## Stockport: MBC, CCG and FT

### **1 Introduction to the Geographical Area**

Stockport is a 290,000 population district coterminous with the Metropolitan Borough of Stockport and NHS Stockport Clinical Commissioning Group.

Stockport is a national vanguard site for new models of care. The partner organisations across Stockport (Stockport NHS Foundation Trust, NHS Stockport Clinical Commissioning Group, Pennine Care NHS Foundation Trust, Stockport Metropolitan Borough Council and Stockport’s GP federation, Viaduct Health) are working alongside GPs and voluntary organisations as Stockport Together to develop a single strategic plan to improve health and social care services across the borough in four workstream areas: Healthy Communities; Core Neighbourhoods; Borough-wide Services; Acute Specialist Interface

The district lies where the Cheshire Plain, the Pennine Hills and the Greater Manchester Conurbation meet and has a distinctive culture which combines the confidence of Cheshire, the openness of the Pennines, the friendliness of Lancashire and the enterprise of Manchester.

The district is extremely varied with its own slice of inner city Greater Manchester existing within the same borough as the five most affluent wards of the county. Stockport MBC Council Plan has for a number of years identified health as one of its four key strategic priorities and it has introduced the Stockport Health Promise which commits all departments of the Council to actions to improve health..

In the last decade of the last century the health of Stockport improved from being slightly worse than the national average to being slightly better. This overall statistic conceals substantial differences between small areas. Around a third of the borough is deprived inner city, around a third consists of very affluent suburbs, and the remaining third includes an area of gentrified inner city, five established Pennine townships, and a few small villages. Most districts are either generally affluent with some pockets of deprivation or generally deprived with some pockets of affluence. This is not the case in the town of Stockport itself. Stockport experiences much more internal variation in deprivation and health than many areas across both Greater Manchester and England & Wales. This gives commissioners a greater challenge to ensure the equitable distribution of resources and services to reduce health inequalities. In the 1990s Stockport was successful in reducing inequalities in mortality. The health of younger age groups then began to deteriorate due to the alcohol and obesity epidemics. The Borough is now successfully reducing inequalities amongst the general population but not amongst people born since 1970.

Stockport’s rigorous application of Greater Manchester’s river valleys and green belt policies have led to tongues of countryside reaching deep into the borough - a long distance footpath through the Peak District starts at one end of the main shopping centre, across the road from Asda and Sainsbury’s.

**2 Structure, functions and facilities of Department**

Registrars are based with the public health team in the Town Hall in the centre of Stockport. This is very easily accessible by bus and 5 minutes from Stockport train station.

The public health leadership team consists of the Director of Public Health, his CCG Deputy (both accredited, experienced trainers) and Local Authority Deputy. There is a strong team supporting the leadership to deliver on public health across the spectrum, giving you the opportunity to work on everything from the wider determinants of public health, healthy communities, behaviour change, prevention and early detection, clinical pathway redesign, healthcare quality and policy and individual funding decisions.

As CCG Deputy, I am your lead trainer. I lead healthcare public health, uniquely having honorary appointments in both the CCG and Stockport NHS Foundation Trust. This enables you to work in a variety of settings.

The department is used to having registrars and offer a supportive environment for training. There are monthly research and policy forums for the whole team and other colleagues, dedicated to shared learning.

**3 Facilities**

All registrars will have access to a hot desk, telephone and personal computer, with printing, photocopying and fax facilities. Registrars can also access teleconferencing. The following software packages are available – Word, Excel, PowerPoint. Access to SPSS is available in the Department.

**4 Particular interests and training opportunities**

* Strong commitment to service redesign within the health economy
* Special interest in transport and land use planning
* Strong local authority focus with opportunities for work with LA departments who promote health
* Emphasis on public health advocacy
* Active involvement in clinical commissioning
* Prevention and early detection - current priorities are cancer, long term conditions, COPD, AF, hypertension, diabetes and dementia
* Behaviour change
* Healthy communities
* Mental well being
* Public health in adult social care
* Healthy ageing
* Children and Young People within the innovative Stockport Family programme
* Focus on embedding prevention within the hospital and the hospital as a healthy setting
* Opportunities within discrete areas such as screening, health impact assessment, health equity audit, effective use of resources

**Registrar experience – Jennifer Connolly ST3 and ST5**

I have been lucky enough to return to Stockport to complete my training and this has given me insight to the training opportunities offered at Stockport during these different stages. I was well supported in ST3 to identify work which simultaneously met the needs of the organisation, my interests, and my learning needs. I had the opportunity to work closely with the CCG, and address a large number of learning outcomes, particularly around health care public health. Additionally, I was working towards Part B, and was given great opportunity to prepare and practice for this exam with a range of colleagues (which led to a successful result!). Now returning at ST5, we have identified work to address my final outstanding learning outcomes, with a greater focus on public health within the council and healthy communities. The leadership team at Stockport have a diversity of background, skills and style which means it’s a great training location to help you develop your own approaches. I’ve also been supported and challenged to work towards taking on a consultant level portfolio, which is essential now that applying for consultant jobs is on the horizon.

## 5 Organisation of training

For registrars relatively early in their training

We can arrange a number of projects to meet genuine needs within the organisation and to give experience. We are keen to ensure that early training extends existing skills of registrars and contextualises knowledge required for part A.

For registrars later in their training

We are keen to identify a set of responsibilities that can be carried out under a level of supervision and reflective practice appropriate to experience and training needs. Our aim is for registrars to work as public health specialists within Stockport rather than just knowing or showing public health skills or approaches in a project portfolio. Senior registrars are invited to attend our senior leadership team meetings.

We will agree with the registrar the most appropriate areas, balancing competencies still to be acquired, gaps in training and personal interests and aptitudes with corporate and service needs

We enjoy preparing registrars for their part B OSPHE examination and seeing more experienced registrars flourish when they are given a portfolio of responsibility rather than project based work. We like to use any pre-existing skills that registrars have to develop the directorate.

1. **Contact details**

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