STOCKPORT
METROPOLITAN BOROUGH COUNCIL

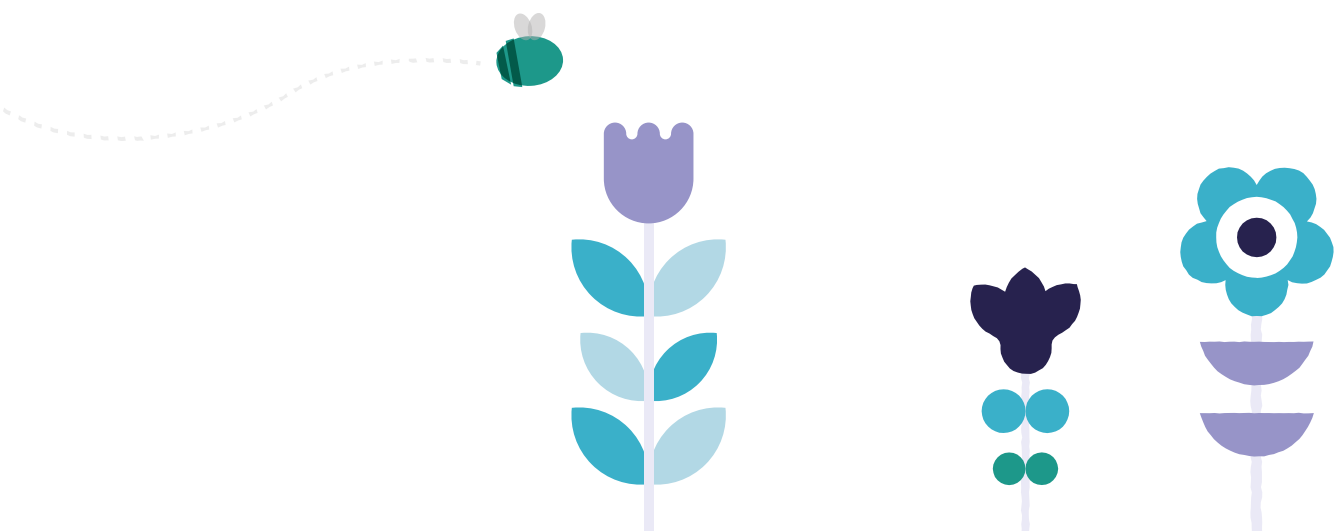
NHS

A healthier Stockport

an issues document

www.stockport-together.co.uk

Contents



Introduction

Health service and council leaders in Stockport are in the process of agreeing to spend significant sums of money on changing health and social care services in the borough.

They have been developing plans for some time with input from patients and carers, nurses, doctors, social workers and others. Some changes have already been made, however before they make firm decisions on other significant areas, they'd like your views.

There will be an eventual need to consider moving resources (beds, money and staff) from the hospital to the community and we need to ensure that this is the right thing to do for the people of Stockport.

The organisations involved in making the changes come under the collective name of 'Stockport Together'. They are NHS Stockport Clinical Commissioning Group, Pennine Care NHS Foundation Trust (mental health services), Stockport Metropolitan Borough Council, Stockport NHS Foundation Trust (Stepping Hill hospital and community health services) and Viaduct Health (a federation representing all Stockport GPs).

We have been out across Stockport to talk to local groups about the issues that health and social care are facing and the plans we have been developing. For more information go to https://stockport-haveyoursay.citizenspace.com/

Health and social care Stockport

(a) Where we are now

Here in Stockport we're proud of the fact that our borough is one of the healthiest places to live in the North West. We take pride in our achievements in healthcare, including the fact that Stockport residents are living longer than ever before.

But we cannot – and should not – ignore our changing world. Stockport's health inequality gaps continue to pose significant problems. For example, there are vast differences between life expectancy across the different areas within Stockport.

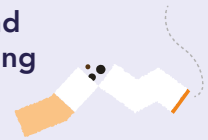
With an ageing population and a predicted rise in the number of people living here over the coming years, we need to find ways of maintaining and improving the care we provide within the budget that we are given.

Some of our achievements...

High cancer survival rates

Patient satisfaction with Stockport GP practices is higher than the national average

Smoking rates are falling across the population, and especially during pregnancy



More people than ever are receiving NHS health checks, preventing heart disease

Flu vaccination uptake

– best in the country

GPs and community nurses now use the same electronic record system

Top 'A' rating for stroke services

We are one of the first areas in Greater Manchester to receive funding from the Greater Manchester Health & Social Care fund (devolution)

One of the healthiest populations in North West England

(b) Why things need to change

(i) Ageing population

The rising number of older people in Stockport means there will be a greater need for health and social care support both in the short and long term.

If we can help people stay healthy as they grow older, they will enjoy life more and have to go to hospital less often. Consider this: 18% of the population in Stockport are aged over 65, which is higher than many other areas of Greater Manchester and above the national average. This proportion is expected to reach one in five people by 2020.

At the moment, older people have greater needs and an increased chance of developing long term illnesses, something our system currently finding difficult to do well, and we want to do better.

Impacts

Pressure on services and resources

↓

More people in hospital who don't need to be there and would be better cared for at home (see page 11)

↓

Experiences of care can be frustrating – people have to repeat their stories to several professionals, people get 'passed from pillar to post'

↓

People's physical, mental and social health and wellbeing is considered separately rather than together

↓

People become reliant on services

Stockport has some of the **largest inequalities** in **health** in the **country** (for example, between the richest and poorest areas)

Life expectancy (in years) at birth:

Average in Bramhall

86.4 in 2013–15

84.3 in 2013–15

Average in Brinnington

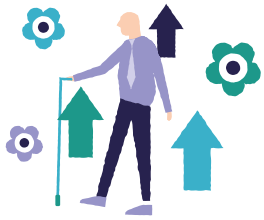
76.6 in 2013–15

72.8 in 2013–15

There are **93,500** people with one or more long term conditions

44,700	Hypertension	8,500	Cancer
20,500	Asthma	7,700	Kidney disease
15,700	Diabetes	7,200	Lung conditions (COPD)
12,200	Heart disease	2,500	Epilepsy

We have an ageing population – **55,700** people are **over 65 years** and this is set to increase to **61,000** by **2020** (higher than national average)



26%

of our adults have unhealthy 'risk factors' **(lifestyles)**

Our health and care services **do not** work together as well as they should do

(ii) National direction

The NHS Five Year Forward View was published in October 2014. It set out a vision for the future of the NHS. It was developed by the bodies that oversee health and social care services nationally, patient groups, clinicians and independent experts. They advised to create a collective view of how the health service needed to change over the next five years to close the widening gaps in the health of the population, quality of care and the funding of services.

The Five Year Forward View started the Stockport move towards a different NHS.

You can read the report on the NHS England website: www.england.nhs.uk

(iii) Developing more modern health and social care for Stockport

We are treating more people than ever before and advances in medicine mean that the treatments available are much better than they were in the early days of the NHS. There are some great success stories and we want local people to have access to the best care available. But local doctors, nurses, therapists, social workers and others know that an NHS system built for the 1950s and 60s is often not giving their patients the care they need in the 21st century.

(iv) Care closer to home

Because of the way health and social care is currently organised it means that we use a large majority of our money on hospital beds. Often because of lack of support in the community or delays in social care, patients can be in hospital beds who don't need to be there.

There is clear research that suggests patients who are well enough to leave hospital can become more ill or less able to look after themselves just by being in hospital. Based on that we have been trying some new ways of working that help patients stay healthier and recover more quickly after illness.

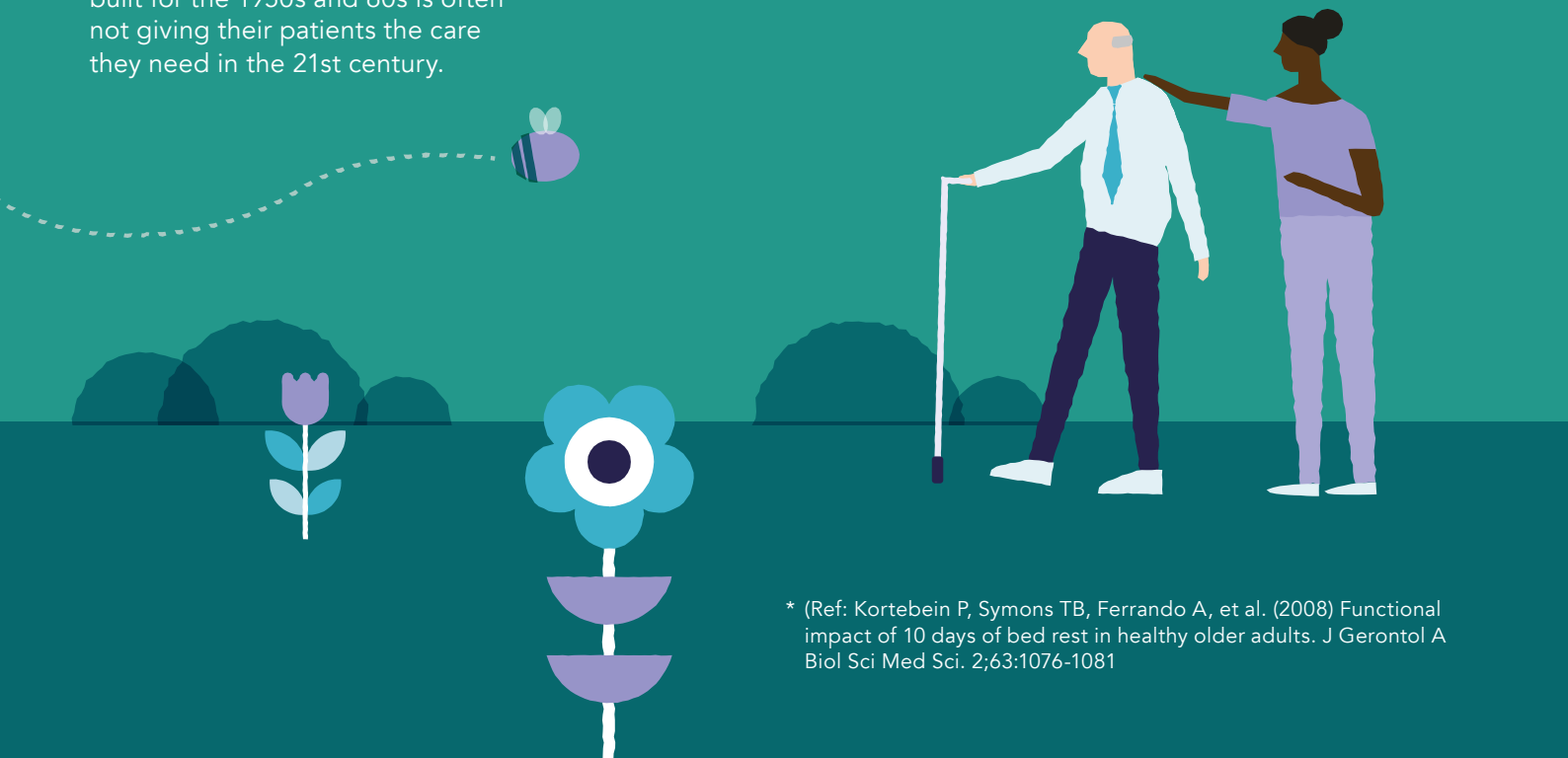
(v) Finances

These changes will not reduce the amount of money we spend on health and social care in Stockport. Rather they will mean we can manage the increased demands within the resources we have. The plans are about investing money into different parts of our health and social care system (for example, GP practices) to ensure we can meet the increased care needs that we face.

See Esther's story on the next page.

Did you know*

That for people who are **over 80 years old**, **10 days** in hospital can lead to the equivalent of **10 years ageing in the muscles**!



* (Ref: Kortebein P, Symons TB, Ferrando A, et al. (2008) Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci. 2;63:1076-1081

Successes so far...

When I was told I was fit to come home, I was really happy.

After a spell in hospital, Esther Wagstaffe couldn't wait to come home. Thanks to a new service at Stepping Hill Hospital, she was able to do just that.

"When I was told I was fit to come home, I was really happy," she said. "And I was so glad to get in my own bed and sit in my own lovely chair."

The 99-year-old from Heaton Moor added: "They [the carers] make you feel comfortable and it's because of that it helps you to start working for yourself."

While the initiative – called 'transfer to assess' – is still in its early stages, Esther's experience shows that it is successful. We know that people would rather not be in hospital if they can receive the care and support they need at home. We also know that, where possible, the best and safest place for people to receive treatment and care is in their own home.

For Esther, a team working on the short stay older people's ward at Stepping Hill hospital were able to help her move back home. In addition, this new way of working removed the need for Esther to stay in a residential care home after leaving hospital. In the past, this may have been the next step.

That's why we are changing how we work. Dr Jaweeda Idoo, GP at Stockport's Alvanley Family Practice and Interim Clinical Director for Stockport Together, explained. "When someone is admitted to hospital, staff carry out an initial assessment of that person, and identify an anticipated date of discharge. This then provides a date that the teams can work towards so that they know when any services that will help a person's recovery need to be in place.

"In Esther's case, the team was able to assess her care package needs whilst still in hospital. They then made a visit to her home to work out if any modifications or additions were required to make her home safe for her return."

What is being planned?

(a) Overview

For the first time the organisations that plan, manage and provide health and social care for the people of Stockport are truly working together to provide the seamless packages of care the people of Stockport need to live happier and healthier lives.

- NHS Stockport Clinical Commissioning Group
- Pennine Care NHS Foundation Trust (mental health services)
- Stockport Metropolitan Borough Council
- Stockport NHS Foundation Trust (Stepping Hill hospital and community health services)
- Viaduct Health (a federation representing all Stockport GPs)

We have the skills to prevent disease. We have the medicines and treatments to improve the health of people with long-term illnesses. It makes sense for us to change the way we work so we can use them to improve the health of local people, rather than wait until they are so ill they need hospital treatment.

We are proud of our local hospital and the staff who do an excellent job at looking after patients at their time of need. We want people to know that those staff and services are here to stay for people who need them.

Sometimes a stay in hospital is not needed or is only needed for a very short time. We want to reduce the number of people who have to be admitted to hospital by diagnosing them earlier, treating them quicker, and supporting them to return home as soon as possible.

We want more services that help diagnose and treat people in their communities. And we think bringing together GPs and other health and social care professionals, with more resources, will help stop lots of people becoming so ill they need to go to hospital.

Older patients tell us that going into hospital can be a stressful experience, even when they know they need to. And in Stockport there's a higher chance that patients will be kept in after treatment than in other areas. We're planning to do several things:

- Identify the people with long-term illnesses who are most likely to end up in hospital for urgent treatment;
- Ask the new community health and social care teams to help those patients stay well
- Identify those patients when they arrive at hospital and divert them to a specialist treatment centre that has immediate access to their records and can treat them quickly;
- Give patients the support and care they need to return home from hospital quickly, where possible without an overnight stay;
- Give patients access to outpatient services traditionally provided at hospital either in their home, or at neighbourhood health centres.

We will put in place a number of checks and indicators to ensure that it is safe to change the way we provide care. We have the chance to do this because Stockport has received £19m for the 'double running' of services (from the Greater Manchester Health and Social Care Transformation Fund). Double running means that we can run our current services at the same time as trying out new services or ways of working.

How we assess whether the changes are the right ones will also depend on what you tell us. We will be talking to people at public meetings, via telephone/ street interviews and at smaller meetings with local groups. And we will carefully assess the impacts on equality groups.

The evidence shows we can expect some great results from changes like these, including improved life-expectancy for people living in less well-off areas, improved quality of life especially in later years, fewer deaths from preventable causes, and a rise in the number of people making informed decisions about their own health.

(b) Plans in development

We've been working with patients to identify the things that matter to them so we can measure how well we're doing. Things like recovery after an operation and care choices at the end of life.

All of these ideas are aimed at getting care and treatment to people earlier in their illness, or stopping them from getting ill in the first place. To do that we want to invest more into community based services.

Preventing emergencies, dealing with them quickly

If you become ill in Stockport you're more likely to end up in a hospital bed than in similar areas across Greater Manchester and the rest of England.

We can do more to help people who live with conditions like diabetes or COPD (chronic obstructive pulmonary disease), manage their health better and become seriously ill less often.

And for the patients who do need to go to hospital unexpectedly, we can provide a range of services alongside the emergency department (A&E) and direct patients to the right one when they first arrive. A larger unit for people with long-term conditions would be one of those other services.

That would mean more appropriate treatment more quickly for people with long-term conditions and would, we think, reduce the number of patients we see in the emergency department (A&E) from 1850 to 1350 each week.

Extra care when needed, faster recovery after hospital

We know that lots of people go to hospital as a precaution when they or their carers are concerned about their health. We know that many people stay in hospital after their treatment has finished because the right care isn't available at home or they need a nursing home place to be arranged.

In Stockport we have 20 services like the rapid response service and the reablement team. Those services are focussed on helping people to leave hospital and get home to recover.

The existing services focus on helping people when they're leaving hospital. This is where most of the money, staff and beds are used – helping people recover after illness.

We focus much less on helping people get extra care when they need it to help them stay at or close to home.

We're starting to look at ways of providing that extra care to people when they need it, so the only choice isn't a stay in hospital.

For example, the 'transfer to assess' service – a service which is intended to ensure a speedy transfer from hospital to home, and to assess a person's ongoing needs. Once a person's immediate medical needs have been met, it is important that they can be discharged from hospital in an appropriate and timely manner. See Esther's story to read how this is working in practice.

Neighbourhoods

GPs play a critical role in keeping us all healthy and treating us when we're ill. We want to spend more money on the services local doctors can provide to make seeing your GP, practice nurse, community physiotherapists and other clinicians much easier. That way we think potential illnesses will be prevented or diagnosed earlier.

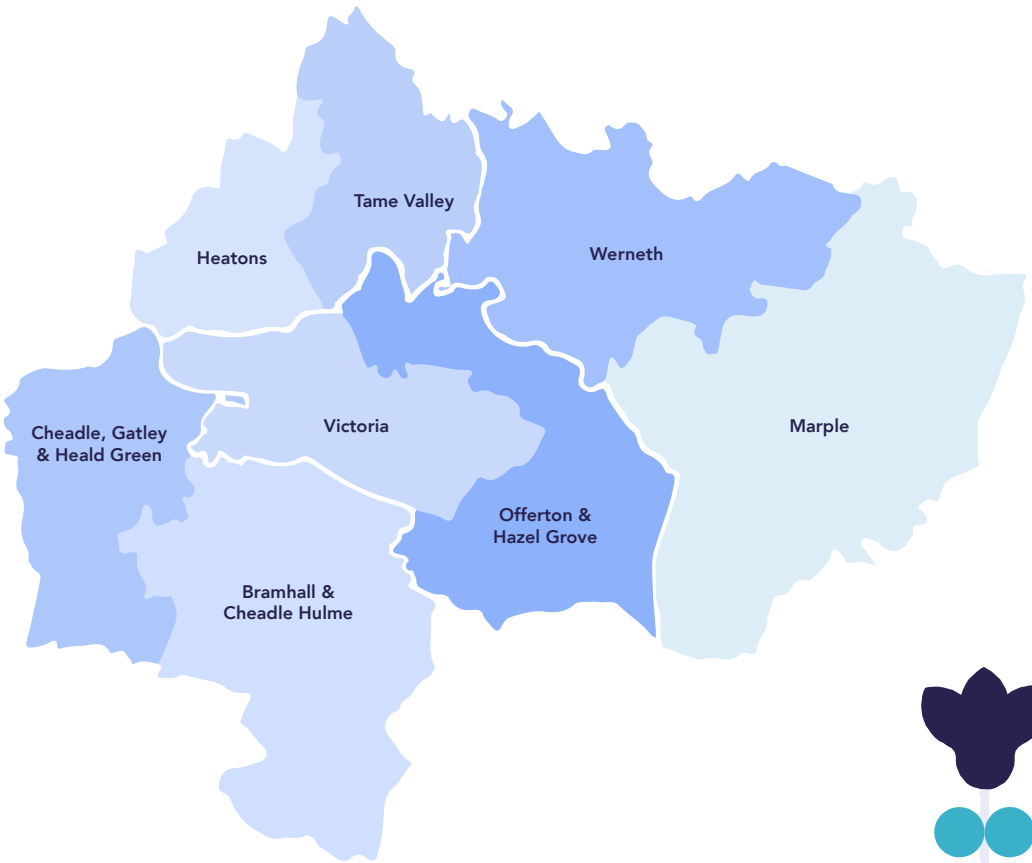
Stockport is divided into eight neighbourhoods, each serving the differing needs of the people within the areas.

We want to see health and social care in each neighbourhood working together with local doctors at the heart of the service. Those services will be able to focus on identifying poor health, the causes of poor health like smoking, drinking heavily and unhealthy diet, and help people to change their habits.

The neighbourhood teams would be the frontline of support for people with long-term conditions. They would...

- Act as one team for patients and their carers
- Share patient records
- Bring in extra, specialist support when it's needed
- Consider a person's physical, mental and social care needs
- Help patients to learn more about their conditions and make the healthiest choices for them
- Address the causes of poor health, care and wellbeing outcomes by working with the third sector

We want health and social care services to be available every day.



Outpatient appointments

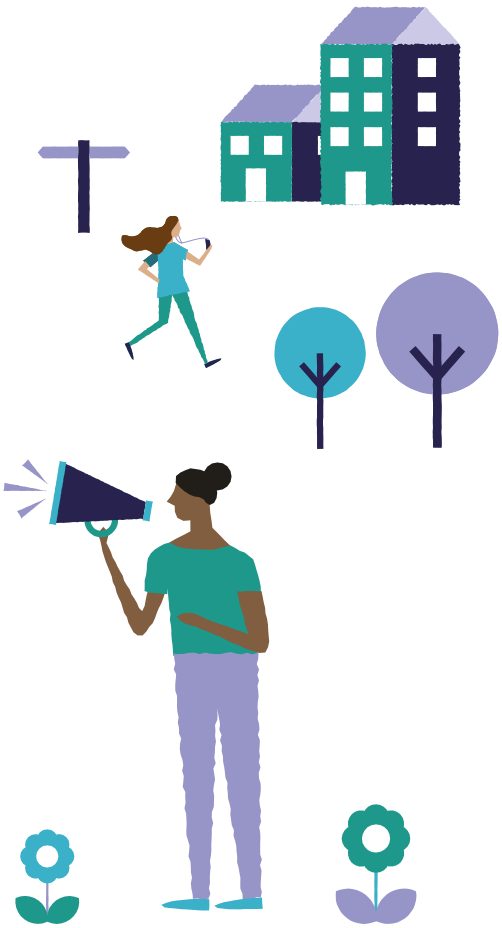
Sometimes patients go to hospital for tests, check ups, or treatment that don't need an overnight stay. We know that nearly half of those patients could get the same service in their local surgery or even at home.

So instead of a trip to hospital and waiting around, you might pop to your local GP surgery, call your specialist with your own doctor or practice nurse and walk out with your new medication.

The success of this will depend on people feeling confident and supported to manage their own health; having access to specialist advice, guidance and routine investigations being available in the most appropriate setting; and importantly people being seen by the right person in the right setting depending on their need.

Get involved

In June and July we will be coming out to communities across Stockport to talk to you about the plans we are working on.



We have already started work on improving and increasing the care available closer to your homes. In order to develop these further we need to check that our strategy is the right one for local people. We will be inviting ideas about how the plans could work in your local area and ask for your help in identifying the impacts of any changes on you.

Local clinicians and local people have helped us develop our plans which we would like to continue. We will be taking the advice of The Consultation Institute and following NHS guidance to ensure that our public engagement on these issues follows best practice.

The public events are open to everyone across Stockport. Please register your attendance here https://www.stockport-together.co.uk/get-involved or telephone 0161 426 5011.

Stockport Together Public Listening Events	
Venue	**Date and Time**
St Peter's Parish Centre Green Lane, Hazel Grove, Stockport SK7 4EA	Day: Thursday 22nd June Time: 7.00pm – 9.00pm
Brinnington Community Centre Hereford Road, Brinnington SK5 8EY	Day: Monday 26th June Time:10.00am – 12.00pm
Romiley Forum Compstall Road, Romiley, Stockport SK6 4EA	Day: Thursday 29th June Time: 7.00pm – 9.00pm
Bridgehall Community Centre Siddington Avenue, Bridgehall, Stockport SK3 8NR	Day: Tuesday 4th July Time: 1.00pm – 3.00pm
Toby Carvery Heaton Chapel 271 Wellington Road North, Stockport, SK4 5BP	Day: Thursday 13th July Time: 7.00pm – 9.00pm
St Peter's Parish Centre Green Lane, Hazel Grove, Stockport SK7 4EA	Day: Tuesday 18th July Time: 1.00pm – 3.00pm
Marple Senior Citizens Hall Memorial Park, Marple SK6 6BA	Day: Thursday 20th July Time: 2.00pm – 4.00pm
Cheshire Conference Centre Hardcastle Road, Edgeley Park, Stockport SK3 9DD	Day: Saturday 22nd July Time: 10.00am – 12.00pm
Cheadle Village Hall 1-3 Brook Rd, Cheadle SK8 1PQ	Day: Monday 24th July Time: 1.00pm – 3.00pm
Bramhall Methodist Church Centre Point Hall, 23 Bramhall Lane South, Stockport SK7 1AL	Day: Thursday 27th July Time: 7.00pm – 9.00pm

Don't worry if you can't make one of the listening events. We would be happy to come out to talk to local groups or answer any questions you have. Please contact us on:

Stockport Together
7th Floor, Regent House, Heaton Lane,
Stockport, SK4 1BS.

Telephone
0161 426 5011

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