

Report

22 December 2017

Stockport Together Independent Consultation Analysis

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1 EXECUTIVE SUMMARY

Findings in Brief

1.1 Introduction

Stockport Together is a partnership of the five health and social care organisations that serve the people of Stockport:

- NHS Stockport Clinical Commissioning Group (CCG);
- Pennine Care NHS Foundation Trust (mental health services);
- Stockport Metropolitan Borough Council;
- Stockport NHS Foundation Trust (Stepping Hill hospital and community health services); and
- Viaduct Care (a federation representing all Stockport GPs.)

Health and social care in Stockport faces many major challenges, some unique, others in common with the rest of Greater Manchester. Stockport Together has secured £19 million through an agreement with the Greater Manchester Health and Social Care Partnership (GMHSCP) to address these challenges by:

- Reducing inequalities;
- Supporting people to live healthier lives;
- Improving access to GPs and other integrated community health and social care services;
- Increasing access to community mental health services;
- Improving care for vulnerable people; and
- Reducing the pressures on hospital services especially those at Stockport NHS Foundation Trust (Stepping Hill Hospital).

Stockport Together conducted a public consultation (10th October to 30th November 2017) on their broad strategic principles to achieve these aims, prior to formally adopting them. The specific areas on which the consultation sought public views were:

- Changing the way health and social care services are planned and organised in Stockport;
- The plans to organise health, social care, and mental health services in teams that work in eight neighbourhoods; and
- Ensuring hospital services are in place for those that need them while reducing pressure on those services.

In summary:

- The overwhelming majority of respondents support the partnership's aims of changing the ways in which health and social care is planned;
- Again, the majority supported the plans to reorganise services based around a neighbourhood delivery model; and

- There was significantly less support for any reduction in hospital beds, with as many if not more opposing the idea.

The specific details of each service proposal along with some general observations distilled from the consultation findings are discussed in the remainder of this brief summary.

1.2 Summary Findings – Service Proposals

Considering the specifics of the service proposals there was broad support for the outline strategic proposals, however, this was less clear around the issue of closing hospital beds.

1.2.1 Planning and Organising Services

There was support for the broad proposals to reorganise the way health and social care in Stockport, with:

- 72% of respondents to the online, postal, and face-to-face survey tend to agree or strongly agree with the proposal;
- 87% of respondents to the street survey expressed a common opinion in support.

However, the following also needs to be taken into consideration:

Working together

Recognising the benefits of the approach suggested in the Stockport Together proposals being consulted on the opportunity to maximise these through earlier work with the third sector (voluntary and community) was highlighted for consideration.

Accessibility

Many respondents expressed concerns over the way in which Stockport residents would be able to access the proposed services if they faced specific difficulties.

Consider Local and Individual Need

The Stockport Together partners need be mindful of the variations in need between neighbourhoods in Stockport and of individuals within those neighbourhoods in designing new service provision.

Emphasis on Mental Health

Consultees were very clear in directing the Stockport Together consultation to give equal weight in consideration of mental health needs and physical health, and therefore placing an enhanced emphasis than that currently enjoyed.

Ensure Social Care is Supported

Within the considerations of the consultation there is a direction that social care funding and more importantly adequate social care provision is available, as well as closer cooperation and coordination between these two elements of the proposals.

Scepticism

It is also clear that the consultors (NHS Stockport CCG and Stockport MBC) will have to overcome a level of scepticism from the public over the realism of some aspects of the proposal to be able to achieve the savings it seeks to make.

1.2.2 A Neighbourhood Delivery Model

Again, there was very strong support for the proposals to organise health and mental health services into eight neighbourhood teams:

- 71% of respondents to the online, postal, and face-to-face survey tend to agree or strongly agree with the proposal; and
- 71% of respondents to the street survey expressed a common opinion in support.

However, the following factors identified by consultees also need to be taken into consideration:

The consultation process and the danger of domination by the articulate and engaged

Specific concern was raised by consultees of the potential for the process to be disproportionately influenced by the articulate middle-class respondents to the consultation. While all contributions are welcome, the issue for consideration by the consultors is recognising the ability of this group to articulate their concerns while recognising the needs of those less able to express themselves.

Local provision, knowledge, and accessibility

Consultees recognised the benefits of the proposal to organise service around a neighbourhood model. The key benefits were felt to be:

- Provision of services in a familiar location, in an area people know well and are comfortable in;
- The focus of service around local GPs who generally have an established relationship and a record of need and past care; and
- A central and local location that reduces the burden of travel to service.

Where are the resources to support the proposal?

Many consultees expressed an overall concern that the proposals, as detailed in the consultation document, did not provide enough evidence that the proposals were based on sound financial plans. Which in turn led to concerns over the overall sustainability of the proposals.

A much-needed focus on mental health, but is it enough?

There was a recognition from consultees that the proposals added a very important focus on caring for those with mental health needs in their own community, which was very well received. However, some consultees felt this service offer did not go far enough in meeting the needs of the residents of Stockport.

Are the proposed neighbourhoods too big?

Many respondents to the consultation felt that the scale of the neighbourhood model was not well enough explained in the proposals. This in turn led to concerns that the description of a 'neighbourhood' was too big, and would not be recognised by residents as such, which raised further concerns over the distances to travel and population covered by a neighbourhood centre, an issue which may need to be addressed by the consultors.

More questions to be answered before this proposal looks complete

While most consultees recognised the outline advantages of neighbourhood working, many also felt that there was a lack of detail in the proposals in the consultation document which led to more questions. The feeling was that Stockport Together will be required to provide more detail before many consultees felt confident in responding to the consultation, including the role the third sector would or could play in the proposals.

1.2.3 Reducing Hospital Beds

The proposals to reduce the number of hospital beds was significantly less welcome by consultees, with

- 40% of respondents to the online, postal, and face-to-face survey tend to agree or strongly agree with the proposal and a third (33%) disagreeing/strongly disagreeing; and
- 41% of respondents to the street survey expressed a common opinion in support, however the majority (55%) expressed opinions disagreeing/strongly disagreeing with the proposals.

In considering these results the following needs to be taken into consideration:

Capacity, demand, and the perceived need for hospital based rehabilitation

Many respondents to the consultation felt that the tests were flawed simply because, in their view, the number of hospital beds required for the borough was fixed based on the population level.

Consultees also took the view that Stockport needs more hospital beds not less, and with many stating the opinion that a sensible approach would appear to be some sort of 'mothballing' rather than a real reduction. The premise behind these views being the need to respond to any future upsurge in demand.

This was compounded by a minority view that hospital stays should involve an important element of rehabilitation prior to discharge, which would further increase the requirement for hospital beds.

This should be a self-evident truth

A more pragmatic view from consultees was that the proposed tests would be proof in themselves of the need for less beds. If they were incorrect, the number of hospital beds would be likely to remain static.

Moving people home quicker results in better care - if adequate provision for home care exists

Many respondents to the consultation shared the view that the best care for patients was in their own home, recognising the detrimental impact prolonged hospital stays have on health, particularly for the elderly.

However, this was tempered with realism, in that home care only works in appropriate circumstances, people without a support network will be left isolated and the lack of sufficient after care will result in a return to a hospital bed. All of which are counter to the overall objectives of reducing hospital stays.

Providing adequate transitional support to the hospital beds

Coupled with concerns over the need for care at home, consultees highlighted the need for the provision of adequate provision of transitional support for those not yet ready to return home, but no longer in need of hospital care. This was interchangeably described as 'step down', 'transitional' or 'assessment' beds, where patients can regain their independence. Without this element being explicitly dealt with within the proposals many were unconvinced.

Confidence required that the capacity exists in the community to cope

Consultees were only convinced of the reduction in hospital beds if there was evidence to support provision of adequate capacity in community care to support the proposed changes. Many consultees expressed concern that this was not explicit within the proposals contained in the consultation document.

Starts somewhere else than in hospital

The view of many consultees was that the argument for reduced beds starts outside the hospital and other clinical settings and called for a focus on other social determinants of health, and the ability to influence positive lifestyle changes.

Savings elsewhere?

Some consultees provided the view that the proposals to cut hospital beds were looking for cost savings in the wrong area, and the reduction in management overhead in the new organisation could achieve much of the saving. A smaller group of consultees took the view that reductions in hospital bed numbers would not be enough, even when considered with efficiency savings elsewhere in the system.

1.3 Overall Observation – Common Themes

Aside from the specific comments on the individual proposals for service change there are several common themes emerging from the consultation responses that are important for the consultors to consider. These were:

- **Governance and accountability**

There was an overall concern that the consultation, although currently only addressing broad strategic themes did not provide confidence that robust arrangements were in

place for governance, measurement, and accountability. Without this detail consultees would find it difficult to decide on specific service proposals.

- **Role of the third sector**

Throughout the consultation responses the contribution of voluntary and community (third) sector partners is valued and valuable. However, they appear to be observers rather than participants in the process which overlooks the value and experience they bring to the benefit of Stockport.

- **The consultation process – speak and listen**

There were some specific criticisms of the consultation process, despite the relatively high response rate, which included:

- The lack of detailed information to decide on;
- The question/response format being limited restricting the ability of consultees to respond meaningfully;
- The way in which consultation was conducted, with too much reliance on online and social media and less with face-to-face contact. This was also reflected in the discussion group responses traditional Q&A sessions and not proactive opinion seeking. This could suggest the need for a wider approach to engagement through co-production approaches rather than a reliance on ‘set-piece consultation.

Within this, it is worth considering the complexity of the language and format used in the consultation document, perhaps reflecting on the average UK reading age of 9, and how this impacts comprehension and participation.

- **Equity of consideration – mental and physical health**

The need to give equal consideration to mental health, which given the perceived status as the poor relation, many felt required preferential treatment.

- **Scepticism**

Many, but by no means all consultees expressed an ongoing cynicism with the process, feeling that it had all been done before or that the evidence for the changes did not exist. Stockport Together will need to respond constructively to this and provide evidence of positive change to convince this group.

- **We get it, show us transparency and honesty**

The feeling was the ability of the public to understand the proposals was often underestimated and Stockport Together should provide a consultation that is clear in the benefits and drawbacks of the proposals alongside the rationale and accountability.

- **Access for all**

The issue of affluent, literate and engage communities was raised as a concern. The specific issues were:

- The potential for disproportionate influence from middle class consultees; and
 - Concerns over those with the self-awareness to seek health support (the worried well) predominantly in affluent areas taking a higher 'share' of services than areas less health literate.
- **Cross boundary working**
Demands on health and social care services are not unique to Stockport and consultees were aware of other initiatives in Greater Manchester and other bordering areas. The concern for consultees was the extent to which this was taken account of in Stockport Together's proposals and the impact on inflowing/outflowing services provided across boundaries.
 - **Staff**
Consultees felt that one of the main challenges to be addressed by Stockport Together in developing and delivering their proposals was the issue of staff, including:
 - Consideration of recruiting more GPs, nurses, care assistants and other clinical roles alongside social care staff to address service demands in the face of national shortages;
 - The willingness and support from GPs to deliver the neighbourhood model;
 - The capability and capacity of community staff to deal with the increased demand.
 - **Care homes and transitional support**
Stockport Together's proposals appear to consultees to rely upon increased care home capacity and the availability of transitional/step down beds to move people from hospital quicker. The level of detail in the proposals does not make it clear if this has been considered and is in place.
 - **Changes in lifestyle and behaviour**
Outside of the proposals there was a strong feeling from consultees that to effect the changes described there is a need for more preventative interventions. The view being that by the time people are being dealt with by the proposed services, it's too late. Early intervention is required in the community, including schools, which is a wider remit than the proposals, but felt to be the motivator for real change and savings.

2 INTRODUCTION

Context and background

2.1 Introduction

Stockport Together is a partnership of the five health and social care organisations that serve the people of Stockport:

- NHS Stockport Clinical Commissioning Group (CCG);
- Pennine Care NHS Foundation Trust (mental health services);
- Stockport Metropolitan Borough Council;
- Stockport NHS Foundation Trust (Stepping Hill hospital and community health services); and
- Viaduct Care (a federation representing all Stockport GPs.)

Health and social care in Stockport faces many major challenges, some unique, others in common with the rest of Greater Manchester. Stockport Together has an opportunity to begin to address these issues having secured £19 million through an agreement with the Greater Manchester Health and Social Care Partnership (GMHSCP). The aims of this agreement include:

- Reducing inequalities;
- Supporting people to live healthier lives;
- Improving access to GPs and other integrated community health and social care services;
- Increasing access to community mental health services;
- Improving care for vulnerable people; and
- Reducing the pressures on hospital services especially those at Stockport NHS Foundation Trust (Stepping Hill Hospital).

Against this background the overall objective of the public consultation was to provide the people of Stockport, and other stakeholders in the community, the opportunity to offer comment and questions on these broad strategic principles prior to formally adopting the proposals.

The specific areas in which the consultation sought public views were:

- Changing the way health and social care services are planned and organised in Stockport;
- The plans to organise health, social care, and mental health services in teams that work in eight neighbourhoods; and
- Ensuring hospital services are in place for those that need them while reducing pressure on those services.

2.2 The Consultation Process

The Stockport Together public consultation on their broad strategic principles ran between 10th October to 30th November 2017. The consultation followed the principles of a ‘continuous dynamic dialogue’¹ and compensating methods were introduced when potential gaps in coverage were identified. The specific methods employed as part of the consultation and included in this analysis were:

- A consultation survey available electronically or in hard copy with submissions received either online, by post or face-to-face;
- A series of consultation discussion groups; and
- An on-street survey, using a slight variant of the standard consultation questionnaire to reflect the methodology, with a representative sample of the population in neighbourhood centres.

Respondents were also invited to provide additional evidence for consideration by the Stockport Together partnership in their deliberations over formal adoption of the proposals.

The consultation was promoted through the following channels:

- Launch communications through local press and online;
- Social media (Facebook, Twitter, etc.) activity throughout the consultation period;
- A consultation document ‘*Have your say: Stakeholder consultation on the proposed changes to the way health and social care services are organised in Stockport*’ (containing key information and a self-complete questionnaire returnable by Freepost), supported by flyers, distributed to:
 - Libraries;
 - Charities/voluntary organisations;
 - GP practices;
 - Pharmacies;
 - Stockport NHS Foundation Trust staff and patients;
 - Key community figures;
- Accessible format versions of the consultation document and supporting information – sensory disabilities, other languages.

Hard copies of the consultation document were used in groups and meetings to support the discussions and capture views in a face-to-face setting.

¹ Taken from the Consultation Institute’s definition of consultation.

2.3 Responses to the Consultation

In total 527 responses (514 survey responses plus 13 discussion groups) received during the consultation period, were provided for analysis, and included in this report.

Method	Responses
Street Survey	303
Face-to-Face	22
Postal	10
Online	179
Total	514

In addition, notes of thirteen discussions group meetings were provided for analysis as follows:

- | | |
|--------------------------------------|---------------------------------------------|
| 1. Alvanley Health Champions | 8. Poets Corner Action Group |
| 2. Patient Participation Group (PPG) | 9. NHS Watch |
| 3. Breathe Easy Group | 10. Walthew House Deaf group 1 |
| 4. Bredbury PPG | 11. Walthew House Deaf group 2 |
| 5. Cheadle PPG | 12. Walthew House Visually Impaired group 1 |
| 6. Disability Stockport | 13. Walthew House Visually Impaired group 2 |
| 7. Marple PPG | |
| 7. Mental Health Carers Group | |

Additional evidence submitted for consideration as part of the consultation survey was:

Question 1c, related to ‘the way we plan and organise services’:
<ul style="list-style-type: none"> ▪ Two personal responses; ▪ An alternative view from NHS Watch; ▪ Carers UK State of Caring Report 2017 ▪ Stockport Together Consultation, Response from Liberal Democrat Group; ▪ Health and Care Forum response; ▪ Mental Health Carers Group response; ▪ Effects of health and social care spending constraints on mortality in England: a time trend analysis, BMJ Open, 16/11/17, Watkins J, et al.
Question 2c, related to ‘providing care through a neighbourhood model’:
<ul style="list-style-type: none"> ▪ Newquay Pathfinder Evaluation.
Question 3c, related to ‘hospital beds’:
<ul style="list-style-type: none"> ▪ Mental Health Carers Scenarios; ▪ CQC Stepping Hill Hospital Quality Report.

2.3.1 Demographics Street Survey

The demographic make-up of the street survey sample is shown below (age, gender and residence were the only characteristics captured).

	Frequency	Percent
Age		
18-24	31	10.2%
25-34	55	18.2%
35-44	42	13.9%
45-54	48	15.8%
55-64	52	17.2%
65+	74	24.4%
Prefer Not to Say	1	0.3%
Total	303	100%
Gender		
Female	179	59.1%
Male	119	39.3%
Not Answered	4	1.3%
Prefer not to say	1	0.3%
Total	303	100%
Respondent Postcode (First characters only provided)		
Cheadle	1	0.3%
SK1	11	3.6%
SK2	23	7.6%
SK3	8	2.6%
SK4	25	8.3%
SK5	18	5.9%
SK6	89	29.4%
SK7	27	8.9%
SK8	74	24.4%
SK9	2	0.7%
SK10	3	1.0%
SK12	2	0.7%
SK13	3	1.0%
SK14	15	5.0%
SK22	1	0.3%
Not answered	1	0.3%
Total	303	100%

2.4 Demographics, Online, Postal and Face-to-Face Survey

The overall demographic characteristics of consultees providing online, face-to-face, or postal responses to the consultation are shown below.

	Frequency	Percent
Age		
16-17	1	0.5%
18-24	2	0.9%
25-34	13	6.1%
35-44	20	9.4%
45-54	28	13.1%
55-64	48	22.5%
65+	63	29.6%
Prefer not to say	5	2.3%
Not Answered	33	15.5%
Total	213	100%
Gender		
Female	122	57.3%
Male	60	28.2%
Transgender	3	1.4%
Prefer not to say	13	6.1%
Not Answered	15	7.0%
Total	213	100%
Ethnicity		
Asian/British - Bangladeshi	1	0.5%
Asian/British - Chinese	1	0.5%
Black/British – African	1	0.5%
Not Answered	23	10.8%
White: British	167	78.4%
White: European	3	1.4%
White: Gypsy/Traveller	2	0.9%
White: Irish	6	2.8%
Other ethnicity/race	9	4.2%
Total	213	100%
Religion		
Buddhism	4	1.9%
Christianity	108	50.7%
Islam	1	0.5%
Judaism	2	0.9%
No religion	56	26.3%
Other	15	7%

	Frequency	Percent
Not Answered	27	12.7%
Total	213	100%
Disabled		
Yes	48	22.5
No	135	63.4
Not Answered	16	7.5
Prefer not to say	14	6.6
Total	213	100.0
Sexual Orientation		
Bisexual	2	0.9
Gay	6	2.8
Heterosexual/straight	142	66.7
Lesbian	2	0.9
Not Answered	26	12.2
Other	2	0.9%
Prefer not to say	33	15.5%
Total	213	100%
Is your gender different to that assigned at birth?		
Yes	10	4.7%
No	151	70.9%
Prefer not to say	27	12.7%
Not Answered	25	11.7%
Total	213	100%

2.5 Interpreting the Responses

ASV² was commissioned to provide an independent analysis of the consultation. The specific methods applied to analyse the findings were:

- **Quantitative Analysis:** the findings from the survey-based consultation approaches (online, postal, and face-to-face consultation surveys and street survey) were each analysed separately to recognise the differences³ in the respondents and sampling approach.

The closed responses were analysed using industry standard proprietary statistical analysis software⁴ with manual thematic coding used for the free text responses to group them into themes reflective of the sentiment expressed.

- **Qualitative Analysis:** the findings from the focus group discussion-based consultation approaches are based on an approach where the data from the session notes is analysed and responses grouped into themes that most closely represent the views expressed⁵. This allows us to report the findings based on an accurate reflection of the sentiments expressed, qualitative data does not allow for commentary on the specific number of times comments are made within these coded themes.

The communications to promote the consultation and the methods used were designed to promote maximum participation, allowing all to contribute. It is important to note, however:

- Respondents to the online, postal, and face-to-face surveys are self-selecting, representing the views of those who are aware of and engaged in the topic area. This is more likely to include the views of service users, carers, staff, and others with a direct interest in the services, but cannot be said to represent opinion from the entire population. This is very important opinion, but cannot be treated as being statistically reliable.
- The street survey of residents of Stockport is representative at the population level, considering the views of all irrespective of current service use. This is the only statistically reliable response⁶, but does not necessarily reflect the views of services users.

This report presents the result of that independent analysis and is intended to inform decision makers of the views of consultees and to provide them with a summary of additional evidence which they wish them to take into conscientious consideration.

² ASV is a trading style of ASV Research Ltd

³ Online, postal, and face-to-face are treated as one category with similar aims and response mechanisms.

⁴ SPSS

⁵ Our approach is based in the employment of Classic Grounded Theory.

⁶ Using 2016 Mid- Year Population Estimates for Stockport the results of the street survey are reliable to a confidence level of 95% with a confidence interval of +/-5.63.

3 SERVICES

Changing the way we plan and organise services

3.1 Introduction - Services

The consultation document provided the following context to inform individual responses.

We know how to work with you to prevent disease. We have the medicines and treatments to improve the health of people with long-term illnesses. We have the skills to provide care when you are vulnerable. It makes sense for us to change the way we work so we can better use these to improve the health of local people, rather than wait until they are so ill they need hospital treatment or completely lose their independence.

Sometimes a stay in hospital is not needed or is only needed for a very short time. We want to reduce the number of people who have to be admitted to hospital by diagnosing them earlier and treating them quicker. For those who do require hospital care we want to support them to return home as soon as possible. We want more services that help diagnose and treat people in their communities. We think that bringing GPs and other health and social care professionals closer together with more resources, will help prevent many people becoming so ill they need to go to hospital and will help others maintain their independence longer.

Older people tell us that going into hospital can be a stressful experience, even when they know they need to. In Stockport there's a higher chance that patients will be admitted to hospital and kept in longer after treatment than in other similar places in England.

In June the partner organisations published four outline business plans that show how they would work together. Through this work, we're planning to do several things:

- Identify the people with long-term illnesses who are most likely to end up in hospital for urgent treatment
- Develop new integrated community health and social care teams built around GPs to help those patients stay well
- Expand and integrate services that provide mental health support in the community developing a more holistic approach to meeting peoples' needs
- Identify those patients who would benefit from rapid short-term support when they arrive at hospital and divert them to a specialist treatment centre that has immediate access to their records and can treat them quickly
- Give patients the support and care they need to return home from hospital quickly, where possible without an overnight stay
- Give patients access to outpatient services traditionally provided at hospital in

different ways utilising modern technology and either in their home, or at neighbourhood health centres.

The effect of these proposals is to move resources from treating people in hospital when they become seriously ill, to identifying and addressing their social care, physical and mental health needs at home and in the community before they become serious enough to require hospital treatment or completely lose their independence. As a consequence of our proposals when people do need hospital care we will be able to offer higher quality care more quickly.

Respondents were asked three questions, one closed and two open about these proposals, these were:

- To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined? (Closed response using a ranking of 1-5 where 1 is ‘Strongly Agree’ and 5 is ‘Strongly Disagree’ a sixth option ‘Don’t Know’ was also provided).
- Why do you say this? (Free text response).
- Do you have any additional evidence that decision-makers should consider before they make this decision? (Free text response).

3.2 Do you agree with our proposals?

Participants in the consultation, whichever method was used, were all asked the following question.

“To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?”

Discussed in turn below are the responses from the:

- Online, postal, and face-to-face survey; and
- Street survey.

These data are treated separately to recognise the previously discussed differences in sampling and motivation to participate.

Further details of the responses for the online, postal, and face-to-face survey are shown in Appendix One. Demographics beyond those reported are not available for the street survey.

3.2.1 Online, Postal, and Face-to-Face

When overall sample is considered most consultees from the online, postal, and face-face survey support this proposal. **72% of respondents either tend to agree or strongly agree** that Stockport Together should change their approaches to planning and organising health and social care services as shown below.

Overall agreement/disagreement	Frequency	Percent
Strongly agree	79	37.1%
Tend to agree	75	35.2%
Neither agree nor disagree	9	4.2%
Tend to disagree	10	4.7%
Strongly disagree	13	6.1%
Don't know	11	5.2%
Not Answered	16	7.5%
Total	213	100%

When the consultation responses are considered by consultee age there is little difference in agreement, with the main differences being the 16-18 group who are fully in agreement and the 18-24 group who are significantly lower at 50%. However, these latter variations can most likely be explained by low sample size.

The breakdown is shown on the next page.

- 16-17 100%
- 18-24 50%
- 25-34 92%
- 35-44 85%
- 45-54 79%
- 55-64 77%
- 65+ 71%

When considered by gender women are significantly more in favour of the proposals than men⁷.

- Female 80%
- Male 68%

3.2.2

⁷ The figures shown are a percentage of the sub category – i.e. 88% of all women responding.

3.2.3 Street Survey

The majority (87%) of consultees responding to the street survey supported the proposal, either tending to agree or strongly agreeing that Stockport Together should change their approaches to planning and organising health and social care services.

Overall agreement/disagreement	Frequency	Percent
Strongly agree	146	48.2%
Tend to agree	118	38.9%
Neither agree nor disagree	19	6.3%
Tend to disagree	7	2.3%
Strongly disagree	4	1.3%
Don't know	8	2.6%
Not Answered	1	0.3%
Total	303	100%

When considered by age of respondent there is no significant variation in opinion.

- 18-24 84%
- 25-34 78%
- 35-44 86%
- 45-54 94%
- 55-64 96%
- 65+ 85%

When considered by gender of respondent there is little difference in opinion between men and women on this proposition.

- 88% of women agree/strongly agree
- 86 % of men agree/strongly agree

3.3 Why? (Q1b)

When asked “...*why did you provide that answer...*” participants in the consultation gave a range of responses, these have been analysed and grouped into broad themes representing the overall sentiment.

Recognising the similarity of the responses and for brevity in reporting we have analysed them together irrespective of the method of contribution to the consultation. The main themes developed from the consultation are discussed below, all relating to the question:

“To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?”

3.3.1 Concerns over Funding Proposals

Respondents expressed concerns over the overall funding modelling in the consultation proposals, both for NHS and local authority funding, centred around:

- Concerns over the challenges to services through strategic decisions outside local control, from central government policy. There was also practical recognition that with reduced funding there is a need to manage available resources most efficiently;
- Perceptions that the overall objective of the consultation was designed to cut costs rather than deliver better services; and
- An expressed desire to better understand the way the funding would work under the proposed changes.
 - How it differs to that provided in the current circumstances; and
 - An overall concern that detailed costings are not provided at a level that would help inform decisions.

“...without proper funding, resources and staffing, any reorganisation will result in a second-rate system...”

There were also concerns expressed that any savings made through these proposals would be cancelled out by requirements to make budget cuts across health and in particular social care.

“... any financial savings will be swallowed up by massive budget cuts...health and wellbeing of citizens of Stockport will be...worsened as a result...”

3.3.2 Additional Key Partners

A theme from consultees was the need to consider other partners in the Stockport Together model. Issues highlighted include links between homelessness and poor mental health. Stockport Homes were specifically mentioned as a potential partner to address many health issues.

Stockport Homes Carecall can prevent falls as well as dealing with the aftermath – saves significant number of ambulance call outs.

Stockport Homes can give Public Health messages to customers as we see people regular (sic) and can prevent them reaching crisis point.

Concern was also expressed that the role of voluntary and community organisations was not adequately explored in the proposals, which in itself was felt to be a considerable oversight.

“...third sector / voluntary sector is not meaningfully engaged or considered within Stockport Together planning and believe this is missing a key resource that could assist...”

3.3.3 Bureaucracy and Management

Concerns were expressed around a perception that the proposals could result in increasing managerial staff, rather than frontline service delivery

“...too many managers, not enough nurses and care staff...”

However, there was a countervailing argument that where resources are available they need to be managed as efficiently and at as low a cost as possible.

“...you need to manage the funds closely to make sure it’s used properly...”

There were also concerns expressed over the existing senior leadership record of achievement, and the extent to which proposals were based on understanding of the challenges faced by frontline health and social care staff on a day-to-day basis.

“...have the council leaders...been to spend a day shadowing all health and social care services...I very much doubt it...”

3.3.4 Consultation Complexity

An overall comment from many respondents was the complexity of the consultation subject, the specific service areas, and the wording of the questions themselves, with many feeling this was a barrier to full participation.

“...don't really understand all the proposals...”

“...don't fully understand the question...”

3.3.5 Support for the Proposals

Overall, consultees welcomed the consultation's proposals for rearranging the way services are delivered with the caveat that they are, perhaps, too generalised.

The local focus of the proposals, and specifically developing an integrated service built around GPs was welcomed. However, this was also a point of concern for some in that while welcome placed additional pressure on what was felt to be an already overstretched service.

"...local people want good quality services delivered by competent staff in a welcoming and safe environment..."

There was recognition from many respondents of the need to make these changes based both on resources and efficiencies and the improved wellbeing of communities through reduced clinical interventions.

"There needs to be a change because there are insufficient resources to carry on as is...";

"...because Hospital care and resources are better focused where clinically appropriate and needed..."

"...health and wellbeing have been shown in numerous studies to benefit from less clinical approaches in the community..."

The proposed rearrangement of services was also seen as providing more efficient communications and the opportunity reductions in duplication of effort between NHS and social care staff.

"...by combining health and social care the new system will be more efficient, respond to peoples' needs, improve communication and be cost saving..."

"...having a person's information in one place will reduce duplication, stop errors in communicating between different teams and save time..."

3.3.6 Inequalities

Consultees recognised the potential for improvement in health and social care outcomes through the proposals under consultation, however, concern was expressed that the focus on physical wellbeing was prioritised over that of residents' mental health.

For too long there has been inequalities between physical health care and mental health care. It is our hope that the changes will present more parity of esteem not only within services, but also within the larger community.

Many consultees thought this an important issue for the consultation to consider.

3.3.7 Specific Needs of Equalities Groups

There was a call for the consultation to consider the specific needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) communities in Stockport, specifically the need for services that revolve around a supportive and understanding GP.

"...making prevention more accessible to LGBT people by ensuring that services most likely to be needed... such as drug and alcohol and mental health services, are designed and delivered to meet the specific health needs of this community of identity..."

3.3.8 Service Concerns

Specific concerns were expressed by consultees around the proposals under consultation. First, the issue of social care funding was raised and specifically how the current levels of support for adults will be maintained under the Stockport Together proposals.

"...leader keeps telling people that adult social care will bankrupt the council..."

Coupled with this was a concern expressed over perceptions that the proposals would lead to delivery of community based health and social care services with a lower qualified workforce.

"...there is an element of risk to patient safety from any move to a lower tier care, with less specialist provision. This risk needs to be understood and mitigated..."

3.3.9 An Ageing Population

Consultees identified a need for realism in the proposals being consulted on in relation to the ageing population of Stockport. The concern expressed was around the extent to which the proposals had taken the population profile into account, and the need to accurately reflect this in future service provision.

“...Stockport NHS has 19.4% above the national average of over 65s...”

“...the needs of a changing demographic linked to the changes in society since the foundation of the NHS make it vitally important that we ensure our services are tailored to local need...”

Alongside this call for realism, is the call for the provision of social care packages, on time and in time for the older population to preserve independence and reduce reliance on hospital support.

“...my gran is 91 years old and she had to stay in hospital for 6 months as they had no care package available as Marple was fully subscribed...”

3.3.10 Openness, Honesty, and Transparency

Another overarching theme from consultees was that of scepticism around the intent of the consultation.

I remain somewhat sceptical...wonder whether sufficient resources will be made available to preventative services to enable them to be sufficiently available to those who need them?

Coupled with this was a concern expressed in varying forms by many consultees, that the consultation was not sufficiently honest in its intent and description of the proposed changes to the delivery of local services in Stockport.

“...the document is not sufficiently honest...the driver for change is to make...savings on health and social care in a time of increasing (legitimate) demands...”

“...you are not saying anything about the under resourcing of social care. This is a serious omission which makes it hard to assess your proposals...”

This was felt to be mitigated by more transparent planning, monitoring, and reporting of the changes as they progress, along with a more detailed description of costs and service outcomes.

“...any plans the new Stockport Together Trust make to achieve the advertised goals should be fully investigated, properly planned and accurately costed...”

3.4 Other Evidence to Consider (Q1c)

When people were asked the question:

“Do you have any additional evidence that decision-makers should consider before they make this decision?”

They were able to respond in two ways by:

- i. Uploading documents – either reports, responses, or comments to the consultation website; or
- ii. Providing additional comments as free text.

Evidence submitted in these ways, related to “...changing the way we plan and organise services...” is discussed in turn below.

3.4.1 Uploaded Evidence

In total, eight pieces of documentary evidence were submitted to the consultation for consideration. These were:

- Two personal responses;
- An alternative view from NHS Watch;
- Carers UK State of Caring Report 2017;
- Stockport Together Consultation, Response from Liberal Democrat Group;
- Health and Care Forum response;
- Mental Health Carers Group response;
- Effects of health and social care spending constraints on mortality in England: a time trend analysis, BMJ Open, 16/11/17, Watkins J, et al.

3.4.1.1 Personal Responses

Two personal responses were received, the names and specifics of these are not detailed for reasons of data protection and patient confidentiality, however, in summary their concerns covered:

- An over reliance upon social media as the main means of engaging with the public and patients, when many are not able to access this;
- The need for expert support for GPs when dealing with mental health issues;
- Concerns with the ‘Have your say’ questionnaire:
 - Confusing and conflicting requests for information;
 - The lack of robust evidence behind the statements;

- Concerns over the wording of questions; and
- Concerns over the depth of equality monitoring questions.

3.4.1.2 An Alternative View from Stockport NHS Watch

Stockport NHS Watch provided an uploaded submission. The submission covered a range of issues in depth, and included a broad and robust challenge to the evidence base used for the consultation and perceived adherence to a national model which could lead to cuts in hospital services. However, the general principles were welcomed, particularly Neighbourhood Hubs, and the need to transfer hospital bed savings to be transferred to community care. An overall concern expressed was the perception that the accountable care organisation created would be vulnerable to privatisation.

3.4.1.3 Carers UK, State of Caring Report 2017

A submission was received as a copy of the State of Caring 2017 report produced by Carers UK. This report highlights the contribution made by carers, the lack of recognition they feel for that £132bn unpaid care, and the impact on their health and wellbeing. The call in the report for a contribution that is understood and valued appears an important message to Stockport Together.

3.4.1.4 Stockport Together Consultation, Response from Liberal Democrat Group

The submission received from the Stockport Liberal Democrat is in support of the overall objectives of Stockport Together. However, there were some specific issues requiring clarification. Including: the role and composition of the Implementation Board; Overall governance and accountability; workforce implications; and the impact evaluation of Stockport Together.

3.4.1.5 Health and Care Forum response

The submission from the Health and Care Forum focused on the key questions they felt need to be addressed by the 'Healthier Stockport – an issues document.'

These included:

- The number of GP practices in Stockport in special measures, the number of full-time equivalent GPs in Stockport; unfilled GP vacancies in Stockport and the extent to which paperwork burdens have been reduced for GPs;
- Bringing to the attention of Stockport Together the wider plans for hospitals in Manchester under the Healthier Together initiative;
- The targets set around Mental Health in the Stockport Locality Plan 2016;
- Concerns that the consultation was not being “...*put to the public in a convincing manner...*” listing 14 detailed issues to support this statement; and
- Concluding, that “...*the aims is good but the means of achieving effective and complete implementation does not convince...*”

3.4.1.6 Mental Health Carers Group response

The submission received from the Mental Health Carers Group provided a number of statistical tables and other information demonstrating impact. Including an extra 330 vulnerable adults discharged from secondary to primary care in Stockport. The overall concern was the apparent lack of focus on serious mental illness in favour of a concentration on wellbeing, ending with questions over the responsibility for duty of care and accountability

3.4.1.7 Effects of health and social care spending constraints on mortality in England: a time trend analysis, *BMJ Open*, 16/11/17, Watkins J, et al.

A submission was received to the consultation as an upload of a recent article published in the British Medical Journal (BMJ), the abstract for the article states:

Results Spending constraints between 2010 and 2014 were associated with an estimated 45 368 (95% CI 34 530 to 56 206) higher than expected number of deaths compared with pre-2010 trends. Deaths in those aged ≥ 60 and in care homes accounted for the majority. Public Expenditure on Social Care (PES) was more strongly linked with care home and home mortality than Public Expenditure on Health (PEH), with each £10 per capita decline in real PES associated with an increase of 5.10 (3.65–6.54) ($p < 0.001$) care home deaths per 100 000. These associations persisted in lag analyses and after adjustment for macroeconomic factors.

Furthermore, we found that changes in real PES per capita may be linked to mortality mostly via changes in nurse numbers. Projections to 2020 based on 2009-2014 trend was cumulatively linked to an estimated 152 141 (95% CI 134 597 and 169 685) additional deaths.

Conclusions Spending constraints, especially PES, are associated with a substantial mortality gap. We suggest that spending should be targeted on improving care delivered in care homes and at home; and maintaining or increasing nurse numbers.

3.4.2 Thematic Analysis

As well as providing the opportunity to upload supporting documents to the consultation website, consultees were also asked if they had any additional comments they would like to add in relation to the way services will be arranged in the future. These have been grouped into broad themes as shown below.

3.4.2.1 Working together

Recognising the benefits of the approach suggested in the Stockport Together proposals being consulted on, the opportunity to maximise these through earlier work with the third sector (voluntary and community) was highlighted for consideration.

“...there is a need to involve the charitable sector with Stockport Together on much more than consultations.”

“...there is an opportunity to partner with the sector and better coordinate its response to the needs of Stockport residents without necessarily spending more money...”

3.4.2.2 Accessibility

Many respondents expressed concerns over the way in which Stockport residents would be able to access the proposed services if they faced specific difficulties. This included consideration of, among others:

- Elderly and infirm people;
- People with sensory and learning difficulties;
- Homeless people; and
- Those who did not speak English as their first language.

There is a clear call for the consultants to consider the access needs of specific groups

“...how do I cope... If I had a low IQ or older age or English was a second language...”

3.4.2.3 Consider Local and Individual Need

Consultees called for the consultants (NHS Stockport CCG and Stockport MBC) to be mindful of the variations in need between neighbourhoods in Stockport and of individuals within those neighbourhoods in designing new service provision.

“...the decision makers should always have the needs of people/patients uppermost in their minds rather than the easiest way to deliver the budget cuts required...”

“...the more local things are the better - the needs of people in Bramhall are very different to those in Brinnington...”

3.4.2.4 Emphasis on Mental Health

Consultees were very clear in directing the Stockport Together consultation to give equal weight in consideration of mental health needs with physical health, and, therefore, placing an enhanced emphasis than that currently enjoyed.

“...it needs to have more of a holistic approach...(relation)... was in Stepping Hill Hospital and they just drugged her up...(then) a specialist care centre and it helped her enormously...”

“...mental health and physical health should go hand in hand and receive the same input...”

3.4.2.5 Ensure Social Care is Supported

Within the considerations of the consultation consultees are clear that for the successful implementation of the proposals, social care funding, and more importantly adequate social care provision is available.

There was a corresponding call closer cooperation and coordination between the health and social care elements of the proposals.

“...at present there is no cooperation between the medical staff and the social care staff on the ground...”

3.4.2.6 Scepticism

It is also clear that the consultors will have to overcome a level of scepticism from the public over the realism of some aspects of the proposal to be able to achieve the savings it seeks to make.

...the Public consultation before the last JSNA identified access to GP as the most significant problem with health and social care.

“...savings are considerable but there is no evidence being given to the general public to substantiate these...”

4 NEIGHBOURHOODS

Delivering health and mental health services in neighbourhood teams

4.1 Introduction - Neighbourhoods

The consultation document provided the following context to inform individual responses.

Stockport Together currently divides Stockport into eight neighbourhoods, each serving the differing needs of the people within that area. The outline business cases set out proposals to organise health and mental health services in teams that work as one in these neighbourhoods. The neighbourhood model we propose will see services working together with general practice at the centre:

Enhanced Case Management – GPs, working with local neighbourhood teams, will identify those individuals most at risk of losing their independence or requiring emergency hospital care. They will then work with those individuals and their carers to develop care plans and provide more intensive, proactive, and tailored support across 7-days a week. In doing so they will be able to spot deterioration quickly and intervene more rapidly, reducing the need for people to require care outside their home.

Direct access physiotherapy – the aim is to reduce the number of patients with Musculoskeletal (MSK) conditions having to have consultations with GPs before they access physiotherapy services. This will help to provide more timely access to support, improving patient experience, and freeing up GP capacity.

Mental wellbeing – significant numbers of GP appointments are spent working with people who have various social needs or low mental wellbeing. Where no specific medical help is required, GPs will be able to refer the patient to a care navigator who will develop a personalised care and wellbeing plan. They will also help people to access a range of services such as self-help, mental health alliance and other voluntary sector groups.

Find and prevent – additional support will be put in place to help GPs identify people from their practice who have yet to develop complex care needs, but whose lifestyle would suggest they're at risk of doing so. Individuals will then be invited for enhanced health checks within the neighbourhoods. There will then be a range of local options available to individuals to help them improve their health and reduce the risk of long-term ill health.

Self-care – support and coaching will be offered to people with a long-term condition or those with risk factors which increase the likelihood of developing a long-term condition. An assessment of people's ability to manage their conditions will be made. This will identify the right level of support for that person, and allow support to be tailored

Respondents were asked three questions, one closed and two open about these proposals, these were:

- To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined? (Closed response using a ranking of 1-5 where 1 is ‘Strongly Agree’ and 5 is ‘Strongly Disagree’ a sixth option ‘Don’t Know’ was also provided).
- Why do you say this? (Free text response).
- Do you have any additional evidence that decision-makers should consider before they make this decision? (Free text response).

4.2 Do you agree with our proposals?

Participants in the consultation, whichever method was used, were all asked the following question.

To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?

Discussed in turn below are the responses from the:

- Online, postal, and face-to-face survey; and
- Street survey.

This data is treated separately to recognise the previously discussed differences in sampling and motivation to participate.

Further details of the responses for the online, postal, and face-to-face survey are shown in Appendix One. Demographics beyond those reported are not available for the street survey.

4.2.1 Online, Postal, and Face-to-Face

When considered overall there is overwhelming support for this proposal from respondents to the online, postal, and face-face survey, with **71% of respondents** either **agreeing or strongly agreeing** that health and mental health services should be organised on the neighbourhood model as described.

Overall agreement/disagreement	Frequency	Percent
Strongly agree	90	42.3%
Tend to agree	62	29.1%
Neither agree nor disagree	15	7%
Tend to disagree	11	5.2%
Strongly disagree	16	7.5%
Don't know	4	1.9%
Not Answered	15	7%
Total	213	100%

When considered by age of respondent there is overwhelming support for the proposition from those aged 16 to 34, with a drop off to support between 70 and 75% from those aged 35+. While the latter is still supportive it perhaps indicates that there is a need to consider the concerns of older residents in more depth when developing option details and moving into implementation.

- 16-17 100%
- 18-24 100%
- 25-34 100%
- 35-44 70%
- 45-54 75%
- 55-64 75%
- 65+ 75%

Consideration by gender show little difference in levels of support from consultees.

- Female 77%
- Male 73%

4.2.2 Street Survey

Overall consultees engaged through the street survey were supportive of the proposition with 71% agreeing/strongly agreeing.

Overall agreement/disagreement	Frequency	Percent
Strongly agree	111	36.6%
Tend to agree	105	34.7%
Neither agree nor disagree	31	10.2%
Tend to disagree	21	6.9%
Strongly disagree	16	5.3%
Don't know	16	5.3%
Not Answered	3	1%
Total	303	100%

When considered by age of consultee the spread of support shows 18-24, 45-54 and 55-64 generally more supportive with around 80% support. The other age groups were still supportive at the slightly lower rate of 65%.

- 18-24 81%
- 25-34 65%
- 35-44 64%
- 45-54 79%
- 55-64 81%
- 65+ 65%

Considered by gender there are no differences between men and women in terms of their support for the proposition.

- Female 71%
- Male 71%

4.3 Why? (Q2b)

When asked, why did you provide that answer, participants in the consultation gave a range of responses. These have been analysed and grouped into broad themes representing the overall sentiment of consultees in relation to:

To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?

Recognising the similarity of the responses and for brevity in reporting, we have analysed all together irrespective of the method of contribution to the consultation.

4.3.1 The consultation process and the danger of domination by the articulate and engaged

Specific concern was raised by consultees of the potential for the process to be disproportionately influenced by the articulate middle-class respondents to the consultation. While all contributions are welcome, the issue for consideration by the consultors is recognising the ability of this group to articulate their concerns, while recognising the needs of those less able to express themselves.

“...the more articulate and forceful...middle-class...will demand better services, and... draw resources away from disadvantaged parts of the borough...widening... health inequalities...”

To some extent this could be said to be an extension of the widely discussed concerns over the complexity of the consultation process, and the barrier to participation this places on those less able to respond.

4.3.2 Local provision, knowledge, and accessibility

Consultees recognised the benefits of the proposal to organise services around a neighbourhood model. The key benefits were felt to be:

- Provision of services in a familiar location, in an area people know well and are comfortable in;
- The focus of service around local GPs who generally have an established relationship and a record of need and past care; and
- A central and local location that reduces the burden of travel to service.

“Your GP's surgery is local, so it is a good idea to have other care based locally...”

“...it makes sense to have services for the communities based around the communities themselves. We can share our resources if we work as "neighbourhoods".

4.3.3 Where are the resources to support the proposal?

Many consultees expressed an overall concern that the proposals, as detailed in the consultation document, did not provide enough evidence that the proposals were based on sound financial plans. Which in turn led to concerns over the overall sustainability of the proposals.

“...there is not enough financially for care in the community...”

“...looks to build on a system already under huge strain!? Sounds good in planning but can...resources...work practically...”

4.3.4 A much-needed focus on mental health, but is it enough?

There was a recognition from consultees that the proposals added a very important focus on caring for those with mental health needs in their own community, which was very well received.

“...more health services to the neighbourhoods who need them most...”

“...there needs to be better Mental health services that residents can access quickly when needed before a crisis escalates...”

However, some consultees felt this service offer did not go far enough in meeting the needs of the residents of Stockport.

“...disappointed that only low level mental health needs are explicitly addressed. severe and enduring mental illness is not specifically mentioned...”

4.3.5 Are the proposed neighbourhoods too big?

Many respondents to the consultation felt that the scale of the neighbourhood model was not well enough explained in the proposals. This in turn led to concerns that the description of a ‘neighbourhood’ was too big, and would not be recognised by residents as such, which raised further concerns over the distances to travel and population covered by a neighbourhood centre, an issue which may need to be addressed by the consultors.

“... neighbourhoods may be too big - Tame Valley includes Reddish and Brinnington - will there really only be one neighbourhood centre between them?”

4.3.6 More questions to be answered before this proposal looks complete

While most consultees recognised the outline advantages of neighbourhood working, many also felt that there was a lack of detail in the proposals in the consultation document which led to more questions. The feeling was that Stockport Together will be required to provide more detail before many consultees felt confident in responding to the consultation, including the role the third sector would or could play in the proposals.

“...very little information has been provided to answer this question...”

“...it is hard to give a simple answer to such a complex issue. Service delivery has moved from central to local delivery over periods of time and both have their strengths and weaknesses...”

“...continues to not understand or effectively engage with possibilities from the VCS (voluntary and community sectors) ...”

4.4 Other Evidence to Consider (Q2c)

When people were asked the question:

“Do you have any additional evidence that decision-makers should consider before they make this decision?”

They were able to respond in two ways by:

- iii. Uploading documents – either reports, responses, or comments; or
- iv. Providing additional comments as free text.

Evidence submitted in these ways, related to “...delivering health and mental health services in neighbourhood teams...” is discussed in turn below.

4.4.1 Uploaded Evidence

There was one document submitted for consideration which provided evidence from a neighbourhood-based pilot, led by Age Concern, in Newquay, Cornwall, felt to have relevance for Stockport Together.

4.4.1.1 People, Place, Purpose Newquay Pathfinder Evaluation

The pathfinder led by Age Concern Cornwall and Isles of Scilly, was designed to deliver three key outcomes:

1. Improved health, wellbeing, and quality of life;
2. Integrated working works;
3. Cost reduction across the whole system.

The service provided targeted wraparound support, motivating ‘at-risk’ older people to achieve their aspirations through a ‘guided conversation.’ An Age UK worker supports

individuals to identify their goals, and to coordinate a management plan that is delivered by statutory and community services and support. The support, using volunteers, aims to build people’s social networks, making them better connected to their community and more resilient. The Age UK worker is part of a multi-disciplinary team which includes GP, district nurse, matron, and social workers

The benefits

- 23% improvement in peoples self-reported wellbeing.
- 87% of practitioners say integration is working very well and their work is meaningful.
- 30% reduction in non-elective admission cost.
- 40% drop in acute admissions for long term conditions.
- 5% cost reduction and reduction in demand for adult social care.

4.4.2 Thematic Analysis

Respondents provided their thoughts and comments to offer the consultor (Stockport Together) with additional evidence they should consider in making any decisions for the future. These responses have been grouped into broad themes, representative of expressed opinions, as shown below.

4.4.3 Earlier intervention, focusing on preventions

Some consultees suggested the proposals should include earlier interventions in a preventative model, including in primary and secondary school education, both in physical and mental health of Stockport’s young people.

“... there is growing need in schools for better mental health support through liaisons between practicing doctors and nurses and counsellors and other support workers such as Play Therapists, Speech Therapists, Art therapists etc...”

Which leads onto a view among many consultees, and agreement with the consultation, that the Stockport Together programme should focus on wider preventative action across the local population at any age. The feeling being, that this would reduce hospital and other clinical interventions, saving cost in the wider system.

“...prevention is always better (and more cost effective) than cure...”

4.4.4 Consult more widely with those least able to respond

Consultees commented on their perceptions of the limitations of the consultation mechanisms employed in this initial strategic discussion, and offered some practical solutions for the future, based on:

- Developing some form of outreach consultation approach, engaging with those who are least likely to be able to respond online or in writing;
- Adopting an information sharing approach, telling all households in the borough what changes are being proposed;
- Rely less on external resources (e.g. management consultants) and explore using local people and organisations as consultation enablers.

“...go to the...public: how many older and frail people use computers and can fill in online forms?”

“...stop paying expensive management consultants...send each household a detailed and truthful account of any sensible changes proposed...discussed thoroughly with...NHS staff who carry out this work...”

4.4.5 Equal access

Consultees expressed concern over the cost pressure placed on NHS services by the ‘worried well’ and a corresponding concern that people from less affluent areas were equally less likely to access services. The issue for the consultor from this appears to be the need to ensure that services are accessed equally, without penalising those who seek care, or threatening the lawful duty of the NHS to provide care free at point of use.

“...I heard that spend on people in Bramhall is the highest in Stockport as they seek out services. We should aim to ensure there is an agreed set of things that are treated across Stockport...”

4.4.6 Supporting the population, recognising the reality of an ageing population

Respondents to the consultation provided the view that while the proposals are welcome, they also reflect the reality of the population of Stockport and much of the rest of England. The population of Stockport is ageing, and services must adapt to these circumstances - it is the right and proper thing to do.

“...it should be viewed as an investment in healthcare services for the future for an increasing and ageing population and must not be

either a cost cutting exercise or 'moving the deckchairs around on the titanic'..."

4.4.7 Scepticism

Again, a common theme in the additional evidence and commentary, relate to a level of scepticism in responses with some consultees expressing the view that the consultation is a waste of time.

"...this is irrelevant as the commissioners have already made this decision and begun an implementation phase..."

"...you are wasting people's time. No one wants it..."

5 HOSPITAL BEDS

Providing services for those that need them and reducing pressure

5.1 Introduction – Hospital Beds

The consultation document provided the following context to inform individual responses.

We are proud of our local hospital and the staff who do an excellent job at looking after patients in their time of need. We want people to know that those staff and services are here to stay for people who need them. We also want to reduce the pressure on those services so when needed, they can offer even higher quality care.

Currently more people in Stockport are admitted to hospital than in other similar areas in England, and when admitted people often stay longer than necessary. Our proposals include supporting people to change lifestyles and so preventing or delaying the onset of ill health; proactively identifying people at risk and intervening earlier; and when people experience being ill, providing additional support in the community. We will also invest in more resources to support people when they go home from hospital. This means they are less likely to be kept waiting for discharge. If decision-makers choose to adopt the approaches and our proposed interventions are successful, we forecast there will be a reduction in the number of people needing treatment at Stepping Hill and other hospitals.

A reduction in people needing treatment may mean hospital beds are no longer needed. NHS England stipulates that if unused hospital beds are to be decommissioned, commissioners must demonstrate that one of the following conditions is met:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting It Right First Time programme).

Respondents were asked three questions, one closed and two open about these proposals, these were:

- To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined? (Closed response using a ranking of 1-5 where 1 is 'Strongly Agree' and 5 is 'Strongly Disagree' a sixth option 'Don't Know' was also provided).

- Why do you say this? (Free text response).
- Do you have any additional evidence that decision-makers should consider before they make this decision? (Free text response).

5.2 Do you agree with our proposals?

Participants in the consultation, whichever method was used, were all asked the following question.

“To what extent do you agree that this test would be appropriate, if in the future Stockport Together must consider decommissioning in-patient beds at Stepping Hill hospital?”

Discussed in turn below are the responses from the:

- Online, postal, and face-to-face survey; and
- Street survey.

These data are treated separately to recognise the previously discussed differences in sampling and motivation to participate.

Further details of the responses for the online, postal, and face-to-face survey are shown in Appendix One. Demographics beyond those reported are not available for the street survey.

5.2.1 Online, Postal and Face-to-Face Surveys

When considered as an overall sample, there is some support for this proposal from respondents to the online, postal, and face-face survey, with of 40% respondents either agreeing or strongly this test would be appropriate, if, in the future Stockport Together must consider decommissioning in-patient beds at Stepping Hill hospital. This is less clear cut than other proposals in the consultation with 33% of respondents disagreeing or strongly disagreeing.

Overall agreement/disagreement	Frequency	Percent
Strongly agree	32	15.0%
Tend to agree	53	24.9%
Neither agree nor disagree	21	9.9%
Tend to disagree	25	11.7%
Strongly disagree	45	21.1%
Don't know	18	8.5%
Not Answered	19	8.9%
Total	213	100%

When considered by age there is little significant variation in opinion in overall agreement, except for the 16-17 group, which can be discounted due to small sample size

- 16-17 100%
- 18-24 50%
- 25-34 46%
- 35-44 40%
- 45-54 43%
- 55-64 40%
- 65+ 46%

Considered by gender there is less support from women than men.

- Female 39%
- Male 47%

5.2.2 Street Survey

Consultees responding to the street survey were against the proposition with 55% disagreeing/strongly disagreeing and only 41% agreeing/strongly agreeing.

Overall agreement/disagreement	Frequency	Percent
Strongly agree	53	17.5%
Tend to agree	71	23.4%
Neither agree nor disagree	34	11.2%
Tend to disagree	37	12.2%
Strongly disagree	95	31.4%
Don't know	11	3.6%
Not Answered	2	0.7%
Total	303	100%

When the responses of consultees to the street survey are considered by age the strongest opposition comes from the 18-24 age group (55%), with 65+ being significantly less opposed (36%).

	Support	Oppose
▪ 18-24	35%	55%
▪ 25-34	42%	35%
▪ 35-44	43%	43%
▪ 45-54	33%	48%
▪ 55-64	38%	52%
▪ 65+	49%	36%

When considered by gender there is a common level of opposition, however more men tend to support the proposition than women.

	Support	Oppose
▪ Female	38%	44%
▪ Male	46%	43%

5.3 Why? (Q3b)

When asked ‘why did you provide that answer’ participants in the consultation gave a range of responses, these have been analysed and grouped into broad themes representing the overall sentiment of consultees in relation to:

“To what extent do you agree that this test would be appropriate, if in the future Stockport Together must consider decommissioning in-patient beds at Stepping Hill hospital?”

Recognising the similarity of the responses and for brevity in reporting, we have analysed all together irrespective of the method of contribution to the consultation.

5.3.1 Capacity, demand, and the perceived need for hospital based rehabilitation

Many respondents to the consultation felt that the tests were flawed simply because in their view, the number of hospital beds required for the borough was fixed, based on the population level.

“...cannot see it working - can only fit so many people on a ward...”

“...decommissioning beds is an irresponsible suggestion. Beds will always be needed, regardless of whether care is in the community...”

Consultees also took the view that Stockport needs more hospital beds not less, and with many stating the opinion that a sensible approach would appear to be some sort of ‘mothballing’ rather than a real reduction. The premise behind these views being the need to respond to any future upsurge in demand.

“...as long as it remains possible to re-commission these beds should that become necessary...”

“...I would hope that there would always be sufficient hospital beds to cope with winter emergencies, etc...”

This was compounded by a minority view that hospital stays should involve an important element of rehabilitation prior to discharge, which would further increase the requirement for hospital beds.

“...because I think it's important to rehabilitate rather than just discharge them...”

5.3.2 This should be a self-evident truth

A more pragmatic view from consultees, was that the proposed tests would be proof in themselves of the need for less beds. If they were incorrect, the number of hospital beds would be likely to remain static.

“...beds will close themselves if these changes work...”

“...the tests...if carried out honestly and rigorously...would deliver the answer that is needed to make the savings that are envisaged...”

5.3.3 Moving people home quicker results in better care if adequate provision for home care exists

Many respondents to the consultation shared the view that the best care for patients was in their own home, recognising the detrimental impact prolonged hospital stays have on health, particularly for the elderly.

“...less time in hospital and help in the patient’s own surroundings sounds good...”

However, this was tempered with realism, in that home care only works in appropriate circumstances. People without a support network will be left isolated and the lack of sufficient after care will result in a return to a hospital bed. All of which are counter to the overall objectives of reducing hospital stays.

“...not all people have someone at home to help care. They would feel isolated...”

“...only if the after care is followed up and the patient doesn't end up back in hospital...”

5.3.4 Providing adequate transitional support to the hospital beds

Coupled with concerns over the need for care at home, consultees highlighted the need for the provision of adequate provision of transitional support for those not yet ready to return home, but no longer in need of hospital care. This was interchangeably described as ‘step down’, ‘transitional’ or ‘assessment’ beds, where patients can regain their independence. Without this element being more explicitly dealt with within the proposals, many were unconvinced.

“...decommissioning acute beds needs to be coupled with supply of step up/ step down beds and discharge to assessment facilities...”

5.3.5 Confidence required that the capacity exists in the community to cope

Consultees were only convinced of the reduction in hospital beds if there was evidence to support provision of adequate capacity in community care to support the proposed changes. Many consultees expressed concern that this was not explicit within the proposals contained in the consultation document.

“... assurances that there was sufficient capacity in the community...”

5.3.6 Starts somewhere else than in hospital

The view of many consultees was that the argument for reduced beds starts outside the hospital and other clinical settings. This called for a focus on other social determinants of health, and the ability to influence positive lifestyle changes.

“...prevention and support for people to change life styles...”

“reduced bed numbers are bad...reduce patients who go to hospital by prevention...”

“...more work needs to be done in changing people's behaviours so that they don't end up in hospital - reducing the demand on beds...”

5.3.7 Savings elsewhere?

Some consultees provided the view that the proposals to cut hospital beds were looking for cost savings in the wrong area and the reduction in management overhead in the new organisation could achieve much of the saving.

“...how can reducing the amount of beds be a good thing? Reduce meddling managers instead...”

A smaller group of consultees took the view that reductions in hospital bed numbers would not be enough, even when considered with efficiency savings elsewhere in the system.

“...don't believe that more efficient use of GPs, district nurses and other services will lead to...reducing hospital patient numbers. At best it will offset some of the current underfunding of the NHS...”

5.4 Other Evidence to Consider (Q3c)

When people were asked the question:

“Do you have any additional evidence that decision-makers should consider before they make this decision?”

They were able to respond in two ways by:

- v. Uploading documents – either reports, responses, or comments; or
- vi. Providing additional comments as free text.

Evidence submitted in these ways, related to “...providing services for those that need them and reducing pressure...” is discussed in turn below.

5.4.1 Uploaded Evidence

In total two pieces of documentary evidence were submitted to the consultation for consideration. These were:

- Mental Health Carers Scenarios;
- CQC Stepping Hill Hospital Quality Report.

5.4.1.1 Mental Health Carers Scenarios

A submission was received that detailed five scenarios from the perspective of mental health carers:

- Getting help in (continual) crisis;
- Getting help to have an acceptable standard of life;
- Getting help to prevent suicide;
- Information sharing with GPs; and
- Getting medical help before a crisis occurs.

The submission concluded with two questions for consideration in the consultation:

1. How can Stockport Together help in these scenarios?
2. What will happen to our loved ones when we are no longer able to support them?

5.4.1.2 CQC Stepping Hill Hospital Quality Report

A submission was provided for consideration in the consultation of the Care Quality Commission’s Quality Report for Stockport NHS Foundation Trust Stepping Hill Hospital. The report is dated 3/10/17 and relates to an inspection visit 21, 22 and 28 March 2017. The overall rating for the hospital saw Urgent and Emergency Care rated as Inadequate and Medical Care (including older people’s care) as Requires Improvement.

This evidence was submitted to support the following statements:

“...My evidence is only apocryphal, but nevertheless telling. A friend of ours who has been disabled with severe arthritis for many years and has had several operations for hip and knee replacements throughout her adult life has just returned home from

a knee replacement. She reports that the quality of care has greatly deteriorated since her last operation some years ago, with hard-pressed nursing staff taking much too long to respond to patient calls for bed pans and medication. This is backed up by the recent CQC report marking Stepping Hill as "requiring improvement". At age 69, I am very worried about having to go into hospital in the current climate...."

5.4.2 Thematic Analysis

Respondents provided their thoughts and comments to provide the consultant with additional evidence they should consider in making any decisions for the future. These responses have been grouped into broad themes, representative of expressed opinions, as shown below.

5.4.2.1 Measuring the impact of Stockport Together

As a response to the overall concern over the reduction in hospital beds, perhaps the most unpopular element of the proposals under discussion, many consultees suggested a need to be clear on the impact of the proposals, if implemented. The main concern was around the effectiveness of community care in keeping patients from returning to hospital.

An effective measure to gauge Stockport Together's success was levels of readmissions.

"...a measure - readmissions by neighbourhood - should be monitored regularly. Will give a good guide to success or failure..."

5.4.2.2 Closer working with the care home community

Many consultees recognised the potential interdependence between reduced numbers of hospital beds and wider social care, specifically the ability of the care home sector, already under significant financial pressure, to cope with the potential additional demand. Again, focus was on the level and quality of intermediary/'step down' care likely to be available in the borough.

"...review how nursing homes and other suitable residential facilities can take people who don't need to be in hospital but are not ready to manage at home yet..."

"...needs further investment in residential/short stay beds..."

5.4.3 A need for increased primary care provision

Most respondents identified the need for the consultant to recognise, within their proposals, the need to develop an increased capacity in primary care, beyond the existing levels to ensure the reduction in beds will be achievable.

“...they really need to get a grip of GPs and make them work more late and early evening shifts like the rest of the NHS...”

“...they'll need a lot more GPs and district nurses for this to work...”

6 OTHER INFORMATION OR PROPOSALS

Information or proposals decision makers should consider

6.1 Introduction

As a final element of the consultation document, consultees were asked:

“Is there any other information or proposals you think decision makers should consider?”

Participants in the consultation gave a range of responses, which have been analysed and grouped into broad themes representing the overall sentiment of consultees.

6.2 Thematic Analysis

The main themes to emerge from consultee responses were as follows.

6.2.1 Speak to people first, change second

The principles of consultation were endorsed by respondents, who suggested that post this discussion on the broad strategic principles, Stockport Together should consider engaging with staff and service users to understand the operational perspective.

“...speak to staff already working for the services...”

“...speak to the patients already receiving care in the community / home...”

6.2.2 More services

Consultees also identified the potential for consideration of new or enhanced services to adapt/react to the challenges set by the broad strategic proposals discussed in the consultation. These included:

- The need for gap analysis in service provision considering the suggestions from this consultation and conducting subsequent impact analysis for detailed service proposals;
- The need to develop an increased primary care offer, which is acknowledged as potentially difficult considering shortages of GPs;
- Consideration of changes in social care to foster less reliance on hospital beds and retain people’s independence in their own homes.

“...needs analysis across health and social care to identify the gaps...”

“...we need more GPs...”

“...better access to more GP/Advanced Nurse Practitioner assessments...”

“...in social care...resume an old style "home help " service for shopping, befriending etc, where personal care is not needed but for things that are important to older people...”

6.2.3 Consultation with decision makers

Many consultees expressed the perception that to be successful Stockport Together should have wider discussions with key decision makers before developing solutions.

“...greater Consultation with NHS England...”

“...utilise local MP's by inviting them to see first-hand Stockport NHS facilities especially when stretched so they can also report back to central government...”

6.2.4 Step down/step up care

A further emphasis was placed on the provision of short stay beds for those leaving hospital and unable to return home immediately. Consultees viewed this provision within a social care setting as a key element of the success of the proposals to reduce hospital beds and stays.

“...consider halfway houses, i.e. the old-fashioned convalescent homes...would relieve the bed blocking in Stepping Hill Hospital...”

“...further investment in packages of care and short stay beds. Already too much pressure on current care providers...how will manage the winter pressures...”

6.2.5 The consultation structure and presentation as a barrier to participation

In providing further comment and evidence for consideration by the consultors a recurring theme is around the complexity of the consultation document and the difficulties faced in completion. The main concerns focused around:

- The call for the provision of more information to support the decision consultees were being asked to decide upon;
 - The complexity of the questions themselves; and
 - The overall format, requiring responses on complex issues within an overly simple format.
-

“...I find it hard to complete the questionnaire as the information provided is inadequate...”

“...as a large voluntary sector organisation working around local people in later life we are being asked to express our views through this sort of questionnaire. We have started it and left it and struggled to complete it many times as is so hard to offer meaningful comment on such complexity in this format...”

6.2.6 Transparency and honesty

Consultees urged Stockport Together to ensure that the proposals for change were conducted within an environment that:

- Puts patient needs first; and
- Provides best use of public funds, including the avoidance of more bureaucracy.

“...please don't lose sight of the fact that people who are genuinely ill need compassion and help, not decisions made purely for monetary reasons...”

“...ensure effective transparent use of public funds. Too much is wasted on ever increasing numbers of managers and not enough on frontline clinicians.... if you can find them...”

Within this, there is a call from consultees to recognise the reality of the situation and to continue to be honest with the public, explaining what the NHS can provide and what it cannot.

“...stop raising public expectations that they can have everything provided by NHS...”

6.2.7 Consideration of other approaches and sectors to support Stockport Together

Consultees, particularly local voluntary and community sector organisations, offered support to Stockport together, not only of the proposal aims, but also of the opportunity to add their resources and experience to aid deliver solutions.

“...(we) understand the pressures on Stockport Together in the current economy...the need to do things differently.... also, that it offers a fantastic opportunity to change things and would welcome the chance to work more with it...”

6.2.8 Mental health issues don't always exist in isolation

Many consultees raise the issue of more than one condition, in relation to mental health, existing at the same time. This was felt to be an issue of concern for older people, but not exclusively so and Stockport Together was asked to consider the combined needs of mental and physical issues as one issue rather than separately.

"... (older people) often present with multiple issues over a number of areas - physical mental social etc..."

6.2.9 Real seven day a week working

There was a degree of scepticism around the discussions of seven day working made in the proposals, with many consultees expressing the view that much of current health and social care provision does not reflect the working patterns prevalent in Stockport. Equally, there is a view that a correspondingly large number of services do already work seven days a week, which caused some to question the claimed cost savings in the proposals.

"...can 7-day working mean it please...Illness doesn't stop on Friday nights & restart on Monday morning..."

"...social workers should be available 7 days a week. Needs don't go away at weekends!"

"...there are already 7-day services in place both in hospital and the community...I do not see how your Business plan will save money in the long term..."

6.2.10 Specific services

While consultees welcomed the general principles of the proposals, some felt that the lack of detail was a point of concern, with many raising concerns around the continued or enhanced service provision, including but not limited to:

- Adaptation of service delivery to the needs of Stockport residents with learning or sensory disabilities;
- Specialist provision such as sexual and women's health clinics; and
- Access to services such as weight loss, smoking cessation.

"...there is no mention of sexual health services, which are a very important aspect of staying healthy... saves money elsewhere in the health and social care economy..."

“...I would be particularly concerned, as a parent of a son with a learning disability(LD), that suitable provision was included in these proposals to cater for people with a LD...”

6.2.11 Data Sharing

Many consultees also expressed a desire for Stockport Together to develop a common data sharing platform within the Stockport health and social care system and ultimately across Greater Manchester. This was felt to be an important step in ensuring consistent and good quality care within the proposed changes.

“...develop a common records system across Greater Manchester. It is not good enough when any hospital says, ‘you are out of area, we do not have your records’...”

7 DISCUSSION GROUP MEETINGS

Discussion groups

7.1 Introduction

The Stockport Together consultation team conducted several discussion groups with specific interest groups, between the 16th and 27th of November 2017. Thirteen groups were provided to us for analysis, these were:

- | | |
|----------------------------------------------------------------|---------------------------------------------|
| 1. Alvanley Health Champions Patient Participation Group (PPG) | 8. Poets Corner Action Group |
| 2. Breathe Easy Group | 9. NHS Watch |
| 3. Bredbury PPG | 10. Walthew House Deaf group 1 |
| 4. Cheadle PPG | 11. Walthew House Deaf group 2 |
| 5. Disability Stockport | 12. Walthew House Visually Impaired group 1 |
| 6. Marple PPG | 13. Walthew House Visually Impaired group 2 |
| 7. Mental Health Carers Group | |

Two of these discussion groups were conducted as a series of face-to-face interviews and were included and are analysed in the main consultation feedback (groups 12 and 13). The results from these groups are excluded from the analysis in this section.

The reports from the remainder of these groups have been analysed and grouped into themes representing the sentiment expressed across all groups

7.2 Thematic Analysis

While each of the discussion groups followed the initial approach of handing out copies of the consultation document, encouraging the participants to complete online or in hard copy, the remainder of the session followed an unstructured Q&A approach. The resulting thematic responses are relatively wide ranging focused on both issues and potential solutions for consideration by the consultants. The emerging discussion themes, in no order of importance, were as follows.

7.2.1 The implications of cross-boundary working

A consistent theme across the groups was the extent to which Stockport Together has considered and develop mitigation for bordering areas responding to the same challenges and changing their health and social care services. Specifically:

- How are they doing things differently, are we learning from them?
- How is Stockport working with them?
- What agreements exist around continued provision and receipt of services into/from those areas?
- How is duplication of effort between the areas managed? An example of Cheshire East not accepting Stockport assessments, and redoing them was cited.

7.2.2 Specific models of support

The groups developed several positive suggestions around the role local voluntary and community sector organisations can play to support the aims of Stockport Together, including:

- The integration of Disability Stockport’s local delivery model into the neighbourhood model to foster learning from what works;
- The provision of Citizens Advice services in neighbourhood centres to address wider issues contributing to mental and physical conditions;
- Closer working with specialist organisation, such as Age UK, to deliver the proposals;
- Provision of space in existing community buildings to support neighbourhood working.

7.2.3 Access to service

The consensus from the groups was that the key to success of the Stockport Together proposals was addressing the issue of access to services, through:

- Clear communication of the changes in services to ensure all Stockport residents are aware of how to access services;
- Deliver a seven-days a week, twenty-four hours a day, first class service to all residents of Stockport;
- Providing access to care through a single telephone number irrespective of the nature of the service required - health or social care;
- Developing a consistent response from health and social care providers that delivers care personalised to the individual.

7.2.4 Retaining and recognising staff

The groups recognised that GPs are at the heart of much of the success of the proposals, as will be other clinicians, alongside a flexible and responsive social care workforce. There were several suggested challenges for Stockport Together to address in moving to delivery of the proposals in this respect, namely:

- There are acknowledged staff shortages for both GPs and nursing staff, how with Stockpot Together respond to this national issue to ensure local services;
- Have the existing staff been consulted on the proposals, without their support it is difficult to see how the proposals can be implemented successfully;
- Have issues such as costs to staff of working such as car parking at NHS and local authority sites been considered;
- Have private care agencies been consulted on the implications for their staff.

However, it should be recognised that this is may include sensitive or individually identifiable data, and due care should be taken in any sharing of this by the consultant.

7.2.5 The pressure faced by care homes

The groups demonstrated a consensus of concern over the implications of the Stockport Together proposals around the potential pressure placed on an already overstretched care home sector. This could be addressed through measures such as:

- Nurses and GPs working in care homes, although this needs to be paid for;
- Providing more care in the community to maintain people's independence in their own home;
- Ensuring people with sensory disabilities, such as being deaf, are supported in care homes, with provision of translators and specific activities.

7.2.6 Supporting people, maintaining service, and addressing mental health issues

A key concern to be addressed by Stockport Together, identified by the discussion groups was the ability of the proposed changes to continue to maintain current standards and move to improve them. Concerns centred around:

- The ability of GP practices, at the heart of the neighbourhood model, to maintain current levels of service, which is likely to require more GPs at a time of national staff shortages;
- Dealing with more people with comorbidity, which will require more time to effectively deal with their concerns;
- Supporting people with specific needs to be able to effectively access the neighbourhood services – including learning disabilities and sensory disabilities (deaf, blind, and deaf-blind);
- Dealing with increased numbers of people with dementia in the community.

Set against these issues was the concern that the pressures on neighbourhood services in dealing with the 'usual' will result in less time and attention for people with mental health issues, despite a stated aim to improve this. This was further compounded by concerns over the apparent scarcity of GPs with mental health as a professional specialism.

7.2.7 Transition from hospital care to home

Consultees engaged through discussion groups were clear that the proposals were based on an overall reduction in length of hospital stay and bed numbers, however there were concerns that people would need additional support to recover.

“... the only solution is to get people through the hospital quickly, but this doesn't mean they're fully recovered...”

The overall feeling was that the issue of providing transitional support care beds in a social care setting was not adequately described in the proposals and will need to be addressed more clearly.

7.2.8 Services free at the point of care?

The tension between the provision of health and social care as one service was recognised by many consultees in the groups, specifically:

- The legal requirement to deliver NHS services free at the point of care; and
- For social care to be means tested.

Solutions being investigated or that should be considered addressing this issue to ultimately deliver costs savings discussed in the groups included:

- Exploring joint commissioning and pooled budgets between health and social care;
- Explaining clearly to patients and service users the tension between 'free' and means tested care; and
- Informing people of the costs of their failed appointments.

7.2.9 Other partners

The groups largely felt that the proposals, as they stood, ignored many partners, who can support or hinder successful implementation, including, but not limited to:

- The voluntary and community sector (VCS) in Stockport who have links that NHS and local authority partners will find difficult to duplicate and have the potential to introduce innovation and low-cost delivery;
- GPs, who many recognised as private business and without their buy-in and support the proposals will be difficult to implement;
- Housing sector partners, mostly social but not ignoring private landlords with their access to a large percentage of the resident population;
- Private sector care agencies, who will delivery many of the required social care services;
- The care home sector, who will be required to support the need for additional transitional beds and out of hospital care.

7.2.10 People 'get it'; take them with you

The groups identified that the people of Stockport are generally more astute than they're given credit for, with many citing the fact that much so-called 'misuse' is getting the right service at the right time from an unresponsive system. The call was for a clear communication of the benefits and drawbacks of the proposals to allow people to make informed choice on more detailed proposals, included:

- The extent to which the plans are future proofed to withstand future political changes and other systemic shocks; and
- The continuity plans in place to deal with emergency situations and how any issues will be addressed.

7.2.11 Is this just another bureaucratic approach - we want services, not managers?

As with other consultation mechanisms, the discussion groups echoed the sentiment of scepticism. Issues discussed included:

- Service for Stockport residents is paramount, the proposals must be clear that they are not just wasting money on more managers and measurement systems.
- The lack of clear evidence that so-called smarter working, will save money;
- A concern that the efforts to respond to the consultation were ‘...*a waste of time*...’ due to the perception that implementation of the proposals were already under way.

8 SUMMARY

Emerging findings for consideration in decision-makers deliberation

8.1 Introduction

Consideration of the public consultation conducted by Stockport Together on the partnership's broad strategic principles between 10th October to 30th November 2017 allows us to provide a summary on the following:

- Specific observations on the strategic service proposals; and
- Overall observations on the common themes across all discussion areas and consultation methods.

Each of these is discussed in turn below.

8.2 Summary Findings – Service Proposals

Considering the specifics of the service proposals there was broad support for the outline strategic proposals, however, this was less clear around the issue of closing hospital beds.

8.2.1 Planning and Organising Services

There was support for the broad proposals to reorganise the way health and social care in Stockport, with:

- 72% of respondents to the online, postal, and face-to-face survey tend to agree or strongly agree with the proposal;
- 87% of respondents to the street survey expressed a common opinion in support.

However, the following also needs to be taken into consideration:

Working together

Recognising the benefits of the approach suggested in the Stockport Together proposals being consulted on the opportunity to maximise these through earlier work with the third sector (voluntary and community) was highlighted for consideration.

Accessibility

Many respondents expressed concerns over the way in which Stockport residents would be able to access the proposed services if they faced specific difficulties.

Consider Local and Individual Need

The Stockport Together partners need be mindful of the variations in need between neighbourhoods in Stockport and of individuals within those neighbourhoods in designing new service provision.

Emphasis on Mental Health

Consultees were very clear in directing the Stockport Together consultation to give equal weight in consideration of mental health needs and physical health, and therefore placing an enhanced emphasis than that currently enjoyed.

Ensure Social Care is Supported

Within the considerations of the consultation there is a direction that social care funding and more importantly adequate social care provision is available, as well as closer cooperation and coordination between these two elements of the proposals.

Scepticism

It is also clear that the consultors (NHS Stockport CCG and Stockport MBC) will have to overcome a level of scepticism from the public over the realism of some aspects of the proposal to be able to achieve the savings it seeks to make.

8.2.2 A Neighbourhood Delivery Model

Again, there was very strong support for the proposals to organise health and mental health services into eight neighbourhood teams:

- 71% of respondents to the online, postal, and face-to-face survey tend to agree or strongly agree with the proposal; and
- 71% of respondents to the street survey expressed a common opinion in support.

However, the following factors identified by consultees also need to be taken into consideration:

The consultation process and the danger of domination by the articulate and engaged

Specific concern was raised by consultees of the potential for the process to be disproportionately influenced by the articulate middle-class respondents to the consultation. While all contributions are welcome, the issue for consideration by the consultors is recognising the ability of this group to articulate their concerns while recognising the needs of those less able to express themselves.

Local provision, knowledge, and accessibility

Consultees recognised the benefits of the proposal to organise service around a neighbourhood model. The key benefits were felt to be:

- Provision of services in a familiar location, in an area people know well and are comfortable in;
- The focus of service around local GPs who generally have an established relationship and a record of need and past care; and
- A central and local location that reduces the burden of travel to service.

Where are the resources to support the proposal?

Many consultees expressed an overall concern that the proposals, as detailed in the consultation document, did not provide enough evidence that the proposals were

based on sound financial plans. Which in turn led to concerns over the overall sustainability of the proposals.

A much-needed focus on mental health, but is it enough?

There was a recognition from consultees that the proposals added a very important focus on caring for those with mental health needs in their own community, which was very well received. However, some consultees felt this service offer did not go far enough in meeting the needs of the residents of Stockport.

Are the proposed neighbourhoods too big?

Many respondents to the consultation felt that the scale of the neighbourhood model was not well enough explained in the proposals. This in turn led to concerns that the description of a 'neighbourhood' was too big, and would not be recognised by residents as such, which raised further concerns over the distances to travel and population covered by a neighbourhood centre, an issue which may need to be addressed by the consultors.

More questions to be answered before this proposal looks complete

While most consultees recognised the outline advantages of neighbourhood working, many also felt that there was a lack of detail in the proposals in the consultation document which led to more questions. The feeling was that Stockport Together will be required to provide more detail before many consultees felt confident in responding to the consultation, including the role the third sector would or could play in the proposals.

8.2.3 Reducing Hospital Beds

The proposals to reduce the number of hospital beds was significantly less welcome by consultees, with

- 40% of respondents to the online, postal, and face-to-face survey tend to agree or strongly agree with the proposal and a third (33%) disagreeing/strongly disagreeing; and
- 41% of respondents to the street survey expressed a common opinion in support, however the majority (55%) expressed opinions disagreeing/strongly disagreeing with the proposals.

In considering these results the following needs to be taken into consideration:

Capacity, demand, and the perceived need for hospital based rehabilitation

Many respondents to the consultation felt that the tests were flawed simply because, in their view, the number of hospital beds required for the borough was fixed based on the population level.

Consultees also took the view that Stockport needs more hospital beds not less, and with many stating the opinion that a sensible approach would appear to be some sort

of ‘mothballing’ rather than a real reduction. The premise behind these views being the need to respond to any future upsurge in demand.

This was compounded by a minority view that hospital stays should involve an important element of rehabilitation prior to discharge, which would further increase the requirement for hospital beds.

This should be a self-evident truth

A more pragmatic view from consultees was that the proposed tests would be proof in themselves of the need for less beds. If they were incorrect, the number of hospital beds would be likely to remain static.

Moving people home quicker results in better care - if adequate provision for home care exists

Many respondents to the consultation shared the view that the best care for patients was in their own home, recognising the detrimental impact prolonged hospital stays have on health, particularly for the elderly.

However, this was tempered with realism, in that home care only works in appropriate circumstances, people without a support network will be left isolated and the lack of sufficient after care will result in a return to a hospital bed. All of which are counter to the overall objectives of reducing hospital stays.

Providing adequate transitional support to the hospital beds

Coupled with concerns over the need for care at home, consultees highlighted the need for the provision of adequate provision of transitional support for those not yet ready to return home, but no longer in need of hospital care. This was interchangeably described as ‘step down’, ‘transitional’ or ‘assessment’ beds, where patients can regain their independence. Without this element being explicitly dealt with within the proposals many were unconvinced.

Confidence required that the capacity exists in the community to cope

Consultees were only convinced of the reduction in hospital beds if there was evidence to support provision of adequate capacity in community care to support the proposed changes. Many consultees expressed concern that this was not explicit within the proposals contained in the consultation document.

Starts somewhere else than in hospital

The view of many consultees was that the argument for reduced beds starts outside the hospital and other clinical settings and called for a focus on other social determinants of health, and the ability to influence positive lifestyle changes.

Savings elsewhere?

Some consultees provided the view that the proposals to cut hospital beds were looking for cost savings in the wrong area, and the reduction in management overhead in the new organisation could achieve much of the saving. A smaller group

of consultees took the view that reductions in hospital bed numbers would not be enough, even when considered with efficiency savings elsewhere in the system.

8.3 Overall Observation – Common Themes

Aside from the specific comments on the individual proposals for service change there are several common themes emerging from the consultation responses that are important for the consultors to consider. These were:

- **Governance and accountability**

There was an overall concern that the consultation, although currently only addressing broad strategic themes did not provide confidence that robust arrangements were in place for governance, measurement, and accountability. Without this detail consultees would find it difficult to decide on specific service proposals.

- **Role of the third sector**

Throughout the consultation responses the contribution of voluntary and community (third) sector partners is valued and valuable. However, they appear to be observers rather than participants in the process which overlooks the value and experience they bring to the benefit of Stockport.

- **The consultation process – speak and listen**

There were some specific criticisms of the consultation process, despite the relatively high response rate, which included:

- The lack of detailed information to decide on;
- The question/response format being limited restricting the ability of consultees to respond meaningfully;
- The way in which consultation was conducted, with too much reliance on online and social media and less with face-to-face contact. This was also reflected in the discussion group responses traditional Q&A sessions and not proactive opinion seeking. This could suggest the need for a wider approach to engagement through co-production approaches rather than a reliance on ‘set-piece consultation.

Within this, it is worth considering the complexity of the language and format used in the consultation document, perhaps reflecting on the average UK reading age of 9, and how this impacts comprehension and participation.

- **Equity of consideration – mental and physical health**

The need to give equal consideration to mental health, which given the perceived status as the poor relation, many felt required preferential treatment.

- **Scepticism**

Many, but by no means all consultees expressed an ongoing cynicism with the process, feeling that it had all been done before or that the evidence for the changes did not exist. Stockport Together will need to respond constructively to this and provide evidence of positive change to convince this group.

- **We get it, show us transparency and honesty**

The feeling was the ability of the public to understand the proposals was often underestimated and Stockport Together should provide a consultation that is clear in the benefits and drawbacks of the proposals alongside the rationale and accountability.

- **Access for all**

The issue of affluent, literate and engage communities was raised as a concern. The specific issues were:

- The potential for disproportionate influence from middle class consultees; and
- Concerns over those with the self-awareness to seek health support (the worried well) predominantly in affluent areas taking a higher 'share' of services than areas less health literate.

- **Cross boundary working**

Demands on health and social care services are not unique to Stockport and consultees were aware of other initiatives in Greater Manchester and other bordering areas. The concern for consultees was the extent to which this was taken account of in Stockport Together's proposals and the impact on inflowing/outflowing services provided across boundaries.

- **Staff**

Consultees felt that one of the main challenges to be addressed by Stockport Together in developing and delivering their proposals was the issue of staff, including:

- Consideration of recruiting more GPs, nurses, care assistants and other clinical roles alongside social care staff to address service demands in the face of national shortages;
- The willingness and support from GPs to deliver the neighbourhood model;
- The capability and capacity of community staff to deal with the increased demand.

- **Care homes and transitional support**

Stockport Together's proposals appear to consultees to rely upon increased care home capacity and the availability of transitional/step down beds to move people from hospital quicker. The level of detail in the proposals does not make it clear if this has been considered and is in place.

- **Changes in lifestyle and behaviour**

Outside of the proposals there was a strong feeling from consultees that to effect the changes described there is a need for more preventative interventions. The view being that by the time people are being dealt with by the proposed services, it's too late. Early intervention is required in the community, including schools, which is a wider remit than the proposals, but felt to be the motivator for real change and savings.

9 APPENDIX ONE: ONLINE, POSTAL & FACE-TO-FACE DEMOGRAPHICS

Disability, Race, Sexuality, Religion, and Gender Reassignment (note: these were not recorded for street)

9.1 Disability

	Don't know		Not Answered		Strongly agree		Tend to agree		Neither agree nor disagree		Strongly disagree		Tend to disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Services														
To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?														
No	9	6.7%	2	1.5%	58	43.0%	48	35.6%	4	3.0%	8	5.9%	6	4.4%
Yes	2	4.2%	7	14.6%	15	31.3%	15	31.3%	3	6.3%	3	6.3%	3	6.3%
Not Answered	0	0.0%	7	43.8%	1	6.3%	6	37.5%	1	6.3%	1	6.3%	0	0.0%
Prefer not to say	0	0.0%	0	0.0%	5	35.7%	6	42.9%	1	7.1%	1	7.1%	1	7.1%
Neighbourhoods														
To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?														
No	3	2.2%	2	1.5%	66	48.9%	40	29.6%	11	8.1%	6	4.4%	7	5.2%
Yes	1	2.1%	7	14.6%	19	39.6%	11	22.9%	1	2.1%	5	10.4%	4	8.3%
Not Answered	0	0.0%	6	37.5%	2	12.5%	5	31.3%	0	0.0%	3	18.8%	0	0.0%
Prefer not to say	0	0.0%	0	0.0%	3	21.4%	6	42.9%	3	21.4%	2	14.3%	0	0.0%
Hospital Beds														
To what extent do you agree that this test would be appropriate, if in the future Stockport Together has to consider decommissioning in-patient beds at Stepping Hill hospital?														
No	12	8.9%	2	1.5%	23	17.0%	37	27.4%	17	12.6%	18	13.3%	26	19.3%
Yes	5	10.4%	10	20.8%	7	14.6%	9	18.8%	3	6.3%	5	10.4%	9	18.8%
Not Answered	0	0.0%	7	43.8%	0	0.0%	5	31.3%	1	6.3%	0	0.0%	3	18.8%
Prefer not to say	1	7.1%	0	0.0%	2	14.3%	2	14.3%	0	0.0%	2	14.3%	7	50.0%

9.2 Race

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Services														
To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?														
Asian/British - Bangladeshi	0	0.0%	0	0.0%	0	0.0%	1	100%	0	0.0%	0	0%	0	0.0%
Asian/British - Chinese	0	0.0%	0	0.0%	0	0.0%	1	100%	0	0.0%	0	0%	0	0.0%
Black/British - African	0	0.0%	0	0.0%	1	100%	0	0.0%	0	0.0%	0	0%	0	0.0%
Not Answered	9	39.1%	1	4.3%	3	13.0%	7	30.4%	1	4.3%	0	0%	2	8.7%
Other ethnicity / race	0	0.0%	0	0.0%	5	55.6%	0	0.0%	1	11.1%	1	11.1%	2	22.2%
White: British	7	4.2%	10	6.0%	64	38.3%	62	37.1%	7	4.2%	9	5.4%	8	4.8%
White: European	0	0.0%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	1	33.3%
White: Gypsy/Traveller	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%
White: Irish	0	0.0%	0	0.0%	5	83.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%
Neighbourhoods														
To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?														
Asian/British - Bangladeshi	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Asian/British - Chinese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Black/British - African	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Answered	8	34.8%	0	0.0%	5	21.7%	5	21.7%	1	4.3%	1	4.3%	3	13.0%
Other ethnicity(race)	0	0.0%	0	0.0%	4	44.4%	2	22.2%	0	0.0%	1	11.1%	2	22.2%
White: British	7	4.2%	4	2.4%	73	43.7%	53	31.7%	13	7.8%	8	4.8%	9	5.4%
White: European	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	1	33.3%
White: Gypsy/Traveller	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
White: Irish	0	0.0%	0	0.0%	5	83.3%	0	0.0%	0	0.0%	0	0.0%	1	16.7%

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital Beds														
To what extent do you agree that this test would be appropriate, if in the future Stockport Together has to consider decommissioning in-patient beds at Stepping Hill hospital?														
Asian/British - Bangladeshi	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Asian/British - Chinese	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Black/British - African	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Not Answered	9	39.1%	1	4.3%	1	4.3%	6	26.1%	1	4.3%	0	0.0%	5	21.7%
Other ethnicity/race	0	0.0%	0	0.0%	2	22.2%	1	11.1%	0	0.0%	1	11.1%	5	55.6%
White: British	9	5.4%	17	10.2%	28	16.8%	38	22.8%	18	10.8%	23	13.8%	34	20.4%
White: European	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	1	33.3%
White: Gypsy/Traveller	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
White: Irish	1	16.7%	0	0.0%	1	16.7%	3	50.0%	1	16.7%	0	0.0%	0	0.0%

9.3 Sexuality

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Services														
To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?														
Bisexual	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%
Gay	0	0.0%	1	16.7%	1	16.7%	3	50.0%	1	16.7%	0	0.0%	0	0.0%
Heterosexual/straight	2	1.4%	9	6.3%	66	46.5%	48	33.8%	4	2.8%	6	4.2%	7	4.9%
Lesbian	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Answered	12	46.2%	0	0.0%	1	3.8%	10	38.5%	1	3.8%	1	3.8%	1	3.8%
Other	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Prefer not to say	2	6.1%	1	3.0%	8	24.2%	14	42.4%	2	6.1%	2	6.1%	4	12.1%
Neighbourhoods														
To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?														
Bisexual	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Gay	0	0.0%	0	0.0%	3	50.0%	2	33.3%	0	0.0%	0	0.0%	1	16.7%
Heterosexual/straight	2	1.4%	4	2.8%	74	52.1%	38	26.8%	12	8.5%	8	5.6%	4	2.8%
Lesbian	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Answered	11	42.3%	0	0.0%	3	11.5%	9	34.6%	0	0.0%	0	0.0%	3	11.5%
Other	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%
Prefer not to say	2	6.1%	0	0.0%	7	21.2%	12	36.4%	3	9.1%	3	9.1%	6	18.2%
Hospital Beds														
To what extent do you agree that this test would be appropriate, if in the future Stockport Together has to consider decommissioning in-patient beds at Stepping Hill hospital?														
Bisexual	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Gay	0	0.0%	0	0.0%	0	0.0%	2	33.3%	2	33.3%	1	16.7%	1	16.7%
Heterosexual/straight	4	2.8%	17	12.0%	25	17.6%	37	26.1%	13	9.2%	19	13.4%	27	19.0%
Lesbian	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Not Answered	13	50.0%	0	0.0%	1	3.8%	5	19.2%	1	3.8%	2	7.7%	4	15.4%
Other	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%
Prefer not to say	2	6.1%	1	3.0%	4	12.1%	6	18.2%	5	15.2%	3	9.1%	12	36.4%

9.4 Religion

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Services														
To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?														
Buddhism	0	0.0%	0	0.0%	1	25.0%	2	50.0%	0	0.0%	1	25.0%	0	0.0%
Christianity	5	4.6%	5	4.6%	51	47.2%	37	34.3%	2	1.9%	4	3.7%	4	3.7%
Islam	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Judaism	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No religion	2	3.6%	3	5.4%	17	30.4%	23	41.1%	4	7.1%	2	3.6%	5	8.9%
Not Answered	9	33.3%	2	7.4%	3	11.1%	9	33.3%	1	3.7%	1	3.7%	2	7.4%
Other	0	0.0%	1	6.7%	5	33.3%	4	26.7%	1	6.7%	2	13.3%	2	13.3%
Neighbourhoods														
To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?														
Buddhism	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%
Christianity	5	4.6%	1	0.9%	54	50.0%	32	29.6%	6	5.6%	4	3.7%	6	5.6%
Islam	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Judaism	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No religion	2	3.6%	1	1.8%	22	39.3%	16	28.6%	8	14.3%	5	8.9%	2	3.6%
Not Answered	8	29.6%	1	3.7%	7	25.9%	7	25.9%	0	0.0%	0	0.0%	4	14.8%
Other	0	0.0%	1	6.7%	2	13.3%	5	33.3%	1	6.7%	2	13.3%	4	26.7%
Hospital Beds														
To what extent do you agree that this test would be appropriate, if in the future Stockport Together has to consider decommissioning in-patient beds at Stepping Hill hospital?														
Buddhism	0	0.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	2	50.0%	0	0.0%
Christianity	6	5.6%	9	8.3%	22	20.4%	26	24.1%	9	8.3%	15	13.9%	21	19.4%

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Islam	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Judaism	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%
No religion	4	7.1%	6	10.7%	6	10.7%	15	26.8%	7	12.5%	6	10.7%	12	21.4%
Not Answered	9	33.3%	2	7.4%	1	3.7%	7	25.9%	1	3.7%	2	7.4%	5	18.5%
Other	0	0.0%	1	6.7%	1	6.7%	3	20.0%	3	20.0%	0	0.0%	7	46.7%

9.5 Gender Reassignment (Is your gender different to that assigned at birth?)

	Not Answered		Don't know		Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Services														
To what extent do you agree or disagree that Stockport Together should change their approaches to planning and organising health and social care services as outlined?														
Yes	0	0.0%	1	10.0%	2	20.0%	4	40.0%	0	0.0%	2	20.0%	1	10.0%
No	2	1.3%	9	6.0%	70	46.4%	51	33.8%	5	3.3%	6	4.0%	8	5.3%
Prefer not to say	2	7.4%	1	3.7%	6	22.2%	11	40.7%	3	11.1%	1	3.7%	3	11.1%
Not Answered	12	48.0%	0	0.0%	1	4.0%	9	36.0%	1	4.0%	1	4.0%	1	4.0%
Neighbourhoods														
To what extent do you agree that health and mental health services should be organised on the neighbourhood model as described?														
Yes	0	0.0%	1	10.0%	4	40.0%	3	30.0%	1	10.0%	0	0.0%	1	10.0%
No	1	0.7%	3	2.0%	41	27.2%	79	52.3%	11	7.3%	9	6.0%	7	4.6%
Prefer not to say	2	7.4%	0	0.0%	10	37.0%	5	18.5%	3	11.1%	2	7.4%	5	18.5%
Not Answered	12	48.0%	0	0.0%	7	28.0%	3	12.0%	0	0.0%	0	0.0%	3	12.0%
Hospital Beds														
To what extent do you agree that this test would be appropriate, if in the future Stockport Together has to consider decommissioning in-patient beds at Stepping Hill hospital?														
Yes	1	10.0%	0	0.0%	3	30.0%	4	40.0%	1	10.0%	0	0.0%	1	10.0%
No	3	2.0%	1	0.7%	79	52.3%	41	27.2%	11	7.3%	9	6.0%	7	4.6%
Prefer not to say	0	0.0%	2	7.4%	5	18.5%	10	37.0%	3	11.1%	2	7.4%	5	18.5%
Not Answered	0	0.0%	12	48.0%	3	12.0%	7	28.0%	0	0.0%	0	0.0%	3	12.0%

ASV

Insight | Change | Management

Keep in
touch...

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