

STOCKPORT TOGETHER						
Time/Date/Venue:		19:00, 29 th June 2017, Romiley Forum				
Responsible Officer:		Lucy Cunliffe – Stockport Together				
Details of Organiser:		Claire – NK Theatre Arts				
Type of Engagement						
<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
Attendees						
Tim Ryley, programme director, Stockport Together Alison Johnson, planning and performance manager, CCG Shirley Hamlett, community engagement officer, CCG Lucy Cunliffe, communications lead, Stockport Together Approximately 14 group members						
Demographic Breakdown of attendees						
Age:		50+				
Disability:		Mixed				
Gender:		Mixed				
Race:		Mixed				
Religion:		Not known				
Sexual Orientation:		Not known				
Comments and Proposals:						
<p>Tim Ryley, 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 Romiley Forum. Before an interactive session to gather public views, questions and feedback were invited following the brief presentation. These have been summarised below:</p> <p>What makes a pharmacist appropriately trained to do diagnoses? Are you taking a trained GP off and putting someone without the skills to do this work? They wouldn’t be doing any diagnosing – they will check dosage, compliance, correct drugs to treat an existing diagnosis.</p> <p>‘Community services’ is an admirable concept, and I am completely behind it. What was missing from the presentation was cuts. I am very worried about cuts to hospital beds. The assumption is that improving community care will reduce pressure on non-elective hospital bed usage.</p> <p>People have difficulty in accessing services. Don’t think this will deliver hospital bed reduction. But national evidence goes against this. Stockport does have a much higher than average bed use. We have been given £19m non-recurrent funds to allow us to test some of our thinking. This has meant we haven’t needed to shut any beds or wards.</p>						

End of life is a good example about how we use beds, and how we have changed the way we do things to meet peoples' needs and wishes.

It needs to be set out more clearly than we have so far, and we need to examine the contextual evidence in Stockport.

In Stockport there are currently a set number of beds and appointments that exist. We make an assumption about what the need will be, and what we need to do to stop growth. We know that if we do nothing the gap will continue to grow.

We have been told that beds will not be closed until there is evidence that there is no longer a need for them. We know that last winter the bed occupancy was much higher than the national average...

GP appointments is the same – we know that if we were to remove GP capacity by 25%, it will only give them a fraction more 'free' time, as we know that they're already running over capacity.

Would the 'transfer to assess' service help to release beds?

Yes, it's one factor that will help to free up beds. We know that it's a combination of the number of people coming through the front door at the hospital and how long they each stay. Transfer to assess is to support people to get home as soon as it's safe and appropriate for them to do so.

You haven't mentioned intermediate care?

It's one of the 21 services that was mentioned in the presentation. Through these plans, we will be pumping extra money into the intermediate tier to bolster the services between hospital and home.

Intermediate care is a great service, and what this work will do is to take the benefits of all of the services and combine to create a cohesive service which meets people's needs.

I like the idea of these plans – but delivery will be hard. There aren't enough care workers to help people to get home. People stay longer in hospital because the support isn't there.

Workforce is a national challenge, and one we're working on as a priority in Stockport. There are a couple of places in England which have implemented some initiatives which we're going to emulate. Some have set up an agency and established a career path to encourage people to consider health and care jobs.

The other factor is that health and social care budgets have come down, but it is the care services which are being squeezed the most. We currently spend a lot of the budget on health services, but should be investing at the care end. We are having to try and use imaginative ways to attract people into care as a career.

How does this link with Devo Manc and Healthier Together?

Devo Manc has asked each area of Greater Manchester (GM) to do this kind of work, and we are totally aligned with GM's plans.

This helps with recruitment as GM has much more of a draw than Stockport alone.

Having 'won' Healthier Together in Stockport means that we will actually require more hospital beds. We hope that we don't need them because there will be an increase in demand, but we know that Healthier Together will have an impact on the total bed base.

We are still running through the implementation plan, but there is an expectation that there will be a considerable shift of patients coming into Stockport.

GPs are represented by Viaduct Health, but how much will this work depend on GPs opting in, and how much will be about getting them to comply?

This all depends on engaging with GPs – it puts them at the heart of this activity and makes them the first point of call for people in the community.

Imposing changes doesn't work – we have engaged them directly from the outset, finding out what support they need and asking them to tell us the most significant ways we can help. As a result, they provided us with a proposal, which is now being worked through.

Morale is low, but they're on-board.

My main concern is that services may not be publicised, and therefore people won't be aware of what services can be accessed.

We are working with GPs to identify alternatives to GP appointments. We need to allow patients to say what they want, but also follow an appropriately defined protocol.

If we take physio as an example, we know that physiotherapists can look at musculoskeletal needs and provide the therapy needed to help that person. This will alleviate a large amount of GP time. But people do need to be made aware they can access the service once it has been rolled out widely across the borough.

You talk about the difference between the rich and the poor areas across Stockport – will this work balance it out? Isn't it true that the poor areas need more education?

No, it won't eradicate it. Your observation is right – it's not just a health issue. For example, we know that in the US they were having trouble with increasing diabetes prevalence, so they recruited staff from services that people actually use and trained them to give messages and advice about diabetes treatment and prevention, and it had a really positive impact.

We need to start being creative and looking at what people need, and we are aiming to do this on a neighbourhood basis. This will also take into account things like housing, jobs, money etc., all of which will have a big impact on people's health.

Prevention is better than cure

We would love to be in a position where someone who lives in Brinnington has the same chance as someone who lives in Bramhall. We know that currently, an average man living in Bramhall will start to deteriorate at 80. We know that if we could get other areas up to this level, there would be no health and social care problem.

You alluded to the voluntary sector, and mentioned how loneliness and isolation are big problems. We know that the state can't provide the community spirit that people need...

You're right – these two issues are huge factors in peoples' physical health. We're beginning to see a huge shift in public mood, and we know that people are moving to be more involved with community and voluntary initiatives.

To capture this, and make the most of peoples' goodwill, we have introduced a couple of schemes – health champions (people who work with members of the public to maximise their health and keep them well), the prevention alliance (a new service helping to support people around discharge services and needs), and bringing community groups together.

We know there is a challenge on voluntary services – and we need to do more to encourage and support people to do it. There is a dedicated workstream as part of Stockport Together looking at how we can do this.

There's no money in it – people aren't incentivised to do it

You're right, but more than money, people need the motivation and opportunity to do it. We need to try and ensure that those that do support aren't being ripped off and treated as a free member of staff.

The rules and regulations that come with people trying to volunteer can be totally prohibitive, and can overtake the goodwill

You're right, and I don't know how we get over this – we need to look at it carefully and challenge it wherever we can. We recognise that safeguards do need to be in place, but these need to be proportionate.