Time/Date/Venue:	Thursday 27th July, 7-9pm at Centrepoint Hall, Bramhall
Responsible Officer:	Lucy Cunliffe – Stockport Together
Details of Organiser:	Margaret

Type of Engagement						
X Open Meeting	☐ Focus Group	☐ 1:1 interview	☐ Postal survey	☐ Phone survey	☐ Email survey	☐ Online survey

Attendees

Dr Jaweeda Idoo, GP and clinical lead
Steve Bradshaw, consultant and retired old age psychiatrist
Louise Hayes, head of communications, CCG
Shirley Hamlett, community engagement officer, CCG
Lucy Cunliffe, communications lead, Stockport Together
Approximately 43 members of the public

Demographic Breakdown of attendees	
Age:	30+
Disability:	Mixed
Gender:	Mixed
Race:	Mixed
Religion:	Not known
Sexual Orientation:	Not known

Comments and Proposals:

Dr Jaweeda Idoo and Steve Bradshaw, both 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 Centrepoint Hall in Bramhall. This was followed by an interactive session to gather the views, questions and feedback of the members of the public.

These have been summarised below:

Are there pooled budgets for this and who has control of this?
Eventually the commissioning organisations will have totally pooled budgets. We have already done some work on this though the formal Section 75 agreement and the Better Care Fund which have both helped to bring the health and care teams together.

How can we have integrated services without integrated discharge planning?
At the start of this process, when we did some analysis we found that there were around 22 services within the intermediate tier. Since then we have looked at how to streamline this and bring them together.

Transfer to Assess is the new service which will address a person's discharge needs. Through this, we will move from the traditional model of assessing a person's needs whilst they're still in a hospital setting. Instead therapists, nurses and care support

workers will do the assessment in a person's home to identify which services they will need to help with their recovery.

Discharge planning should start as soon as a patient enters the hospital. If the person doesn't need admitting, it might be more appropriate for them to work with the crisis response team instead.

Intermediate tier services should provide the bridge between home and hospital, but for it to be successful all professionals need to have the confidence that the patient's needs will be met.

An example of someone who has benefitted from the Transfer to Assess story was given. The video can be viewed here: https://play.buto.tv/2KpTh

Would it not be more expensive to deliver the services at home?
Firstly, we firmly believe that people deserve the chance to go home if they want to. For those people who can't manage at home but still don't need to be in a hospital, we do have active recovery beds. And we have increased the numbers of staff who can help these people recover.

We have different sorts of beds in these wards – i.e. a delirium ward, and there is a triage system to assess the needs of people to make sure they're appropriately cared for.

The needs of the population vary massively by age: those aged between 65 and 85 will need very different support to those over the age of 85.

The risk comes with getting the right support/staff at the right time. This includes having the right skills within the different staff groups, who will all be specialists in their own area, but will not be able to provide all of the support a person may need.

You talk about 'quality' and 'holistic services', but we still hear examples of where the services aren't meeting people's needs.
You're right – and that's why we need to be flexible with what services are delivered. There isn't a one size fits all approach, and we need to tailor the services to make sure people get the support they need at the right time.

The usual problem is the time factor – we know that everyone within the NHS is under time pressure.
Stockport's neighbourhoods are made up of different people with different needs. We're working with the top 15% to offer integrated holistic support to ensure we meet their needs – and not just physical or medical needs, but looking at things like social isolation.

We want to offer a holistic assessment to identify their needs, and therefore which professionals or services that person would benefit most from.

We will then be able to draw up a 'what if…' plan and identify 'what matters to me'. These are both new areas of focus, which will allow us to better meet a person's needs. We will also work with the third sector to bolster the teams.

We are missing the candour about what is driving these changes: cuts. You want to reduce the demand on hospital beds through an increase in community care and a proposed reduction on non-elective beds. What the plans will actually do is make it more difficult for very sick people to get the urgent care they need.

The stat about 10 days in bed resulting in the equivalent of 10 years muscle wastage is totally unsubstantiated and untrue. People are not being informed about the context behind these proposed plans.
There is a demand on finances, that's true. But the plans are not just about cuts, they're about improving our service offering. Indeed, if we had more money in Stockport, we would still look to make these changes as we are.

Within the NHS and social care, we waste a lot of money by silo working amongst all of the different services. If we release capacity we know we can definitely work more efficiently.

The NHS is a political organisation – this activity is happening across the country and you're not being honest about why we're doing it in Stockport.
We should get our services as healthy and robust as we can for the people of Stockport. We were fortunate that we were in the first wave of Foundation Trust hospitals, which really helped to strengthen Stepping Hill. As a result of this though, mental health really suffered in the area.

What we do have in Stockport is very good primary care services. And we are working to strengthen the secondary care and mental health offerings.

I agree with the overall plans for the new model of care, but would see resources and professional's attitudes as being two potential obstacles we need to overcome. My worry is for the carers. We have to get the right support for the carers, and this needs professional support.
You're right. We have a huge amount of carers in Stockport who offer hours and hours of care, and we need to ensure they're supported to keep caring in the way they do.

We have a carer's strategy which talks about what we're doing to offer this group of people the support they desperately need.

Saffron ward is for people with delirium or complex dementia. Why is it only a step down service? The staff on Saffron do an amazing job, but only work with people with delirium, not those with dementia. They do not offer intermediate care.
This group of staff have years of experience between them, and in theory they should be able to offer step-up support. But because of issues with capacity, they can't always do that.

Saffron isn't adequately staffed. We also need more mental health nurses who are trained in dementia care.
We have tried to address the skewed focus on step-up rather than step-down, and to skill staff in different areas.

We are increasing the investment in to mental health – for example through the introduction of mental health liaison workers, which are being deployed in to the neighbourhood teams.

You're obviously going to need a lot of extra care staff. You need to make sure you're not privatising the NHS through the back door.
We have already gone through the start of a recruitment process for care support workers. We have appointed 23 and are still driving to increase this further. These staff will not be privately employed – they will be NHS staff.

The main issue is how we make the roles attractive. We need to make people see these roles as career opportunities.

I have heard of nurses leaving the NHS because they can't handle the pressure.
This is a national issue – we need to make sure that Stockport is an attractive place to work. We need to work with staff to design the pathways, and help them to feel more valued.

You should know that there is a GP shortage in the borough…
Yes, there is. Stockport used to be a really popular place for trainee and recently qualified GPs, but we do now have 25% vacant positions. We need to think about our retention strategy.

Through the neighbourhood model, we are supporting the teams to reduce GP demand. There are a number of initiatives which will do this:
1) Physio First
2) Employing prescribing advisors
3) Bring in support for patients with low-level mental health needs

The shortage is not just carers – it is novel to design a system which uses less GPs, but GPs should be at the core of the NHS.
GPs simply do not need to see a lot of people that go for an appointment. Many of these people could – and should – be seen by another appropriately trained and skilled health or social care professional.

You talk about making Stockport an attractive place to work – we should have a national health service rather than playing one area off against another one and 'robbing Peter to pay Paul' to recruit staff.
We don't disagree – we don't know what will happen with the EU, but we would be naive not to have a plan during this period of uncertainty.

The inflation of the NHS always outstrips national inflation, and therefore we're always playing catch up when it comes to finances. We need to focus on recruiting staff, and on retaining those we already have.

We felt that the plans you've outlined will be putting a strain on already stretched services. When we were asked whether we'd rather see a GP or a nurse, we felt that it totally depends on the situation. Sometimes the GP is the only person you need to see.
As GPs we have worked to identify the elements that would reduce the demand for our time, so that more focus and time can be given to those patients that really do need to see a GP.

Advanced nurse practitioners and other professionals will all help to ease GP capacity, which means that the patients who need GP access will get it more easily.