## DRAFT Executive Summary:

## NHS Fit for the Future Engagement Event, Stockport

On Tuesday, 19 November 2024, NHS Greater Manchester (NHS GM), in collaboration with Healthwatch Stockport, hosted an engagement event at Stockport's Masonic Guildhall. The event aimed to discuss the future of health and care services in Stockport and Greater Manchester, bringing together over 60 attendees, including members of the public, health professionals, and voluntary sector representatives.

# Objectives

The event sought to:
1. Inform the public about NHS GM's and Stockport's health and care plans.
2. Address challenges like financial constraints, health inequalities, and service access.
3. Gather feedback to refine proposed strategies.
4. Encourage further collaboration through future workshops and open discussions.

# Presentations

**Michael Cullen**, Stockport's Place-Based Lead for NHS Greater Manchester (NHS GM), and Chief Executive Officer of Stockport Council, introduced the session emphasising the importance of honest and open conversations and public involvement.

**Amanda Rafferty**, Head of Locality Engagement at NHS GM, outlined the "Fit for the Future" strategy, focusing on financial sustainability, quality of services, and improving lives.

**Philippa Johnson**, Deputy Place-Based Lead for NHS GM, highlighted Stockport's key health challenges and the "One Health and Care Plan," prioritising prevention of ill health, integration, and addressing inequalities.

# Workshops and Feedback

Three workshops encouraged public engagement and provided valuable insights:

**1. Reflections on the Plans:**
- Attendees supported the focus on prevention but expressed concerns about funding and resource availability.
- Tackling health inequalities and expanding community-based mental health services were key priorities.

**2. Suggestions for Improvements:**
- Calls were made for improved IT systems to enhance integration and reduce patient burden.
- Suggestions included expanding walk-in centres, targeting early diagnosis, and addressing staffing shortages.
- Simplifying the complaints process to build trust was highlighted.
- Improved communication between services and patients, both written and verbal.

**3. Public Engagement:**
- Participants recommended diverse communication methods, including libraries, social media, and community hubs, to increase public awareness.
- Collaborating with voluntary groups and providing regular progress updates were deemed essential for sustained engagement.

**Key Themes and Recommendations**
- **Accessibility and Integration:** Better transport links, seamless IT systems, and extended GP access were emphasised.
- **Mental Health and Education:** Increased community-based mental health resources and trauma-informed practices were strongly supported.
- **Financial Efficiency:** Proposals included reusing medical equipment and improving workflows through time studies.
- **Community Involvement:** Partnerships with grassroots organisations and the use of local media were suggested to enhance outreach.

**Event Impact and Feedback**

The event successfully engaged the community, with attendees praising the opportunity to interact directly with leaders and contribute ideas. Participants appreciated the focus on transparency, collaboration, and addressing local needs.

**Conclusion**

This engagement event reinforced the importance of public involvement in shaping health and care services. Feedback on prevention, integration, accessibility, and communication will guide the development of Stockport's health strategies, ensuring they meet the needs of all residents.

## DRAFT Report and Findings

## NHS Fit for the Future Engagement Event, Stockport

## About the Event

### Publicity and communications
To promote the event, a range of communication channels were used:
- Email invitations to Healthwatch Stockport members and Stockport network groups including voluntary sector partners newsletters.
- Weekly updates via Healthwatch Stockport's Information Round-Up (IRU)
- Social media promotion on Facebook, Instagram and X.
- Posters and flyers distributed via email and to local businesses and the Stockport town centre library.
- Promotion at external events and open days

### Attendees
The event attracted over 80 people to sign up to attend, the majority included members of the public, Healthwatch Stockport members, and voluntary sector staff, volunteers and health and care professionals. The bad weather on the day did have an impact on the number of people who were able to attend with some people not able to make it to the venue due to snow, however over 60 people made it.

## Presentations

### Welcome and housekeeping
Maria Kildunne, Healthwatch Stockport Chief Officer, gave an opening speech, welcoming guests as well as setting the scene for the day. The full agenda can be found at **Appendix A** of this report.

## Introduction and setting the scene

Michael Cullen, Chief Executive Officer of Stockport Council and Place Based Lead for Stockport at NHS Greater Manchester (NHS GM) opened the event with the aims of the day:

- To tell those in attendance about NHS GM's and Stockport's plans.
- To inform people about of the challenges the health and care system is facing.
- To find out what people thought about the plans.
- To give people an opportunity to ask us questions.

## An NHS Fit for the Future in Greater Manchester

Amanda Rafferty, Locality Engagement Manager at NHS Greater Manchester, gave an overview of the Greater Manchester Integrated Care Strategy and told people about how conversations with the public in 2023 helped shape that strategy. An NHS Fit for the Future is about taking that conversation further, involving the public more and more often, and using the public's views and ideas to help make the NHS better for everyone. The Fit For the Future public engagement exercise looks at three main areas:

- Financial balance
- Great services
- Happy, healthy lives

## An NHS Fit For the Future in Stockport

Philippa Johnson gave an overview of Stockport's population including how it had increased since 2021, people's age, ethnicity, religion, life expectancy and biggest causes of death, which in Stockport are cancer, heart disease, respiratory disease and dementia.

Philippa also talked about Stockport's older population living with long-term conditions, illness, musculoskeletal and mental health issues. Stockport's health and care organisations want to reduce waiting times, reduce the number of people being admitted to hospital and help find illness earlier, or prevent it altogether. They want health outcomes to improve and be fair for people no matter where they live.

Financial challenges in Greater Manchester and Stockport mean this all needs to be done whilst reducing costs, which will limit the ability to invest money in and support services.

## Stockport One Health and Care Plan

Philippa Johnson presented information about Stockport's One Health and Care Plan, which aims to allow people of Stockport to live healthy, happy and independent lives with proactive support offered when it is needed.

This will be done by putting people at the heart of plans and decisions, organisations working together as one team and by knowing and understanding the different communities in Stockport.

The Plan aims to reduce health inequalities, help people prevent illness, and make the NHS more efficient, accessible, productive and giving value for money.

Following the presentations, everyone discussed the answers to three main questions with the other people at their tables. Each table had someone to help guide the conversation and another person to take notes of what people said and the summaries of those discussions can be found in the next section of this report.

## Workshops

### Workshop one: What do you think of our plans?

The plan felt right and achievable, but people wanted to know more about whether the plan was working or not now. People wanted this type of conversation and the information they receive in the future to be honest, transparent and direct. The way to involve and inform people about plans and decision making was by using short effective messages.

There was agreement that preventing ill health in the first place, often referred to as "prevention", was important and would likely reduce the amount of money spent on long term conditions in the future. Encouraging people and giving them incentives to own their own health was important to help achieve this.

However, some people were worried that funding for prevention would be the first thing to be cut when money needed to be saved. People wanted to know more specific detail about how the plans would be put into place. There was general concern that this time won't be any different (to previous plans), and it wouldn't be any different unless proper investment was made. That investment should be decided locally. It was also felt that there was also too much responsibility on the Voluntary Community Faith based Social Enterprise (VCFSE) sector, which wasn't matched by the funding.

To help specifically with preventing some mental health conditions, people wanted to see more mental health services back in the community. There was also lots of support for bringing back community psychiatric nurses and putting them in local neighbourhoods.

Open door was given as a good example of mental health support service in Stockport. It is a walk-in centre in Stockport where people can have multiple sessions and can support some people. However, it was felt that there was a gap for those with moderate problems and more investment was required for these people to stop them going into crisis. It was felt that some services were hidden, and information needed to be clearer and more obvious so those in crisis know where to go instead of the emergency department.

There was general agreement that a neighbourhood approach was good if people knew about it and what it meant to them. People want a local area with a health and care system that specifically meets the needs of the people that live there.

There was feedback that the plan felt more about adults and more attention was needed on the younger generations. There also needed to be more support and plans for carers.

Some people felt long term conditions were not completely understood in some situations, specifically that people's behaviours don't cause all long-term conditions. Medication for other conditions, such as mental health, can lead to obesity for example.

It was also mentioned that medicine was not always the answer. In some cases, it was considered not fit for purpose and people didn't always take it because of side effects. There needed to be more research into finding appropriate modern medicine, especially for those with serious mental illness. More needed to be done to promote awareness, and monitor the success, of alternatives to medicine.

Education and parenting have a role to play to change the culture of bad habits and unhealthy living. Adding something to the school curriculum was suggested as one way to do this. Education was also seen as a way to tackle social issues such as sexual consent, with the suggestion that specialists could give talks at schools and possibly even workplaces.

Other general feedback received included:

- Those who cannot travel far due to a health condition or have no access to a car would like to see more local services which are easier to get to.
- People want more information about how long they will be on a waiting list for diagnosis, treatment or an operation. They also wanted more information about alternative choices.
- People understood that more services were being offered on digital and online platforms but that should not be at the expense of those who do not use or are not comfortable using these methods.

**Workshop two: What should we do differently?**

There was agreement that organisations needed to keep working together as an integrated care system. It's a new way of working but all have their different strengths which can complement each other and help tackle health inequalities.

More needed to be done to allow sharing of patient information between adult social care and health care organisations. Computer systems should be linked, for example, general practice, hospital, mental health services and adult social care, so that people only need to tell their story once and professionals can help more effectively.

Health and care organisations needed to work better together. Social workers were stepping into advocacy and signposting roles which stops them from doing their jobs.

There needed to be more opportunities for early diagnosis and access to services before a crisis point is reached. Early screening should be a part of any prevention strategy.

More care for people at home especially after discharge from hospital. There are discharge coordinators at hospitals but there should be a better communication between those coordinators and the patient support services outside of the hospital.

The Plan should include prevention of dementia from an early age.

The ageing population should be prioritised in terms of being able to get the help they need, when and how they need it.

The Plan should look at deprived people, not just deprived areas.

There needed to be more investment in staff recruitment and training. Better parking facilities might be one incentive for staff. There was some evidence to suggest that some staff and clinicians do not want to work at Stepping Hill because the parking situation was so bad.

Improve the working relationships between multi-disciplinary teams. Community Mental Health Team and social workers was given as an example of an area that could be improved. Mental health and adult social care services should work closer together as an integrated multidisciplinary team with weight management services and physical activity education. This was due to the side effects of medication.

Targeted work with frequent attenders at general practice and the emergency department to understand more about their individual circumstances and what else might be affecting their health.

Create an improved complaints procedure. Currently it's too complicated and expensive with little benefit. Trusts should not be investigating themselves or their colleagues. Consideration should be given to the complaints process being external with patient insights being central to the procedures.

Bring some consistency to patient experience both at GP practices and secondary care such as hospitals. There are lots of good experiences but lots of bad ones too. The bad experiences can lead to people opting out of using NHS services or getting medical help early enough. We need to lose the us and them culture that exists between patients and some organisations.

All aspects of communication between services and patients, both face-to-face and in writing needed to improve. During the public engagement taking place across Stockport and the whole of Greater Manchester this was a common theme and the findings are summarised below:

- Most people want a choice in how they communicate or are communicated with, for example phone, text, letter or email. This extends to the way in which people communicate verbally with organisations such as GP practices. Whilst some people have no problem with the triage system, there are certain types of people who are uncomfortable discussing the health issues with someone other than the health professional
- People also want to be asked when they are available for an appointment, which they think will help reduce missed appointments and waiting lists, whilst saving money.
- Appointment reminders are generally seen as useful but asking people if they still need to be on a waiting list is seen as wasteful and sometimes confusing, especially when people don't know where they might be on a waiting list.
- People on waiting lists or waiting for follow up appointments want to be kept informed with accurate information about when they can expect to a next appointment. This will stop them making chase up calls and feeling in the dark about plans for their health and care. People are asking for clear communication at appointments or in follow up letters so that patients and carers are always clear about what is happening and is going to happen.

- Organisations needed to improve patient and service user experience by being more responsive to people's needs. Lots of people thought that if health and care organisations, like GP practices and hospitals, were more thorough, polite and respectful it would have a positive impact on the services they provide. There were many reports of people feeling rushed during and after appointments and uninformed about what happens next. It was felt that a more trauma informed approach by frontline staff could help with this.
- It was widely reported there was not enough information or support after medical appointments, especially given the number of groups already in communities that could help and support, but not everyone is aware of them. GPs and GP practice staff were either not aware of the wider support services or just don't have time to share the information. People would like to see more, and more visible, information about support services and how to use them. This works both ways and there might be lots that support services can do to help GPs have more information. A single up-to-date directory of services was suggested as one solution.
- Specialists and consultants were not always aware of multiple conditions. Longer appointments should be available for some people to be able to discuss multiple conditions. It was also felt that continuity of care, which means seeing a regular consultant or doctor, would improve the patient experience and health outcomes.
- Be honest about the financial situation and have open lines of communication with the public. They want to know how the One Stockport Health and Care Plan will impact them as individuals.

## Workshop three: How should we keep people involved?

- Tell people more about what's going on and more often e.g. neighbourhoods - what are they, what do they do for people and do it in a way that people can understand.
- Use Healthwatch (even more than now).
- ICS organisation communications to be more joined up on some subjects for example, Stockport Council, Stockport Homes, Stepping Hill Hospital.
- Include frontline staff in communications so they know more about what's happening and what's available.
- Reach more of the general public, not just those on social media or already connected to the system, by taking advantage of public spaces such as libraries, churches, and food banks.
- Use local services as communication channels.
- Local radio stations, newspapers, GP surgeries, libraries.
- Use Stockroom as a public information, advice and resource centre.
- Use social media better.
- Use neighbourhood teams to get information into communities and/or engage directly in neighbourhood areas.
- More face-to-face engagement (like today's event).

- Work with community and voluntary organisations to share information, for example with community groups or community champions.
- Work with Stockport County football club to reach some communities more effectively.
- Look at the one stop shop in Marple and copy that.
- Find a way to tell people about the demographics in their area and how where they live impacts on their health.
- Tell people what happens with pilot or trial projects and whether they succeed or fail and why.
- Send crucial information with council tax bills and/or bin rotas.
- Mail shots/newsletters.
- Posters and leaflets.
- Postal service if that's what people want.
- Community engagement with how plans and decisions made a difference, or not.
- Keep information hyper local where possible as people enjoy reading about their local communities.
- Give people key facts (micro learning) in an easy-to-understand way.
- Keep staff constantly involved.
- Don't forget to take people on this journey after today.
- Organisations working together and involving the public.

## Additional information and ideas

A number of ideas and suggestions were picked up during the table discussions and these have been noted below under the headings of the three main elements of the "Fit For the Future" public engagement campaign:

### Financial balance
- Involve staff in identifying solutions and ways of being more efficient and reducing waste.
- Reclaim and re-use equipment - walking aides and beds. Disability Stockport report that there are hundreds of items that could be reused. It's difficult sometimes impossible to get someone to own the collection of these items. This was also raised in both Stockport and Tameside during separate face-to-face engagement by NHS GM's engagement team.
- Carry out time and motion studies to find more efficient ways of working.
- Allow people to have intravenous injections at home.

**Great services**

- Create advocacy teams for patients, especially older ones, in every hospital to help people navigate the different services.
- Have a representative for older people on every trust board and in every hospital.
- Provide more and better information to the public on what services are available as alternatives to going to the emergency department.
- Improve the patient transport service to help people get to appointments. Examples given where it has led to missed appointments and some older people have difficulty with the booking system.
- Have a consistent offer at GP practices when it comes to appointments. Some use an app, some don't. Some support patients who can't use technology, some don't. Some GP practices are easier to get appointments at than others. People go to the emergency department because they know something will happen.
- Open community walk-in centres.
- Invest in Citizens Advice Bureaus again.

**Happy, healthy lives**

- Use artificial intelligence to interpret scans and speed up getting a diagnosis.
- Limit the number of licences given to vape shops, takeaways, and sweet shops.
- Create a clear pathway of support after an ADHD diagnosis.
- A single full and up to date local service directory.
- Introduce a quality and outcomes framework for frailty.
- Work more closely with people on medication. People want more information and communication when medication changes or the brand of medication changes. They want timely reviews and don't want to take medication for longer than is needed.
- Joint working between GPs and mental health practitioners, via primary care huddles, was working well in some areas. This approach should be adopted for other health conditions.

## Question and answer session

**How is information about the local differences in Stockport gathered?**

Thinking first about different health outcomes for people in the most deprived and least deprived areas of Stockport. There is an index of multiple deprivation which is a tool that allows the local health and care system to calculate levels of deprivation and compare an area or street with another.

In addition, the state of the borough report, which can be found at www.bigstockportpicture.co.uk, is an annual look at the ONE Stockport, ONE Future Plan. It looks at things like employment and health information.

Data teams within organisations like Stockport Council are creating neighbourhood profiles within a mobile app to allow people to look at specific areas and see information about those areas.

Strong neighbourhood networks are also being developed to gain a better understanding of the needs of each place in Stockport. Team Around the Place (TAP) is an example of this. It's a collection of groups in different communities of Stockport bringing together local people and business to understand their needs and how everyone should work together.

How do voluntary sector and grassroots organisations link into the different plans and programmes across Stockport, for example BOOST or Life Leisure? These organisations are doing great things for people but not necessarily linked into the plans and work of the large organisations in neighbourhoods.

Part of this is through the Team Around the Place (TAP) model and ensuring that the different teams (TAPs) across Stockport are connected to local people, community organisations, businesses, libraries schools and Area Leadership Teams.

There are lots of networks and teams working with people with protected characteristics, for example Women's and Girl's Network and the Stockport Race Equality Partnership and a range of others. So, there's lots of things in place that involve people both at a grassroots level and with specific groups of people.

Another way to connect with the voluntary sector and the other integrated care organisations is through the area leadership teams and the different partnerships.

There's more to do to expand and develop this model, which will require more resources, but this will all help to connect everyone together and capture the voices of Stockport's different communities.

**How can we ensure that the voluntary sector funding for the living well model, which is around mental health, is supported and funded by the NHS Greater Manchester Integrated Care Board?**

Progress has been made in securing the funding for a living well model within the voluntary sector. It is agreed that it's the right model especially in relation to support and intervention and is already working in other areas of Greater Manchester. Work has now started on plans to introduce the voluntary sector part of this model in Stockport in early 2025.

**Why is there little support services for adults with autism? There is a lot of focus at the moment on the right people being diagnosed. This is the same for children and young people.**

There is a public engagement exercise taking place at the moment in the area of attention deficit hyperactivity disorder (ADHD). Some of the feedback includes real and stark examples of the distress that delay causes, such as people considering taking their own life through an inability to get diagnosed quickly enough. As a result, the way in which people are prioritised to be diagnosed is being reviewed to ensure people get the support they need in a timely fashion. Each area in Greater Manchester will have a hub where children and young people can be referred to from a GP or school for immediate support.

In respect of adults ADHD, we know that there are unacceptable waits for diagnosis and in some cases, this has been up to seven years. Some of this is down to the number of people who have come forward as needing diagnosis, which is done on a first come, first served basis so there's no priority given for those who might need the most diagnosis and support, which puts people at risk. The intention is to create a triage system to help those people get support more quickly and introduce a wider support service for those who still need to wait.

**Why do you think that mental health is currently top of the agenda as the biggest problem on top of other types of disability?**

There are many reasons and one of those is a positive in that people find it increasingly normal to talk about mental health.

However, there are other factors such as:
- Younger generations are connected to social media and are comparing their lives to others.
- The Covid-19 pandemic accelerated the risks associated to mental health conditions such as depression.
- There is a generation of people who are living more isolated lives. Living well and neighbourhood models of care will contribute to helping in this area.

- A greater acknowledgement of trauma triggered mental health, which is contributing to an increase in demand and waiting lists for things like talking therapy.

One thing to note is that there is a not a significant rise in cases of serious mental illness across the UK.

There's more than one reason, but it is always healthier to be having good conversations about mental health.

**Will there be an issue for health services if the pharmacies go on strike?**

Yes, pharmacies are an access point to the health and care system and play an important role in helping people and possibly stopping them from needing more urgent care at a later stage.

Schemes such as pharmacy first encourage people to use the pharmacy for some minor conditions without needing to go to a GP.

As a result of the changing demand and role of pharmacies there is a lot of pressure, which can lead to pharmacy closures as has been the case in Stockport.

There is still lots of work to do to make it easier for people to access the right care at the right time at the right place.

**It was reported that 43% of people who attended Stepping Hill's emergency department could have been seen elsewhere by another service. Is that because there's no walk-in centre in Stockport or because access to the other places to go is more difficult?**

There is lots of work ongoing to understand the services available other than at the hospital, called the out of hospital offer, both for physical and mental health. It is acknowledged that lots of health and care issues end up with the person going to the emergency department, which is not necessarily the best option.

More needs to be done to help residents, community services and primary care, such as GP practices, understand what support and services are available to people and know how and when they can be accessed.

**Is there a long-term vision, stamina and plan to eradicate a generation of adverse child experiences for the next generation of the 53,000 people living in the most deprived areas of Stockport? Imagine this could be achieved and a whole generation is saved from the social determinants of health.**

There is the heart, stamina and vision for this. The ONE Stockport Borough Plan aims to make Stockport the best place to live for each of its residents with the best health and care. The situation now is that Stockport is one of the most polarised boroughs in the country and has been for some time.

More good homes will be available, more good jobs will be created and Stockport will be the best place to grow up with the best health and care. Stamina and commitment will be important but so will accountability to deliver on the borough plan.

The new bus station, Viaduct Park and town centre hotel are examples of real transformation in Stockport and proof that the ambition, stamina and vision exist.

**Which other national or global health and care models are being looked at for ideas and tried and trusted approaches? Scandinavian countries have better understanding of the determinants of health than America for example. More locally, Newcastle-upon-Tyne also has some great work that could be looked at.**

NHS GM tries to stay up to date with and understand global health trends and ways of working, looking at the evidence and best practice from around the world to challenge itself on how it works now and in the future.

## Post-event feedback

The majority of the verbal and written feedback from the event was positive, with attendees particularly appreciating the opportunity to interact directly with some of Stockport's leaders, and the chance to ask them questions.

**Appendix A – Fit for the Future Event Write Up**

# Help us design an NHS Fit for the Future

**Date:**  Tuesday 19 November 2024
**Time:**   1pm - 3.45pm
**Venue:** Stockport Masonic Guildhall, 169-171 Wellington Rd, Stockport, SK1 3UA

| Time | Agenda item | Presented by |
|---|---|---|
| 1pm | **Arrival, registration and refreshments** | |
| 1.30pm | **Welcome and aims of the day** | Michael Cullen, NHS GM Place Based Lead (Stockport) |
| 1.35pm | **Housekeeping** | Maria Kildunne Chief Officer, Healthwatch Stockport |
| 1.40pm | **An NHS Fit for the Future in Greater Manchester** | Amanda Rafferty, Head of Locality Engagement, NHS GM |
| 1.50pm | **An NHS Fit for the Future in Stockport** | Philippa Johnson, NHS GM Deputy Place Based Lead (Stockport) |
| 2.15pm | **Table discussion** What do you think of our plans? | All attendees |
| 2.40pm | **Table discussion** What could we do differently? | All attendees |
| 3pm | **Table discussion** How should we keep you involved? | All attendees |
| 3.10pm | **Question and answer session** Your opportunity to ask questions. | Michael Cullen and Philippa Johnson |
| 3.40pm | **Final remarks and next steps** | Michael Cullen |
| 3.45pm | **Event Close** | |