UK Stockport, including to promote the role of the Work &amp; Skills Navigators as streamlined single</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>• Economy, Work, Skills team / Age UK Stockport</li> </ul>                                                                                                                                                                                                                                                                                                |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | <p>point of access to work and skills support (work and skills triage to access appropriate support services for needs).</p> <ul style="list-style-type: none"> <li>• Further promotion in the Business Bulletin as part of the Fair &amp; Inclusive theme.</li> <li>• Actively promote the WorkWell offer through Age UK, including identifying opportunities for informal promotion in community settings. Will also actively promote WorkWell via Primary Care and Secondary Care settings.</li> <li>• Live Well in Later Life programme will promote engagement of older residents.</li> </ul>                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Economy, Work, Skills team</li> <li>• Economy, Work, Skills team / Age UK Stockport</li> <li>• Economy, Work, Skills team</li> </ul> |
| <b>Transportation</b>                | <ul style="list-style-type: none"> <li>• Officers – especially where new staff are in post – to be offered training in SFA when possible.</li> <li>• Cycling opportunities in GM to continue to be promoted and explore opportunities to include in activation offer for specific schemes.</li> <li>• Driving course and similar schemes to be promoted as available through council channels.</li> <li>• Continue 2025/26 activity in 2026/27.</li> </ul>                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Highways Team</li> <li>• Highways Team</li> <li>• Highways Team</li> <li>• Highways Team</li> </ul>                                  |
| <b>Communication and Information</b> | <ul style="list-style-type: none"> <li>• Working with ASC team on launch of new independent living centre – also linked in with GMCA on wider messaging. Plan TBC.</li> <li>• Develop a follow-up news article and short case study this summer spotlighting the Fall Heroes intergenerational session in Woodley, bringing together local older residents and young people for a strength-based exercise activity.</li> <li>• Continue annual programme of promotion covering age friendly celebrations such as International Day of Older People, and fall prevention week, as well as key public health messaging around vaccinations and screenings.</li> <li>• Continue this work and use the neighbourhood groups and partners for feedback on range of channels and research in this area.</li> </ul> | <ul style="list-style-type: none"> <li>• Comms Team</li> <li>• Comms Team</li> <li>• Comms Team</li> <li>• Comms Team</li> </ul>                                              |

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              | <ul style="list-style-type: none"> <li>• For Stay Steady working with Adult Social Care to include info and resources in the new Independent Living Hub, trialling a new Stay Steady notice board at Newlands Care Home, widening distribution of information to district nurses.</li> <li>• Work with comms team and Live Well team to continually improve the links to Live Well and One Stockport.</li> <li>• To continue with these partnerships and use our internal communications channels.</li> <li>• Continue with annual comms plan that fits with Live Well for age friendly promotion including active ageing.</li> </ul>                              | <ul style="list-style-type: none"> <li>• Comms Team</li> <li>• Comms Team</li> <li>• Comms Team</li> <li>• Comms Team</li> </ul>                                                                                                  |
| <b>Community Support and Health Services</b> | <ul style="list-style-type: none"> <li>• Develop a Dementia Plan for Stockport, including work on developing dementia hub, dementia training.</li> <li>• Address outlier care homes with high hospital activity.</li> <li>• Further embed proactive frailty identification and personalised care planning across system.</li> <li>• Strengthen coordination between system partners to support development of neighbourhood teams and standardised care planning processes that can be utilised across the borough.</li> <li>• Develop shared approaches to data, outcomes, and evaluation to better demonstrate impact for people living with frailty.</li> </ul> | <ul style="list-style-type: none"> <li>• NHS Integrated Care Board</li> <li>• NHS Integrated Care Board</li> <li>• NHS Integrated Care Board</li> <li>• NHS Integrated Care Board</li> <li>• NHS Integrated Care Board</li> </ul> |
| <b>Active Ageing</b>                         | <ul style="list-style-type: none"> <li>• Continue growth of Live Well neighbourhood offer.</li> <li>• Focus will remain on addressing a persistent gap in inactivity levels for adults with a limiting illness.</li> <li>• For Stay Steady working with ASC to include info and resources in the new Independent Living Hub, trialling a new Stay Steady notice board at Newlands Care Home, widening distribution of information to district nurses.</li> <li>• Continue with annual comms plan that fits with Live Well for age friendly promotion including active ageing.</li> </ul>                                                                           | <ul style="list-style-type: none"> <li>• Active Communities Implementation Partnership</li> </ul>                                                                                                                                 |

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|                          | <ul style="list-style-type: none"> <li>• Age UK Stockport working with life leisure on active ageing pathways and developing more ways to promote falls prevention.</li> <li>• Continue to promote population wide, the benefits of strength and balance activities to older adults through sustained marketing campaigns.</li> <li>• Expand the confidence community gym sessions especially in areas of deprivation.</li> <li>• Continue the upskilling of the workforce to feel more confident working with older adults and prescribing strength and balance type activities for those who require less specialist support.</li> </ul>                                                                                                                                                                                                                                                                                                                                                     |                                                                  |
| <b>Digital Inclusion</b> | <ul style="list-style-type: none"> <li>• Continue universal offer delivery of neighbourhood based digital drop-in sessions including support to get online, access to data and devices.</li> <li>• Continue delivery of learning sessions.</li> <li>• Continue deliver the Digiknow Telephone Helpline</li> <li>• Continued deliver of advice guides for Digital Champions and Digital Friends based on identified areas of need.</li> <li>• Offer training for front line staff including the new Independent living hub staff as digital friends so they can signpost into the service and understand the full offer, and identify other partners to train as digital friends.</li> <li>• Develop a Digital Champions within the Independent Living Hub with a special focus on everyday tech being used to support independence.</li> <li>• Continue Digital Champion monthly lunch and learn sessions which will include supporting older people with the cost of being online.</li> </ul> | <ul style="list-style-type: none"> <li>• Digital team</li> </ul> |

September 2026

## New crisis resolution home treatment service

### GP information

As part of improvements to our adult mental health crisis services, we've invested £4m into developing a new crisis resolution home treatment service in each of our five boroughs.

Important information:

- **GPs can refer directly** to the service.
- Direct referrals are accepted from all other professionals, **reducing unnecessary appointments and freeing up your time.**
- The service is for **people experiencing a mental health crisis only**. For those with less urgent needs, **please continue to refer to other appropriate services** e.g. neighbourhood mental health team.
- If the patient is **already receiving care from another mental health team** and it's within working hours, please contact them in the first instance (if known).

### About the new service

**On Monday 28 September**, a new crisis resolution home treatment service will launch in:

- Bury
- Heywood, Middleton and Rochdale
- Oldham
- Stockport

The service in Tameside and Glossop will launch in a few weeks, to allow recruitment to be finalised. In the interim, referrals to the Tameside and Glossop home treatment team will continue as normal.

The new services build on our current home treatment teams, bringing assessment, treatment and support together into one consistent, easy and quick service **for people aged 18-65 (day before 65<sup>th</sup> birthday) experiencing a mental health crisis**. This could include:

- Self-harm, active suicidal thoughts, significant emotional distress, behavioural disturbance, or other indicators of an escalating mental health crisis which are not longstanding.
- Rapid deterioration in their mental health, and wellbeing associated with factors such as:
  - Breakdown or loss of support systems.
  - Abuse, exploitation, or safeguarding concerns.

- Acute interpersonal or environmental stressors.

**Available 24 hours a day, 7 days a week**, the service will:

- Quickly assess people experiencing a mental health crisis.
- Offer rapid face-to-face assessments for people who meet the criteria:
  - Very urgent: 4-hour response
  - Urgent: 24-hour response
- Provide intensive support at home or in the community, to help people avoid a hospital admission.
- Support people until their crisis has improved, then help them move on to another appropriate service, where needed.
- Help people leave hospital sooner by providing ongoing intensive support and risk management at home.
- Work closely with GPs, mental health services, emergency services colleagues, voluntary, community and social enterprise (VCSE) organisations and other local partners to provide joined-up care.

### How to refer

Full details are provided in the [attached referral guide](#), which you can save or print.

In summary:

- Before referring to us, please **assess the patient** (face-to-face or via phone by exception) using the referral guidance above.
- **All referrals must be made via phone.** This allows the practitioner to discuss and understand the patient's needs and what support is most appropriate.
- Where clinically appropriate, **the patient should remain available during triage** to provide additional information, agree appointment arrangements, and explore alternative support options identified during the discussion.
- **Up to date patient contact details** are vital.

### Service contact numbers

From Monday 28 September:

- **Bury:** 0161 716 1066 / 07517 576 478
- **Rochdale borough:** 01706 676 161 / 07912 454 807
- **Oldham:** 0161 716 2220 // 07517 581 408
- **Stockport:** 0161 716 5825 / 07912 454 308
- **Tameside and Glossop:** to follow

# On Your Doorstep: Celebrating Later Life

## 28 September – 5 October 2026

Bringing generations together across Stockport

Join us for a week of activities celebrating later life, community connections and shared experiences across Stockport.

### Highlights include:

- Stockroom Silver Sunday celebration
- Celebration at the Stockport War Memorial Art Gallery
- Free admission for over 60s in Stockport's museums
- Music, movement, crafts and wellbeing activities



Whether you're spending time with family, catching up with friends or trying something new, there's something for everyone to enjoy.

Discover what's happening  
on your doorstep.



**STOCKPORT**  
**LIVE WELL**

# What's On

**Most activities are free and open to all.**

| Date       | Event                                                                                                                                      | Venue                                                                                                                                                                      | Time                                                            |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Mon 28 Sep | Coffee, cake, trip down memory lane, and meet therapy dog Chester                                                                          | Bredbury Library, George Lane Bredbury, Stockport SK6 1DJ                                                                                                                  | 1:30pm to 3:30pm                                                |
| Tue 29 Sep | Open Morning                                                                                                                               | Live Well Independently in Stockport Suite Fred Perry House, SK1 3UR                                                                                                       | 10am - 12 noon                                                  |
| Wed 30 Sep | Open Afternoon                                                                                                                             | Live Well Independently in Stockport Suite Fred Perry House, SK1 3UR                                                                                                       | 2.30pm - 4.30pm                                                 |
| Wed 30 Sep | Afternoon Tea and Memories of Old Stockport                                                                                                | Queens Gardens, Cheadle, SK8 2BE                                                                                                                                           | 1pm - 3pm                                                       |
| Thu 1 Oct  | Coffee Morning                                                                                                                             | Mottram Community Centre, Mottram Towers, SK1 3NX                                                                                                                          | 10:30am - 12:30pm                                               |
| Thu 1 Oct  | Celebration at the Stockport War Memorial Art Gallery, with buffet, crafts, chats                                                          | Before the celebrations, you are invited to join a short walk to the Art Gallery; walks start from either Mottram Towers or the Age UK Stockport Hub in Edgeley            | Walks start at 11am; Celebrations at the Art Gallery: 11:30-1pm |
| Thu 1 Oct  | Let's Groove 70s Silent Disco                                                                                                              | Hazel Grove Library                                                                                                                                                        | 3:30pm - 5:30pm                                                 |
| Fri 2 Oct  | Coffee Morning with Quiz                                                                                                                   | Birch Court, Marple                                                                                                                                                        | 10am - 12 noon                                                  |
| Sun 4 Oct  | Stockroom Silver Sunday celebration includes: Northern Soul with Home Run Soul Club, a Stockport Heritage walk and seated exercise session | Stockroom, Merseyway Shopping Centre, SK1 1PW                                                                                                                              | 11am - 4pm<br>Walk 1pm - 2pm<br>Exercise session 2:30pm         |
| Sun 4 Oct  | Free Admission to Stockport's museums is available for people aged 60 and over.                                                            | Museums taking part:<br>Stockport Air Raid Shelters, 65 Chestergate, SK1 1NP<br>Bramall Hall, Hall Road, Bramhall, SK7 3NX<br>Staircase House, 30/31 Market Place, SK1 1ES | 11am - 3pm                                                      |
| Mon 5 Oct  | Silver Sunday Coffee Afternoon, Bingo and Quiz                                                                                             | Brookhead Lodge, Cheadle, SK8 2AS                                                                                                                                          | 1pm - 3pm                                                       |

**For full event details and the latest updates,  
scan the QR code or visit [www.stockport.gov.uk/idop](http://www.stockport.gov.uk/idop)**



4 September 2026

Chris McLoughlin OBE, Director of Children's Services, Stockport Metropolitan Borough Council

Professor Colin Scales, Acting Chief Executive, NHS Greater Manchester

Philippa Johnson, Place Partnership Director, Stockport, NHS Greater Manchester

Sir Stephen Watson QPM, Chief Constable, Greater Manchester Police

Natalie Dalby, Detective Chief Superintendent and District Commander, Greater Manchester Police

Kate Green, Deputy Mayor, Greater Manchester Police and Crime Commissioner

Nikki Pettitt, Independent Scrutineer

Dear Stockport Local Safeguarding Partnership

### **Joint targeted area inspection of Stockport**

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency identification and response to initial need and risk in Stockport Metropolitan Borough Council.

This inspection took place from 13 July to 17 July 2026. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

### **Headline findings**

Leaders have developed strong, mature partnerships, with services working closely together and most children and families benefiting from an effective integrated multi-agency response. Family help within family hubs has brought together multi-agency teams who work well across universal and targeted services. Leaders understand local strengths and areas for improvement and are committed to a learning culture.

The partnership understands that there is more to do to secure a consistent response to initial need and risk for children in Stockport. Some staff misunderstand when to share information with partner agencies. They are insufficiently focused on children's needs and overemphasise the wishes and engagement of parents. As a result, for a small number of children, opportunities are missed for agencies to share information at the earliest opportunity to help support families and prevent risks from escalating. Information concerning families' ethnicity is mostly available from referrals. However, this information is not consistently explored during assessments in the depth needed to allow practitioners to fully understand families' culture and heritage.

The partnership is aware that more work is needed to ensure that all agencies are routinely informed and included in decisions about the next steps required to help and protect children and families. A partnership improvement plan is in place, based

on an accurate self-assessment and informed by the findings of an external peer review. Leaders fully accept the findings of this inspection and have acted swiftly to strengthen support for children and families in the areas identified by inspectors for improvement.

### **What needs to improve?**

- The quality and consistency of information-sharing across agencies, to ensure that there is no delay in information-sharing in order to safeguard and promote the welfare of children.
- The timeliness of visits to a small number of children so that risks are responded to swiftly and mitigated with effective safety planning in place.
- Children's consistent access to child protection and specialist sexual harm medicals when required, and the consistent recording of the rationale for decisions about child protection and sexual assault medicals taking place.
- The strength of the multi-agency evaluation and response to children living in neglectful circumstances when risks are escalating, ensuring that sufficient weight is given to historical, recurring patterns of cumulative harm, rather than isolated incidents.

### **Strengths**

- A mature and embedded partnership that works together well. Partner agencies share a strong commitment to respond and plan for children's needs effectively. They are embedding government reforms, including the Families First Partnership programme.
- An open learning culture that responds to external feedback and helps practitioners to develop expertise and knowledge through a strong multi-agency training offer, including training from the Centre of Expertise in Child Sexual Abuse.
- The co-location of agencies in the Multi-Agency Safeguarding and Support Hub (MASSH) facilitates cohesive partnership working and timely responses that meet children's needs.
- Foster carers work well with other professionals, taking time to ensure that children settle in their care, so they do not spend time in police stations when police protective powers are in place.
- Commissioned services work cooperatively with agencies to ensure that effective plans are in place to understand and mitigate risks to children at the earliest opportunity.

- The partnership works well together in proactively using the Domestic Violence Disclosure Scheme (DVDS) to protect children swiftly. Domestic Abuse Protection Orders are also proactively used, with information-sharing taking place at multi-agency risk assessment conferences, reducing risks to victims and children.
- The MASSH responds to children in their own right and ensures they have early access to therapeutic intervention to support their recovery from trauma.
- Operation Encompass, a scheme that ensures that school staff are informed when police respond to concerns about domestic abuse, benefits from the strategic oversight of the partnership, and agencies are working together to improve how it is used.

## Main findings

Stockport children's services host a multi-agency safeguarding and support hub (MASSH). Dedicated health, police and social work personnel who are co-located in the MASSH provide information for risk assessments that helps professionals to understand and respond to children's circumstances. Initial contact information provided by agencies is informed by a good understanding of the Stockport partnership's threshold criteria. The recently updated contact process is reaping dividends, so that most children benefit from good-quality referral information that is provided to the MASSH at the right time and level. However, the partnership recognises there is more to do to ensure that historical information is consistently shared and to augment the focus on the child's experience.

While agencies make appropriate and timely referrals to children's social care, they do not consistently receive feedback about what has happened and about children's progress. In most children's cases, practitioners in the MASSH swiftly gather sufficient information to inform the manager's decision-making and oversight about what needs to happen next. Police information is processed by the District Safeguarding Team in a timely way. In a small number of children's cases, MASSH decisions do not ensure that the child's needs are responded to at the first and earliest opportunity. For these children, gaps in recognising cumulative and escalating concerns mean that, together, agencies do not update risk assessments and mitigate risks to children quickly enough. Police systems do not consistently use markers on children's records to help identify risks and vulnerabilities, which impedes risk assessment and information-sharing.

Practitioners seek to involve and sensitively engage parents at the earliest opportunity to discuss concerns when appropriate to do so, and this approach is well embedded.

While the child's voice features in some agencies' referral information, children's experience of family life is not always given enough weight to inform next steps.

When education partners refer into the MASSH, they articulate children's voices very well. The health representative co-located in the MASSH can access most health systems and get relevant health data, although cover arrangements are inconsistent when this sole representative is not available.

Some professionals lack understanding about when to share information and about the need for parental 'consent'. This means that, for some children, information-sharing does not consistently take place when it is necessary. For example, health visitors and education providers are not always informed when there are concerns about children they are in contact with.

Health visitors, midwives and early help staff in the family hubs provide a comprehensive range of practical interventions on site, in the community and in family homes. They communicate well, coordinate interventions and work in partnership to ensure services respond to the voice of children and to families' identified needs. This strong, integrated approach, incorporating regular and timely team around the child meetings, enables children and families to access appropriate support at universal and targeted levels, including children who have a social worker. A nursery further enhances the parenting offer for families.

There is effective and consistent handover between day services and out-of-hours (OOH) social workers. Children's care plans are available for the OOH team to follow up, helping OOH staff better respond to children's emergency needs, for example by providing advice about children's educational or health needs and aids to support communication. Police and social workers work quickly and effectively together, responding jointly to address children's needs very well. Foster carers work well with other professionals, taking time to ensure that children settle in their care, so they do not spend time in police stations when police protection powers are in place.

The limited number of personnel who can access police national computer and police national database (PND) records means that information from these sources does not consistently inform understanding of risks and cumulative harm. Most strategy meetings are convened swiftly and provide an effective multi-agency forum for information-sharing to understand and mitigate risks to children. Incomplete information-sharing affects a small number of strategy meetings, weakening decisions about what needs to happen next for the children involved. Positively, police leaders acted swiftly during the inspection to create opportunities to improve access for district safeguarding teams to PND records, to facilitate better and more timely information-sharing. For a small number of children, child protection medicals or specialist sexual abuse medical advice are not consistently sought. Strategy meeting minutes are not consistently shared with partners, so that a single record of next steps is not always available.

When domestic abuse is a concern, children are rightly seen as victims in their own right. A strong and extensive offer supports children of all ages to understand their

experiences and helps to heal their traumatic childhood domestic abuse experiences. A specialist domestic abuse hub (COMPASS) offers exceptional professional intervention that promptly alleviates trauma and provides an effective whole-family response to domestic abuse, including therapeutic support for children and adult victims and work programmes for adults who exhibit harmful behaviours. The COMPASS hub and the police work with other agencies to ensure that effective safety planning is in place, using Domestic Abuse Protection Orders, sharing information at multi-agency risk assessment conferences and galvanising support from Independent Domestic Violence Advisers (IDVAs). However, hospital staff do not have access to specialist IDVA advice.

The partnership uses the DVDS, also known as Clare's Law. Clare's Law allows individuals to ask the police (right to ask) or to be proactively informed (right to know) about a partner's history of abusive behaviour to help protect them and their children from domestic abuse. The police are proactive in identifying 'right to know' opportunities from their review of all domestic abuse referrals. They work effectively with partners and complete timely disclosures according to risk.

Most children are visited quickly by social workers, who seek children's views and swiftly make plans to mitigate risks to children. Children's needs are assessed through prompt multi-agency investigations. However, recommendations for strategy discussions to consider the need for Section 47 enquiries and child protection conferences are not consistently informed by enough consultation with other agencies. On occasion, children's needs are not progressed with multi-agency conference discussion, but rather with social care leaders making single-agency decisions about what needs to happen. The rationale for these decisions is sometimes about working with the agreement of the family rather than considering the child's experience of neglect and emotional harm. For this small number of children, insufficient weight is given to a history of non-cooperation and the withdrawal of parental agreement, and incident-based social work analysis does not evaluate cumulative concerns. Also, police are not routinely sharing decisions not to continue a criminal investigation.

Social workers consider children and families' need for specialist services at the earliest opportunity, drawing on a good range of helpful local community and voluntary services. A holistic approach to therapeutic help for all members of the family is well embedded, including accessible support from drug and alcohol services. Practitioners from individual agencies know families well. However, detailed information about diversity and cultural heritage is not consistently collated and reflected in assessment records. This is an area the partnership has prioritised, so that culturally sensitive practice can be embedded, and a better understanding of family functioning can inform the response to children's cultural needs.

The complex safeguarding team comprises specialist police officers and other staff who work in an integrated multi-agency team, known as Aspire. Together, these

professionals provide a well-coordinated multi-agency response to children who are experiencing criminal and sexual exploitation. Practitioners in the Aspire team have a strong understanding of child exploitation risks. They consider children's peer relationships carefully, holding complex strategy meetings when there is more than one child at risk. Practice is based on a good understanding of children's needs, the risks they face and strengths within their immediate and wider family networks. Practitioners help children and families to get the help they need, considering their background, identity and any barriers to accessing support. Children develop trusting relationships with experienced social workers and support staff who understand and respond to complex abuse. The team is aware of the national referral mechanism and makes appropriate referrals. Professionals demonstrate appropriate curiosity and explore risk with children in a way that is both sensitive and transparent. This enables them to identify and respond to initial need and risk. The voice of the child is central to these relationships.

A daily meeting, that includes school nursing and specialist local authority practitioners, considers exploitation risks when vulnerable children go missing from home and for children who have come to the notice of the police. While school nurses attend to consider the child's health needs, they do not have capacity to provide direct follow-up support. The lack of an education representative also means that there is insufficient focus on the child's development and educational attainment.

The implementation of the Philomena protocol, a scheme to ensure agencies share information when children go missing, is mostly helping the team find missing children more quickly. However, police do not systematically notify the local authority when children first go missing.

Detailed intelligence about children, for example from 'stop and search' incidents and about predatory adults, is supplemented with strong mapping arrangements that help professionals consider risks across local authority borders. Information-sharing with local authority licensing and community safety partners supports effective disruption activities that reduce risks to children and create safer community spaces.

There is no uniform method to help health professionals to identify child exploitation concerns. Leaders recognise this gap, and a uniform toolkit is being developed across Greater Manchester. Some vulnerable children do not receive the early response needed to mitigate harm before risks escalate. Although its work is generally effective, the Aspire team's limited capacity means it can only work with those children already at high risk of harm outside the family.

Education providers in Stockport work effectively with local partners to make sure that children get the support they need. Schools have effective systems to identify children who need help and protection. School staff make timely, good-quality

referrals to early help services or to children's social care, so that most children's needs are responded to promptly and at the right level.

Delays may occur in a small number of children's cases, when social care practitioners do not concur with schools' assessment of increasing risk, when vulnerability is coupled with decreasing attendance or the child is potentially going missing from education. An important safeguard here is that strong relationships with education leaders provide good opportunities for escalation. When escalation takes place, children's referrals are progressed and action is taken to mitigate harm and community risks.

Schools understand the impact of poverty on children, and they skilfully differentiate children's experience of poverty from risks related to experience of living in a neglectful environment. Schools take steps to reduce the impact of poverty, providing practical help to families and financial support with vouchers and access to the food bank.

Schools are a key partner in the response to children's experiences of domestic abuse. Operation Encompass is valued by school staff, who understand its purpose and work closely with police officers. Police strive to improve the quality and reliability of the Operation Encompass response. Schools note that the voice of the child does not always feature in the notification if they did not witness the incident directly. The designated police lead for Operation Encompass leads multi-agency meetings with representatives across Greater Manchester, including Stockport, to embed further good-quality responses to Operation Encompass.

The multi-agency safeguarding arrangements have cultivated a strong training offer, firmly embracing a culture of continuous learning and whole-system development. The training offer equips agencies with practice knowledge to better understand children's needs and experiences across a wide range of issues. This includes growing understanding of the prevalence of child sexual abuse, the implications of neglect and the response to bruising in non-mobile babies. Safeguarding knowledge gained through mandatory safeguarding training is further strengthened by multi-agency learning circles, learning from child safeguarding practice reviews and the offer of child sexual abuse training from the Centre of Excellence.

Stockport's multi-agency safeguarding arrangements are mature, well developed and ambitious for children and families. Agencies provide appropriate professional challenge. They have developed a good understanding of MASSH thresholds and respond effectively to meet children's needs and respond to risk of harm at the right level of intervention. However, for a small number of children, decision-making can present as a barrier to information-sharing and to the acceptance of referrals when agencies have appropriately identified children's needs. Agencies are aware of the escalation policy, and informal routes are used effectively to address most issues of

professional disagreement. Leaders have oversight of formal escalations and use them to identify themes and trends in practice. This openness to learning assists the partnership in its desire to continuously and ambitiously deliver improvements to children's circumstances.

The partnership undertakes thorough audits that help agencies to consider children and families' needs and identify areas of learning and development. Audits are supplemented with performance management information that helps agencies, for example, to better understand and respond to risks for children who go missing and/or are being exploited or groomed into criminal gangs.

The independent scrutineer adds an effective layer of professional curiosity and insight that informs the partnership's self-assessment and strengthens the response to areas for development. The partnership's engagement in the relational systemic practice model helps agencies to reflect and consider their interventions with families, a key part of strengthening the child protection response. The partnership is taking steps to ensure that parental agreement and engagement do not override the focus on meeting children's needs and the assessment of and response to risks. This includes agencies undertaking safeguarding supervision and strong oversight of referrals from CAMHS.

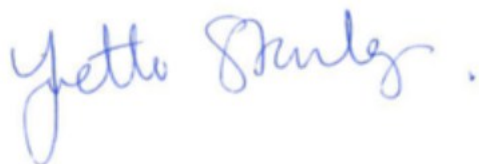
The partnership is planning the implementation of the government's Families First Partnership reforms, to deliver earlier help to families and strengthen multi-agency working. Currently, the partnership offers early help services, and when children's needs indicate, they are 'stepped up' to statutory services. The foundations are in place to allow for a more seamless continuum of family help, with alternatively qualified practitioners working alongside social workers to provide a consistent response to children's needs. Independent expertise is offered by the multi-agency child protection team chairs, whose role has a positive impact on the quality of strategy meetings and decision-making for children.

## **Next steps**

We have determined that the chair of Stockport's safeguarding partnership is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

The chair should send the written statement of action to [ProtectionOfChildren@ofsted.gov.uk](mailto:ProtectionOfChildren@ofsted.gov.uk) by 11 December 2026. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely



**Yvette Stanley**

**National Director Regulation and Social Care, Ofsted**



**Professor Bola Owolabi CBE**

**Chief Inspector of Primary Care and Community Services, CQC**



**Kathryn Stone OBE**

**His Majesty's Inspector of Constabulary**

**His Majesty's Inspector of Fire & Rescue Services**