

STOCKPORT TOGETHER						
Time/Date/Venue:		Tuesday 18 th July 1-3pm at St Peters Parish Centre, Hazel Grove				
Responsible Officer:		Lucy Cunliffe – Stockport Together				
Details of Organiser:						
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						
Jaweeda Idoos, clinical lead, Stockport Together Louise Hayes, head of communications, CCG Lucy Cunliffe, communications lead, Stockport Together Approximately 19 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:						
<p>Jaweeda Idoos, 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 second of the Hazel Grove 'listening event' was held at St Peters Parish Centre. The session included an interactive session to gather public views, questions and feedback.</p> <p>Questions were invited throughout the session and these have been summarised below:</p> <p>Is Stockport Together part of the Greater Manchester STP [sustainability and transformation plan]? The STPs cover a much greater area – i.e. the whole of Greater Manchester. Stockport Together was part of the national Vanguard programme and has been going for longer than the STP programme.</p> <p>Are all of the GP practices in Stockport part of Viaduct Health? Yes</p> <p>Is High Peak included in the Stockport Together plans? No, currently the plans are for Stockport only. High Peak residents will come under Derbyshire Local Authority and CCG, which are planning something similar. We are in</p>						

regular conversations with the area, and are sharing plans and learning.

But is there a danger that people could miss out?

Yes, it is something to consider, and we're taking steps to make sure that people aren't adversely affected by the changes. I know that as a GP, I have about 300 people on my books that are out of area.

Is the crisis response service 24 hours / 7 days a week?

Yes it is 7 days, but it is currently operating from 8am – 8pm. We will be looking to roll it out and extend it further once the service model has been tested.

Where is the [transfer to assess] assessment done?

The assessment is done in the home. It is the opposite model to our traditional service, which would assess someone's needs while they're still in the hospital, and therefore give an inaccurate picture of what they will actually need to help them recover in their own home.

Do you have to pay for night sitters?

No, not under the transfer to assess programme, but it does depend on how long the night support is needed for.

If they fail at home when they've been discharged – what happens then?

That is where the intermediate tier services come in. We've tried to focus on 'step up services' [where additional support is provided when it's needed to stop people ending up in a crisis situation] and move away from the traditional 'step down' [where support is offered after someone has had a crisis and needs additional support to help them recover].

How do you identify someone at risk?

This is most often done through the GPs, who will identify a need or someone who would suffer if they didn't get additional support. It will be the GPs who develop plans with people to help them better manage their conditions – as well as set out what they should do if the plans aren't working. It's all about giving them the confidence to support themselves.

It all seems a bit vague about what services will be provided for people outside of the 15% you've identified. What about those people who aren't over 65? And what about people with mental health needs?

These services are being designed for anyone over 18. The mental health liaison teams, the mental health support workers and night sitters – these are all in place to help people to get back to their familiar setting as soon as possible, as we know this is where people will recover best.

Stockport Together is for anyone over the age of 18 – those under 18 will be covered by the child support service, and the detail of this is picked up by Stockport Families.

Psychological medicines service has been established to catch the cohort of people

which have historically been excluded from some services.

Mental health services will be getting an additional investment of £1.2million.

20% of people in Stockport have a diagnosed mental health need – we definitely should not be grouping alcoholics and drug addicts in the same category. It is a tragedy about what is happening in Stockport regarding mental health services.

We are aware that there has been chronic underinvestment in mental health, and are ensuring that mental health workers are being built into the integrated neighbourhood teams.

I absolutely was not saying that all people with mental health needs have drug or alcohol issues, what I was saying was that we need to have a service which doesn't exclude anyone or stop people accessing the support they need, regardless of what their need is.

There currently is no crisis telephone number that people can ring... we need professional help, and should not be relying on volunteers.

The Stockport Together remit around mental health has been covered by the integrated neighbourhood teams and the crisis response service.

Crisis response services for people with a long-term mental health need fall under Gina Evans at the CCG.

Why treat the crisis? We need to be proactive

You're right, and that's why we're introducing mental health navigators to help people to proactively manage their conditions.

Are they appropriately qualified?

I don't know what level of qualification they will hold.

People with mental health needs need to be addressed – the medication they're prescribed is making people ill, but they still get long-term prescriptions for them, which can make everyday functions difficult.

Through GP practices, we are able to work with people individually to identify the best treatment. This is also a reason why Pennine is a key partner of Stockport Together.

What has happened with specialist GPs?

As a practice, it is still in place. And as part of the integrated neighbourhood team we are trying to extend this out across Stockport.

Why aren't test results shared at the moment? It all seems very fragmented.

The bulk of what we do in Stockport is shared right across the borough – wherever possible. But we know we haven't got this right across other areas.

We are moving towards a single IT system in Stockport – which means that GPs, district nurses, social workers, hospital consultants and other professionals will

ultimately all be able to access the information they need to provide the best patient care.

Mastercall can now access patient records through EMIS [the shared IT system].

As a GP are you aware of the triangle of care?

No

Is there new money going in to this to help us implement some of the new services?

We have been lucky to get funding to help us implement these changes. Initially we got financial support from NHS England when we were part of the national Vanguard programme. Now that we have devolved power in Greater Manchester, we fall under this system, and have benefitted from their transformation funding.

This event has talked about Stockport's focus on getting people out of hospital, and the support for over 65s. There was a £100m investment offered in Greater Manchester as part of their work on ageing. Stockport aren't a part of this – why not?

We've tried to show that there is also a significant focus on prevention – the healthy communities activity is supporting GPs to identify opportunities to help people prevent the development of certain conditions.

I am aware of the scheme you mentioned, and Stockport applied to be a part of it, but weren't allowed to be.

We have, looked to support community groups where we can to help people that need it. As an example of the type of things we're doing, we've been working with groups such as the Women's Institute to reduce loneliness and isolation.

I live on a council estate and have been trying to support people who need it. I've had no support from SMBC, indeed I have been greeted with complete apathy and a lack of support

Through this process we're looking to support local groups and offer small scale funding.

I don't need funding, I need support or mentoring

Will the life coaches you mentioned be by volunteers?

No

What about trying to tackle children with diabetes?

Whilst this isn't a focus for Stockport Together, we are working alongside Stockport Family who will be looking at this.

