

<b>STOCKPORT TOGETHER</b>						
<b>Time/Date/Venue:</b>	Wednesday 19 <sup>th</sup> July, 7-9pm at Offerton Community Centre					
<b>Responsible Officer:</b>	Lucy Cunliffe – Stockport Together					
<b>Details of Organiser:</b>						
<b>Type of Engagement</b>						
<input checked="" type="checkbox"/> Open Meeting	<input type="checkbox"/> Focus Group	<input type="checkbox"/> 1:1 interview	<input type="checkbox"/> Postal survey	<input type="checkbox"/> Phone survey	<input type="checkbox"/> Email survey	<input type="checkbox"/> Online survey
<b>Attendees</b>						
Mark Chidgey, chief finance officer, CCG Alison Johnson, planning & performance manager, CCG Lucy Cunliffe, communications lead, Stockport Together Approximately 4 group members						
<b>Demographic Breakdown of attendees</b>						
<b>Age:</b>	30+					
<b>Disability:</b>	Mixed					
<b>Gender:</b>	Mixed					
<b>Race:</b>	Mixed					
<b>Religion:</b>	Not known					
<b>Sexual Orientation:</b>	Not known					
<b>Comments and Proposals:</b>						
<p>Mark Chidgey, representing Stockport Together, gave a brief overview of the work to date and the plans that are being proposed to transform health and social care in the borough. The 'listening event' was held at Offerton Community Centre. This was followed by an interactive session to gather the group's views, questions and feedback, these have been summarised below:</p> <p><b>Will services still be measured against the national target? Will Stockport be the only place doing this new measurement? And how will you know if the measures are appropriate/successful?</b></p> <p>We established a series of 'expert reference groups' which helped to identify a long-list of outcomes. These were then refined to produce the list of outcome measures that will be used. There will then be a further process to collate the baseline data, so that the measures can be set into context, and to agree what good looks like.</p> <p>We do still need to meet nationally mandated targets, and that will not change through this process.</p> <p><b>Is there an agreed timeline for the business cases? I presume they will need to take into account the caveats and feedback...</b></p> <p>The final business cases will be taken back through the partner organisations in December. Some changes can be made now, but we still need to ensure the business</p>						

cases are fully signed off and agreed by all parties.

### **What age groups are we talking about?**

We're building the services based around the needs of the 65+ population, but all services that are implemented will be open to all ages. We had to focus on one particular cohort, but services, for example community nursing, will be open to everyone.

### **What about young people? I see more and more young people in crisis who aren't getting the support they need.**

We have had similar questions posed at different events. We knew that if we tried to look at all health and social care services across Stockport, it would take too much time.

By focussing on the 65+ population, this has allowed us to focus on one area to get it up and running.

'Mind the Gap' was a service which Cllr McGee led a few years ago, and it focused on the transition from CAMS support, through to adult tier two and tier three services, and avoiding the gap in services for those aged 18 – 25.

Stockport Together is a focal point, but it is not everything that is going on in the borough. In Stockport the main organisations are working on three levels to tackle the current health and social care problems:

- 1) as individual organisations
- 2) as a health and social care system (the intention for this is set out in the business cases)
- 3) at a GM-level

### **Education authorities should be more involved with this activity. They have a statutory obligation to support students, but are kept out of the loop.**

I do know that the 'Mind the Gap' activity involved education institutes.

**The education institutes are clear on their duty, but the feeling within the organisations is that they can't do enough. There is an issue with the services being aimed at schools, as opposed to colleges.**

### **This is partly because schools get more funding and are better linked in than sixth form colleges.**

You're right – and we have started to divide the population into three cohorts:

- 1) over 65s
- 2) 'children' (0 – 25years) as currently there is no consistent definition of 'children'
- 3) and those 25 – 65

It is within the 'children' cohort that we can make the biggest gains in terms of improving health outcomes for the population of Stockport.

### **What has or will be done to allow the different health and social care**

**professionals to view each other's data.**

We're implementing a shared IT system which all will be able to view – EMIS is the shared system which all GP practices are on, and the different professions are being added over time.

**What do you mean by neighbourhoods?**

We divide Stockport into eight geographical areas which we call the neighbourhoods.

**We should be doing more to encourage the proactive management of conditions, to encourage people to come off their medication wherever possible**

Yes, you're right and this is definitely something that will be picked up. We've got an initiative we're looking at which will see pharmacists carrying out medication reviews to lessen the burden on GP workloads and provide a better service for people on long-term medication.

Through the outcomes work, we've been segmenting the population, and trying to view the population as 'people' rather than as 'patients'. We have now realised that what we have termed as our healthy segment, may actually just be those who do not come into contact with the health service.

**My partner has never had a conversation about how to be proactive with managing his health needs. I think this is where we'd make some real gains.**

\*\*\*

**We need to bear in mind that older people trust both the NHS and the Council, and will feel more comfortable having services provided by them. They will take reassurance from these recognised organisations.**

\*\*\*

**Do you think social isolation is a big issue? How do we increase the sense of community?**

This is exactly the type of thing we're looking at through the healthy communities work. We're working to build up resilience in the community and strengthen the networks that we know help to keep people healthy.

Healthwatch has been supporting on the development of the outcomes framework, and one of the measurements under the 'personal outcomes' is around isolation.

**How do people access Steady in Stockport?**

At the moment, it would be a professional to professional referral where a person will be identified as benefiting from the service. It could be someone who has had a fall already and is recovering, or someone who is flagged as being at risk of a fall.

Ultimately, we'd like for people to be able to self-refer to the service (or do on behalf of a family member/friend), but the details of the service are still being worked through.

**Historically, adult social care has focussed on the over 65s or people with learning disabilities – now we're asking them to focus on all people, but we know that they struggle to reach the younger age group.**

\*\*\*

**I have heard that some care providers don't want to deal with certain cohorts of people, which means that the demand on other providers is continuing to grow.**

\*\*\*

**It's no wonder that we have bed blocking, we have no places for people to be transferred into.**

\*\*\*

**We have to invest in the short-term to make long-term impact – do you think this will be seen through?**

None of this is new, and if we look at 'why now?' a lot of it comes down to a pressure on finances. We do have to invest to save.

In the past, schemes have worked on the basis of invest £x to save £y, but in this instance we've looked at three possible scenarios:

- 1) if it works well and we save all of the projected money
- 2) if it works ok and some of the projected savings are met
- 3) it fails.

We have worked each scenario through, and the partner organisations are all committed to cover each eventuality. Each organisation has signed up to and understood the business cases, as well as the risks and gains that stand to be realised.

**Are you referring to pooled budgets?**

We have formally pooled the health and social care budgets, but what I'm referring to here is the risk/gain share agreement between the organisations.

**With Healthier Together, I understand that some services have to be enhanced. Does that mean that these additions to the services have to be funded by the CCG or will Healthier Together be giving more money? For example to fund an enhanced RAID service**

I haven't seen RAID within the Healthier Together clinical service model, but I will check on that.

*[Formal response: You are correct: the enhanced RAID service is part of the Healthier Together programme, but funding for this is coming from the GM mental health transformation fund, and not directly through Healthier Together.]*

**Where does the transforming care programme fit with this?**

The GM transformation programme has a number of themes, and this fits with one of them.

GM has backed us financially with non-recurrent funding which we can use for the double-running of services and for change capacity.

One of the themes of transforming care is community/neighbourhood care, and we've been given the money because we're so closely aligned to this.

**When we talk about enhanced pharmacy services, isn't this something that the Trust had proposed a while ago? They suggested that the community pharmacy teams would do a review of medication once someone leaves the hospital.**

They agreed a post that will work within the hospital to look at the medication that people are discharged with.

The idea was to look at whether we could or should spend a little more on hospital prescriptions to make a better long-term medication decision for both the patient and the finances.

**Do you think that accessing different GPs or services may exacerbate the health inequalities across the borough? i.e. will the benefits be more skewed to those who have a car for example?**

We do need to consider this, as we recognise that if we fail to consider it appropriately, we could make the situation worse.

We need to think about what is appropriate for the different cohorts of people across the borough. This is part of the reason we've gone with the neighbourhoods model – to allow the different areas in Stockport to implement services which are appropriate for the people that live within the different areas.

**I try to do as much online as possible, but from a booking appointments point of view, online just doesn't work. Using choose and book has proved to be a real problem.**

\*\*\*