



LINK Briefing Update

**Minutes of Meeting Thursday 17th June 2010
Walthew House, Shaw Heath, Stockport 10.00am – 12.30pm**

Present:	Representing Organisation/Group
John Leach	Chair
Loretta Alao	Vice Chair and African & Caribbean Community Association
Tony Johnson	Stockport NHS Foundation Trust Governor
Les Pattison	Individual
Jim Clark	Individual
Mike Lappin	Chair of Stockport Health & Care Forum
Joyce Drummond	Individual
Anand Dutta	Indian Association
David Atkinson	Volunteer Pebble Enterprises
Clem Beaumont	Individual
Glenys Paterson	Signpost for Carers
Gerry Wright	Stockport NHS Foundation Trust Governor
Sheelagh Peel	Patient Representative Stepping Hill, AOT Shadow Board
Peggy Hall	Individual
Alan Watt	Individual
Les Pattison	Individual
Lesley Abraham	Age Concern Stockport / All Our Tomorrows
David Kirk	Stockport NHS Foundation Trust Governor
Norma Neild	LINK Mental Health Carers
Apologies:	Organisation/Group
Stan Prescott	Reddish Pensioners
Margaret McCauselend	LINK Mental Health Carers
Breda Johnson	Care Schemes
Audrey Lee	Mellor Society
Pat Hannah	Individual
Sarah Thomas	Cerebral Palsy Society
Gaynor Johnson	Stockport Diabetes Society
Jean Weall	Stockport Diabetes Society
Pauline Roberts	LINK Mental Health Carers
Caroline Eden	Stroke Association
In Attendance:	
Maria Kildunne	LINK Development Manager
Kirsty Bagnall	LINK Development Officer
Diana Bridge	LINK Wider Group member
Helena Platt	LINK Wider Group member
Richard Jackson	Chair of Rescare
Gill Frame	Service Manager, Personalisation
Susie Wright	Policy Manager, Stockport Council

1. **Welcome, Introductions & Apologies**

John Leach (Chair) welcomed members to the meeting and introduced Gill Frame, Director of Community Health Stockport PCT Provider Services.

2. **Gill Frame, Director of Community Health Stockport Provider Services. - Transforming Community Health Services**

Gill introduced herself and told the group she was in attendance to talk about Transforming Community Health Services. She told the group that if they had any questions during the presentation to stop her and ask. She circulated the 2008/2009 Annual Report and a summary of her presentation.

2.1 **Organisational structure.**

Gill explained that she works in the provider arm of NHS Stockport (which used to be Stockport Primary Care Trust). She explained that Community Health Stockport was renamed as such from Community Provider Services after a competition for staff to create branding for the services, which LINK was involved with and they work towards a set of targets called "We *Will*'s.

Community Health Stockport organisational structure is an integrated business unit, where the focus is on all service delivery, quality, finances, performance and customer care. They are responsible for hitting targets in all areas.

They are regulated by the Care Quality Commission and achieved unconditional *registration* from them.

Anand asked Gill if Community Health Stockport is independent.

Gill said that they are part of NHS Stockport, an organisation within an organisation but they do stay at arm's length. They work to the same rules as NHS Stockport but the next step for the services would be to move one step further away. They do have separate governance arrangements but are accountable to NHS Stockport. Alan Watt sits on the Provider Forum as a LINK representative.

David Kirk asked Gill how they relate to Social Care.

Gill said that they cross over with learning disability services, children with disabilities, MOSAIC (young people's drug and alcohol service) etc. In these cases there is integrated working between both health and social care services.

Gill was asked how line managers fit in when there is integrated working.

Gill used the example of MOSAIC. There is a mixture of Local Authority staff and NHS Stockport staff. The Head of Service is an NHS Stockport staff member but reports to the Council. It has worked like that since the 1990's in this service and it has worked well.

Gill was asked how funding works in this situation.

There is a joint pot of money pooled from both the local authority and NHS Stockport. Some is aligned and some is not, Gill feels this helps to break down barriers.

Les asked Gill if Community Health Stockport work with Pennine.

There is not that much joint working with Pennine. One way they do work together is if a person is on a pathway, they may receive services from both. There are no single structures. Gill said that Pennine's core business is different from Community Health Stockport's but Community Health Stockport do focus on mental wellbeing as well.

Sheelagh said that with the change of government in the coming months and years, money for the NHS will be ring fenced but money for Councils will be cut. She asked Gill how this will affect joint working.

Gill said that this was not her area, she is aware that there will be challenges and feels the LINK should speak to the commissioner who is coming to the LINK briefing next month about this subject.

Tony asked Gill if the assessment process is joint.

Gill said that the local authority have an eligibility criteria. Intermediate care is linked up between the local authority and NHS Stockport. Services provided by NHS Stockport are free for six weeks. A person may be eligible for help from the Local Authority but not from NHS Stockport. It could present a problem in the future.

Gill said that this is about understanding what a health need is and what isn't. It is a complex system. She clarified that a nurse or therapist carries out the means tested assessments for NHS Stockport and admitted that it is a complex system.

Richard Jackson, Chair of Rescare asked Gill about what was happening with the hydrotherapy pool at Offerton Resource Centre, which was shut in October 2008 by the PCT. He said he has written to Gill about this and believes that it is now in the hands of commissioning. He expressed his disappointment in the closure of the pool.

Gill said that it has been handed over to Maggie Kufeldt, (Joint Commissioning Lead at Stockport NHS). She said she was happy to discuss this with Mr. Jackson after the meeting. John Leach, Chair of the LINK agreed.

Peggy asked as they are jointly funded, are they jointly accountable.

Gill said that there is a joint commissioning board and both services are accountable to this. It is not a provide remit, but a commissioning remit. They get between £27million and £25million from NHS Stockport as a commissioner and £2million from other services including the local authority.

2.2 Aspirations and values

Gill explained that Community Health Stockport work towards a set of "we wills" as their commitment to the public. These are:

- *Help to improve your health by providing services for you, no matter who you are or where you live in Stockport*
- *We will organise our services to:*
 - *Reduce your waiting times*

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- *Involve you, your family and carers*
 - *Include other services when needed*
 - *We aim to keep improving and providing you with high quality services that meet or exceed NHS Standards*
 - *We will keep you safe by:*
 - *Making sure that the environment is clean*
 - *Providing competent staff*
 - *Use the best evidence*
 - *Monitor Standards*
 - *We will continue to listen to you so that future developments are based on your needs*

Gill said that one recent success from them was reducing the waiting times for access to podiatry services from 2-3 years down to 2-3 weeks. It was agreed that this was a big improvement.

Gerry asked Gill about podiatry as he believes that it is down to people have to make their own repeat appointments but many forget.

Gill said that she can ask Morag (Bardsley, Head of Podiatry, NHS Stockport) about this. Maria noted that the LINK has a focus group set up with Morag and we can bring it up with her then.

ACTION: LINK Podiatry focus group to ask Morag about this.

Tony asked about NHS Stockport pressure to raise thresholds for people to access services.

Gill said that she has the criteria for accessing services. She said that some people may feel they are eligible for a service when the service does not offer what they want. By putting services into the community, this guides people. For example, the early intervention service at Kingsgate should reduce pressure on Urgent Care. However this has not been the case and there are still as many admissions to hospitals and increase use at A&E. Gerry suggested that this could be because A&E is available all the time, whereas GPs are not open all the time. It was said that the new contract says GPs do not need to see patients outside of the 9-5 hours.

Gill was asked if Early Intervention is only from referrals from GPs.

Early Intervention is a specialist service and patients must be referred to them. These referrals mainly come from GPs although some come from the hospital. Kingsgate is not a walk-in centre but there is an 8-8 centre in Stockport.

Gill said that it was interesting that there has been an increase in people attending the 8-8 but the number of people going to A&E does not decrease in response to this. It was suggested that increase in emigration could be the reason for the increase. However, Stockport still has a very small number of extra people; this number does not match the increase of people in A&E.

It was noted that the number of older people in Stockport is increasing. Anand said that as well as an increase in older people, there are new conditions that

were not controlled a few years ago. An increase in awareness of other problems will mean more people are aware of what problems are out there and may visit more frequently.

Sheelagh said that it appears that the new admissions for A&E coincide with the new GP contract. She asked Gill if there were any figures confirming this, or showing how many of the GPs have reduced their hours based on the new contract. Gill said she does not have any figures on this.

Gill said one of the reasons for the increase in A&E patients are young men with sporting injuries who do not go to their GP but go straight to A&E.

Maria mentioned *Choose Well*, which lists where people can go in order of severity of the condition. It is being promoted heavily. Gerry said advertising is a huge tool, but people will still look as see what is the quickest way of being treated over what will save the NHS money. He then suggested introducing a fee.

Peggy asked which doctors refer to Kingsgate.

Gill said that there are only one or two GPs who send patients inappropriately to the hospital instead of Kingsgate. This is improving.

Loretta asked about how people should get information about drugs.

Gill said that the key role of the pharmacist is to tell people what their symptoms mean. She said that many people do not know the role of their pharmacist. Maria said that Nicola Baker is coming to a LINK Briefing Session to show the cost comparisons.

Tony asked what the NHS Stockport strategy is for levelling out costs with Stockport NHS Foundation Trust is.

Gill suggested that perhaps a colleague could come to talk to the group about money for intermediate care.

2.3 Transforming Community Health Services

Gill introduced and spoke about Transforming Community Health Services. She explained that the NHS Operating Framework has set out a requirement of "*PCT's must have agreed with Strategic Health Authority's proposals for the future organisational structure of all current PCT provided Community Services*". Stockport are looking for implementation of plans by March 2011 as there needs to be time to undertake full consultation with staff, professional bodies, trade unions, patients, public and key stakeholders.

Community Health Stockport will integrate with Stockport Council (Adult Social Care) to provide:

- District Nursing – including Out of Hours, Evening Service
- Community Rehabilitation Services
- Services for People with Disability – Wheelchair, Community Equipment
- Long Term Conditions – including Primary Care Continence Services, Tissue Viability, CFS/ME, Active Case Management
- End of Life Services

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- Lifestyle Services

Community Health Stockport will integrate with Stockport Council (Childrens) to provide:

- Public Health Nursing (HV/SN) Services
- Family Nurse Partnership (FNP)
- Children's Therapy (Disability Partnership)
- Special School Nursing / Continuing Care in Schools

Community Health Stockport will integrate with Stockport Foundation Trust to provide:

- Tier 2 – Dermatology, General Surgery Orthopaedics, Chronic Obstructive Pulmonary Disease, Heart Failure
- Early Intervention Service (EIS)
- Podiatry, Diabetes Specialist Services, Orthotics
- Primary Care Physiotherapy
- Sexual Health Services
- Nutrition and Dietetics

Gill explained that Community Dental Services are still being determined.

She said that integration is about working together as teams to meet the needs of the people of Stockport. Single management of services helps to promote innovation, provide better quality and experience of care for individuals. Integration gives the opportunity to look at new ways of working, creating and developing new roles and Gill believes that it is a real opportunity to do things differently.

David Kirk asked what the time frame for this is, who will make it happen and who is pulling it all together.

Gill said that especially in acute services there were already discussions and links there. They want to move forward towards one generic staff member to deliver all services to one person. If specialists are needed, then people can still have more than one member of staff if needed. It is about having one place of entry to the system, not about reducing specialist services if needed,

Norma asked if Community Health Services provide counselling.

Gill said most counselling is delivered via Pennine. Central Youth offer counselling to younger people.

Transforming Community Health Services Board

Mike said that he has spoken to Gaynor Mullins (Deputy Chief Executive) about how the LINK can be involved in the planning of the integration of transforming services. Maria and Alan are attending a Board meeting tomorrow about it. This is the overarching Transforming Community Services board. Richard Poplewell will Chair the meeting and the LINK will sit on the board. Representatives from commissioning, finance, adult social care and children will

also be in attendance. Sub-groups will also be set up underneath this board to action how it will be delivered.

Tony said there was a scrutiny committee report on waiting times for children's counselling services and wanted to know what the current waiting times are.

Gill said that the waiting times for speech & language therapy is 8 weeks, the target is below 18 weeks and there are currently 10 people waiting longer than 18 weeks. This is often down to a data error or they have not turned up. The access policy has been introduced to help change this.

Waiting times for a children's physician is 5 weeks with a target of below 8 weeks. Occupational therapy has a waiting time of 13 weeks, with 24 people waiting longer than 18 weeks. It was noted that this is a long time to wait and Gill said they are working on reducing this. Children's equipment & adaptations have a waiting list of 12 weeks. Gill said this has significantly improved in the two years when scrutiny did the report.

Jo from Action for Sick Children asked if with them introducing generic workers, whether those with specialist needs will lose out.

Gill said it is about assessing people to know what their needs are and training staff to ensure they are multi-skilled. Gill said she has been involved with many parents and carers and they all wanted joined up care. It is about seeing children as any other children with more support. Gill has an active relationship with the disability partnership parents group.

Peggy asked what the timescales for training are as new training could mean many people will be off the job for a long time while training.

Gill said that they are working on assistant practitioners as a foundation degree programme. This is one day of theory and the rest of the course of practical and can be done while working. It is often simple skills that are needed.

John thanked Gill for coming alone to the meeting.

3. Susan Wright, Policy Manager, Stockport Council - The Health & Wellbeing Partnership

John Leach (Chair) welcomed members to the meeting and introduced Susie Wright, Policy Manager, Stockport Council. Susie told the group she was in attendance to speak about the Health & Wellbeing Partnership. Some basic information on the Partnership was circulated with the minutes (*Appendix 1*). She explained that it was started in March 2008. She explained that if there are LINK issues that we have had no luck with, then Susie can add it to the agenda for the LINK representatives to being on the Health & Wellbeing Partnership.

Susie explained that the Partnership has ten key priorities, which were circulated with the basic information. They are broad for example, "*To halt the increasing rate of obesity and overweight in children at age 11 and to reduce the prevalence of overweight and obesity in the adult population*" and these will be "slimmed down" by September.

Alan asked what power and influence the Health & Wellbeing Partnership has.

Susie said that it has senior level people from all areas of different services. It has powers to set a needs assessment and priorities, over the next few years and the priorities are ironed out, it will gain more influence. The Integrated Commissioning Board is where the money is sat.

David Kirk asked how much it has cost and what it has achieved.

Susie said that the only costs are staff costs for people to meet for 2 hours once a quarter. She has an Annual Report that can be circulated with the achievements of the Partnership in it. One of the achievements of the Partnership is obtaining funding for lifestyle services that was not available before.

Maria asked why hospital services are missing from the priorities.

Susie suggested that at the next Health & Wellbeing Partnership meeting, the LINK representatives bring this up.

Les asked for more examples of what the Partnership has achieved and what services has it improved.

Gerry said that he has been involved and one example was that it helped raise awareness of exercise for diabetics. Alan asked if this was promoted using literature. Gerry said that they helped with courses

Les said that the communication needs to be improved into the public domain. He feels that there is a lot of repetition in services and meetings which is why he wants examples of tangible changes made by the partnership. Susie said she will circulate the Annual Report, which has several examples in it.

ACTION: Susie to circulate the Health & Wellbeing Partnership Forum Annual Report

Glenys said that her role at Signpost for Carers came as a direct influence from the priorities of the Health & Wellbeing Partnership. She said that there are now around 30-70 carers attend the Signpost Carer's Forum.

Maria said that in a previous role she worked on bogus callers and they had no recognition, when she brought it to the Partnership, it shot up the agenda.

Sheelagh asked Maria if "reports by LINK members from the Health & Wellbeing Partnership" is on the agenda.

Maria said that it is.

Loretta sits on the Health & Wellbeing Partnership and said that she supports what Susie said about the LINK being on the Partnership means that the LINK can challenge senior managers and directors and find out about improvements. It is a positive platform for all services to converse on.

Loretta asked the group what information they would like her to bring back from the meetings.

Maria said that there is a section on the Core Group agenda for reports on the Health & Wellbeing Partnership. The Health & Wellbeing Partnership minutes are also available from the LINK support office.

Norma asked if the Wellbeing Centre was going to stay open.

Susie said that this is one of the priorities of the Partnership. It is funded by Mental Health but provides much more and is a valuable service.

Peggy asked if they would be prioritising the priorities. For example, where obesity is concerned, the department already has funding, so what can the Partnership do to support

Susie said that the Partnership is about bringing subjects high on the agenda of the providers in attendance. Suggestions made by the Partnership are advisory rather than mandatory, but as chief executives sit on the Partnership, they are the ones who make the decisions.

4. Any Other Business

4.1 Events in the next few weeks

Kirsty told the group about events in the next few weeks and information was made available.

- C.A.R.E.R.S - Celebrating and Recognising Effort & Responsibility, an event in Bolton about Carers.
- Modernisation meetings - Information on the next Modernisation meetings was available from Kirsty.

5. Date and Time of Next *Briefing Session*

The date and time of the next *Briefing* session is:

Friday 16th July 2010 10.00am-12.30pm, Walthew House

These minutes include the views of the LINK as an independent body and may not necessarily reflect the views of the services discussed.

If you wish to clarify any points made in these minutes please contact the LINK support office on 0161 477 8479 or email on links@pebbleenterprises.co.uk

STOCKPORT'S HEALTH AND WELL BEING PARTNERSHIP

What is it?

The Health & Well-being Partnership is one of several “thematic partnerships” that report into the Stockport Partnership.

It is responsible for developing and publicising Stockport’s ambitions for health and well-being, and contributing to improving the overall health of the people of Stockport, whilst striving to reduce the inequalities in life expectancy that exist within the borough.

The Partnership also has a wider remit for health leadership and the formal public presentation of partnership activities.

Who is in it?

The partnership includes:

- Link members
- Members of the community and voluntary sector
- Stockport Council
- NHS Stockport (was PCT)
- Stockport NHS Foundation trust (hospital)
- Pennine Care Foundation Trust

What do we aim to achieve?

We have **ten key priorities**, which we identified through our local Joint Strategic Needs Assessment.

- To reduce deaths from circulatory diseases and cancer as the main contributors for the differences in life expectancy between the poor and affluent neighbourhoods in Stockport
- To reduce levels of smoking in priority neighbourhoods in Stockport and prevalence across the Borough
- To halt the year on year rise of health incidents and to tackle adverse social impacts on peoples’ wellbeing attributable to alcohol across the Stockport conurbation
- To halt the increasing rate of obesity and overweight in children at age 11 and to reduce the prevalence of overweight and obesity in the adult population
- To understand and reduce differences in the current mental and emotional health experienced between residents, with a focus on inequalities
- To promote the independence of older people to maintain them safe, well and at home where possible
- To improve services for adults of working age with disability to maximise employment opportunities and promote independence
- To recognise the needs of carers and to support them with appropriate services to strike a balance in their lives between their work, caring responsibilities and own health
- To ensure that children’s services meet the emerging demographic and birth-rate changes and address the lifestyle factors affecting health and well-being
- To explore new opportunities and ways of working together in order to promote wellbeing and independence according to people’s choices and preferences.

For more information, see our website: <http://s1.stockport.gov.uk/hwbp/home.html>