

STOCKPORT TOGETHER						
Time/Date/Venue:		Thursday 13 th July 7-9pm at Toby Carvery, Heaton Moor				
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						
Tim Ryley, Director of strategy and performance, CCG Shirley Hamlett, communications and engagement, CCG Alison Johnson, planning and performance manager, CCG Lucy Cunliffe, communications lead, Stockport Together Approximately 44 group members						
Demographic Breakdown of attendees						
Age:		30+				
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 Toby Carvery in Heaton Moor. This was followed by an interactive session to gather public views, questions and feedback.</p> <p>Questions were invited at the end of the session and these have been summarised below:</p> <p>In the issues document you only reference the non-mental health needs of the population of Stockport. We need to include mental health conditions. You also referenced how medication errors can have an impact on people, but that doesn’t take into account changes to that person that would impact on their medication needs (i.e. change in weight/circumstances etc.).</p> <p>Mental health isn’t captured in the document, and that is an oversight. But that is not the case in the business cases. We have included mental health throughout, with mental wellbeing and psychological services both being worked into the plans.</p> <p>We know that mental health needs increase with age, but we also know that those with mental health needs in their younger years are unlikely to reach age 65 +.</p> <p>Pennine care provides mental health services in Stockport, but why are they not</p>						

included in the neighbourhood hubs?

They're not currently part of the primary care services offered, but the secondary mental health services are very much a part of the neighbourhood model. Pennine Care and the CCG are both committed to parity of esteem for mental health

Is funding increasing for mental health in Stockport?

Yes

To say you have parity of esteem is totally disingenuous. How can you take care of people with mental health needs when you're cutting mental health nurses?

You said at a public CCG meeting that you had achieved parity of esteem.

What was being referred to in that meeting was parity of esteem targets. CCGs are set targets around funding etc., and that is what had been met.

Unless you ring-fence money, you will never get parity of esteem. You can't do that while budgets are being cut. Only way you can do that is to cut from other areas.

We will capture this comment.

Are you changing the name of mental health to wellbeing?

No

Can you clarify what is happening at Stockport Mind? Has it closed? We are totally baffled at SPARC as to what's happened

I don't know – we will get a formal response to this.

I have a question re: the mission statement: does the charging of services feature? E.g. shopping/home help. I have heard rumours that some GPs will charge if people need urgent appointments...

Nothing in the plans that increases the charges people will pay. GP practices in Stockport will not be charging for any of the services that are currently free to access.

The mission statement references 'affordable'. But who is it affordable for?

We're referencing the affordability for the whole health and care system. In the plans we've identified the £156m gap in funding by looking at how things as they are now and plotting against what the projected need would be. We have worked out what impact these changes will have on reducing the deficit, but we do know that the savings (£46m) will not completely address the gap.

The plan sets out how far we can get with these changes. But we have to manage within our means and make improvements. We need to start to close the gap.

I am concerned about the planned cuts at Stepping Hill – there is no evidence that this will improve the situation or that demand will be less. We know that the mental crisis response service is terrible. Cutting these facilities is stacking up problems for the future. Also need to address how were going to recruit staff

We would obviously need to be clear of the criteria behind any reduction to bed base –

we would need to be confident that the community services will work as an alternative. We will use the funding we've got from GM to 'pump prime' services.

We know that staff and the overall workforce is the biggest risk we're facing at the moment. Changing services doesn't tackle this problem. We need to look at the professions which we can recruit faster – i.e. alternatives to GPs.

This problem doesn't get sorted by these plans, but it will make sure we have a positive impact. Workforce is a problem in the current system and will continue to be in the new model.

Who makes the decision about funding priorities?

There are three parts to this answer:

- 1) Nationally government decides how much will be shared out. There is a formula which works how much we will get in the region. Nationally they dictate what the priorities are
- 2) CCGs are expected to use the resources we're given to meet the local needs
- 3) Decision between you and your GP which drives a lot of the spend, which is why GPs are part of CCGs.

It is a difficult job to try to balance.

In the issues document, it says that health and social care in Stockport is top rated for stroke services. But in reality, services in Stockport have been cut, and the one person who was left has moved to Tameside.

This is an example of the concern we're faced with when money is tight: to look at what services can be cut. We have to look at ways that the budget can be spent differently rather than do things like this.

We need to improve services rather than cut them.

You say that you want to change the way services are measured. How will you decide the risk factor or the benefits people will get – will this discriminate against older people?

We developed the framework with members of the public to make sure this doesn't happen: older people should not be discriminated against.

We want to look at factors like independent living, and how we can help people to regain their independence once they've recovered from their physical ailment.

In the 'outcomes' scenario it looks like you're trying to lead people to say there should be one single payment for health and social care services, but we know that you can't do that. Private and public providers deliver services in different ways. This feels like you're trying to get us down the road of privatisation and sell on the STP model to the private sector.

Payment by results is the measure of the US health model, and you're handing Jeremy Hunt this on a plate. Labour would have abandoned STPs if they had got

in.

Firstly, we're not an STP. STPs were initiated last year: there are 44 across England, they cover large geographical areas, they work towards a 'control total' (this is where you know how much money you have, and have to develop a plan which gets you towards this total), and the planning is done in secret.

In Stockport we said we wanted to work together differently before we were told we had to, and how to do it.

STPs are very significant in their scale, and tend to be looking at hospital configuration. Stockport Together is not looking at that. We are not big enough to be an STP, and have not designed a plan to meet the 'control total'.

This is a public meeting; this is not a plan that is being developed in secret. We've been talking with the public and staff groups about this for years – we started a long time before STPs came into existence.

And it is an important point to challenge whether we become privatised or not.

You talk about surgeries being open at weekends and evenings. Will there be enough GPs to staff this? Are other health professionals doing the job of a GP similar to teaching assistants doing the job of a teacher?

We know GPs aren't an abundant resource at the moment – and this is a national issue that we need to address locally.

One of the reasons there is a gap in GP availability is retention. The pressure they're under is huge: we need to look at their work/life balance, and are trying to do this through Stockport Together.

GPs are at the heart of these plans. We're not proposing that the GPs will be bypassed any more than is safe or appropriate to do so. All appointments will be run and managed appropriately

Will they be paid as much as a doctor if they do more activity?

GPs will say they're already doing more work than they should do on activity that could be picked up by other professionals – for example, physiotherapists.

Staying the same isn't an option, and we can't make all these changes overnight. We, as the public, have to embrace these changes if they're going to be successful.

I have great sympathy for the situation, and totally agree that combining health and social care is the correct thing to do. But my concern is that through all of this you're presenting the idea that everything is ok with the current system, which we know isn't the case.

