

STOCKPORT TOGETHER						
Time/Date/Venue:		17:00, 22 nd June 2017, St Peter's Parish Church				
Responsible Officer:		Lucy Cunliffe – Stockport Together				
Details of Organiser:		Helen Lyons – St Peter's Parish Church				
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						
Andrew Webb, director, peoples services, SMBC Dr Ranjit Gill, chief clinical officer, CCG Louise Hayes, head of communications, CCG Alison Johnson, planning and performance manager, CCG Shirley Hamlett, community engagement officer, CCG Lucy Cunliffe, communications lead, Stockport Together Approximately 27 group members						
Demographic Breakdown of attendees						
Age:		50+				
Disability:		Mixed				
Gender:		Mixed				
Race:		Mixed				
Religion:		Not known				
Sexual Orientation:		Not known				
Comments and Proposals:						
<p>Andrew Webb and Dr Ranjit Gill, 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 St Peter's Parish Church. Before an interactive session to gather public views, questions and feedback were invited following the brief presentation. These have been summarised below:</p> <p>We have experience of long delays and waiting times when it comes to getting equipment and having appropriate modifications to our home following an operation. This resulted in my wife having to stay in hospital longer than she needed.</p> <p>I also note a recent Granda Reports programme which talked about how much equipment is simply thrown away – things like zimmer frames and crutches. Also, are all dentists going to become private only?</p> <p>In regards to your point about aids – we have introduced an integrated discharge team, which is in place to assist people when being discharged from hospital. This team helps to reduce the number of different departments that people would need to get in touch with to arrange any support they may need.</p>						

The integrated discharge team is now a single service which has been working together for around four weeks.

We also now have therapists who can work on a greater number of functional assessments, meaning peoples' needs can be identified whilst they're still in hospital. As a pre-cursor to Stockport Together, we carried out a trial in Marple (Stockport One) which gave a small budget to a team of different health and care professionals working together as one 'multi-disciplinary' team to fix problems for people around accessing different services. We have taken the learning from this work and built it into the planning and preparations for Stockport Together activity.

Regarding the recycling of equipment, there is an initiative in Stockport which has been established to recycle a certain amount. *[A full response will be provided of how widespread this initiative is reaching].*

Stockport Together isn't just something that you've come up with – it is a way of managing government cuts, and is happening across the country. You need to be honest about why you're carrying out this work.

SMBC has got to save another £1million this financial year, and has to return £700k to government because of unspent finances which should have been used on equipment and adaptations.

Stockport Together was an idea which was conceived by the leaders of Stockport's health and social care organisations. It was thought up when the CCG came into force in 2013 as it became apparent that the different health and social care organisations weren't working particularly well together, and a new collaborative approach was required.

It was at this point that a partnership/transformation board was established to change the way that services are provided in the borough.

The health and social care budget is around £400million, and we know that this is broadly what we will be getting each year for the next 2 – 3 years. It is not for us to comment on the amount of money as this is determined centrally by government.

But knowing what we know about the challenges we face in the borough, and the money we have to spend on delivering health and social care services, the exec leaders of Stockport Together collectively agree that we wouldn't change what we're planning to do, even if we were given more money to spend.

Our biggest problem in the borough is a staff shortage – and this is where the majority of the health and social care budget is spent. And if we were given more money to tackle the health and social care needs of the borough, we would still struggle to recruit the staff we need. This is a national issue.

It is important to be clear as we talk about Stockport Together, we are not talking about

cuts to funding, more that we are focusing on addressing the shortages that already exist.

In answer to the question about the underspend on adaptations in Stockport, this is a complicated area that brings different elements in, including the individual's ability to meet some of the financial requirements. *[A full technical response will be provided in answer to this question.]*

Is it sheer coincidence that the way Stockport Together has been set up is exactly the same as in the Five Year Forward View and as other areas across the country?

No, we are a Vanguard site which means we've shared a lot of our learnings and this has helped to influence other plans and other areas.

We put ourselves forward for Vanguard status in 2015, and were awarded it in recognition of the work we're planning.

It is much the same as how the national Sustainability Transformation Plans originated in Greater Manchester, but have been rolled out across the country.

In many cases, national direction and policy is influenced by what happens at a local level – and we have been a part of this.

Please could I get some clarification about what you mean by 'Stockport' as not all Stockport residents are registered with Stockport GPs, and people who live outside of the borough, but use the hospital services in Stockport will not have access to the wider health and social care services you've spoken about?

We're basing our plans around the GP registered population for NHS services, and the Local Authority services (adult social care) are based on Stockport residents, so there is a bit of a grey area.

As an example, High Peak residents may access hospital services in Stockport, but their local authority would be responsible for delivering their adult social care services, and their local GP practice would deliver their primary care services.

But what about patient choice? If a patient chooses to have treatment in a different area, the money to pay for the services they require should follow them.

I hear your concern, and understand that you would want to see some arrangement that meets the needs of individuals, regardless of where they happen to live. I understand that you want to reduce the potential for health and care services to fall to some kind of 'postcode lottery'.

We will note these concerns. This is what this 'listening period' is about.

Two years ago, I took part in a workshop on how health and social care services can work better together, and budgets were discussed then. They spoke about

something called an enablement budget. Is this still being worked through?

We have moved on since then, health and social care budgets have now been pooled – this is a major change from how services used to be managed.

What we haven't really changed yet is how this money is spent. We've taken steps to address this, through the introduction of things like the integrated discharge team, but we know we need to do more to ensure that the staff are able to change the way they've been working.

As a result of becoming a Vanguard site, we were given funding to allow us to spend money to double run services to test out some ideas. We have also been in a listening phase for the last two years, working with members of the public and learning about what is important to the people who use our health and social care services.

The Local Authority money – unlike NHS money – will now come from locally raised funds (through council tax).

Providers of care in the community – don't want to go down the road of the other areas which appointed Virgin, but we want reassurances that we won't be appointing private providers in Stockport

It depends what you mean by private providers. Our domiciliary and care homes are all profit-making 'private providers'.

Can we change that?

Not through Stockport Together, no. We are not in a position to change the way national government operate, and the conditions they set.

None of the plans we have in place involve going outside of the public sector to provide the services. We have looked at what sort of organisation we would want to deliver the care, and collectively, the five partner organisations of Stockport Together all agreed that they would not sign up to any organisation that had private ownership.

There is absolutely no intention of putting this at risk of becoming privatised. The goal is to create a robust public service.

Is this something that you have control over? What about a competitive tendering process?

The standard procurement rules apply – and no, we haven't got any protection if legislation were to change.

What happens if we come out of the EU?

I don't know.

Can we future-proof?

Probably not, but no-one has a desire to change that. These plans have been drawn up during both liberal democrats and labour rule in Stockport, and both have agreed with

the direction we're taking. And as elected representatives of the people of Stockport, they have signed up to and got behind our ambitions.

The CCG has a legal obligation to abide by government procurement legislation, and has to be neutral in its approach.

We can sometimes gauge by history what is or is not likely to happen. It's worth bearing in mind that GPs are private providers, so is St Ann's hospice and the care homes, but recognise that it is the profit motive that people want to avoid.