



LINK Briefing Update

Minutes of Meeting Friday 16th July 2010
Walthew House, Shaw Heath, Stockport 10.00am – 12.30pm

Present:	Representing Organisation/Group
Loretta Alao	Vice Chair and African & Caribbean Community Association
Tony Johnson	Stockport NHS Foundation Trust Governor
Janet Brown	LINK Mental Health Carers
Les Pattison	Individual
Joyce Drummond	Individual
Peggy Hall	Individual
Pat Hannah	Individual
David Atkinson	Volunteer Pebble Enterprises
Les Pattison	Individual
Lesley Abraham	Age Concern Stockport / All Our Tomorrows
Norma Neild	LINK Mental Health Carers
Stan Prescott	Reddish Pensioners
Audrey Lee	Mellor Society
Margaret McCauseland	LINK Mental Health Carers
Jean Weall	Stockport Diabetes Society
Carol Helm	Individual
Apologies:	Organisation/Group
David Kirk	Stockport NHS Foundation Trust Governor
Clem Beaumont	Individual
Mike Lappin	Chair of Stockport Health & Care Forum
Jo Wolfson	Action For Sick Children
John Leach	Chair
Gerry Wright	Stockport NHS Foundation Trust Governor
Alan Watt	Individual
Sheelagh Peel	Patient Representative Stepping Hill, AOT Shadow Board
Anand Dutta	Indian Association
Glenys Paterson	Signpost for Carers
Janet Jackson	Mellor Society
Breda Johnson	Care Schemes
Sarah Thomas	Cerebral Palsy Society
Jim Clark	Individual
Maria Kildunne	LINK Development Manager
In Attendance:	
Kirsty Bagnall	LINK Development Officer
John Buckley	LINK Wider Group member
Nicola Baker	Nicola Baker, Director Practice Based Commissioning, NHS Stockport and Stockport Managed Care
Cat Duncan-Rees	Policy and Intelligence Manager, Stockport Council

1. Welcome, Introductions & Apologies

Loretta (Vice Chair) welcomed the group and introduced Nicola Baker, Director Practice Based Commissioning, NHS Stockport and Stockport Managed Care. Kirsty mentioned that she would be filming the session and those who did not want to be filmed made themselves known.

2. Speaker 1: Nicola Baker, Director Practice Based Commissioning, NHS Stockport and Stockport Managed Care (SMC) - The Real Cost Of Services

2.1 Stockport Managed Care

Nicola mentioned the new White Paper, "*Liberating the NHS*", which was released 12th July and said that she will touch upon the issues raised by it during the presentation. Practice based commissioning started 3-4 years ago.

Nicola's department works with around 50 staff. They deal with anything to do with hospitals and GP practices and have a lot of patients involved in services

Nicola explained that Stockport Managed Care provides a framework for clinicians to develop services in the community with the focus on the individual, help keep people healthier longer, prevent ill health and remove health inequalities and drive continual health improvement across the whole system securing better value for money. Nicola focused on End of Life care, which she believes Stockport can do better. In the current system, lots of patients who want to die at home are unable to.

Nicola spoke about the new White Paper "*Liberating the NHS*" which says that GPs will be more in charge of commissioning services. She said that Stockport is already far ahead in this, as they already have a GP consortia which are involved in all aspects of the service commissioning.

A deprivation map of Stockport was shown which explained that the GP consortiums are split into 4 groups, Bramhall & Cheadle, Marple & Werneth, The Heatons & Tameside and Stepping Hill. There is an issue amongst the more affluent areas where most people are referred for more prescriptions. This year more commissioning money will be fairly shared (fairer funding formula) meaning more money for deprived areas.

Tony asked how the fairer funding formula when there are more older people in Bramhall, which may explain the higher prescription rate. Nicola said that the fairer funding formula is based on age, gender as well as deprivation, it is a nationally used formula.

The changes in the way money is spent was discussed, giving the example that the NHS no longer covers removing varicose veins for cosmetic reasons, but only for clinical reasons. NHS Stockport has been reviewing pharmaceuticals used in the community and are considering as switching between brand and generic drugs which will save costs.

The commissioning cycle was explained. A strategic plan starts with a Health Needs Assessment or a Joint Strategic Needs Assessment (JSNA), which will show where a service is needed. A service review is then carried out, followed by developing service specifications. This is followed by a business case development & Scrutiny. Finally a Contract is procured and developed. This is then constantly reviewed and if it is found not to be adequate the cycle starts again.

Nicola explained how the money is spent within Stockport PCT.

- £150 Million – Foundation Trust (Stockport PCT)
- £30 million – Community Health Stockport (providers)
- £30 million – GP practice (PC contracts)
- £50 million prescribing
- Some £ - Wythenshawe etc...

Stockport are high prescribers of statins (blood pressure medication). Money can be moved between the services depending on need. Each year the organisation gets a more money, but in the coming 2 years they will receive no growth money. Which means the list of things the NHS cannot pay for will get bigger.

Clinically the PCT have lead responsibility for ...

- GMS/PMS (General medical services/ Personal medical services (specialist))
- Nicola explained that specialist commissioning is low level, but high cost, such as treating people with cystic fibrosis.
- National Screening
- Specialist Commissioning
- Joint Commissioning
- Mental Health commissioning
- Children's Commissioning

Corporately the PCT has lead responsibility for:

- Procurement and contracts

Stockport Managed Care support:

- Performance management of services we contract
- Clinical advice in all areas GMS/PMS

Stockport Managed Care does lead on the following:

- Planned Care – all elective care for patients
- Urgent Care- all unscheduled care
- Long Term Conditions
- End of life
- Cancer
- Prescribing
- Maternity services

LINK members sit on commissioning boards for the above areas (under Stockport Managed Care lead areas). Nicola explained that at the moment, the majority of the money is going on urgent care. Stockport spends a little more on maternity. She noted that in the new White Paper, they want to bring commissioning for maternity to a national rather than regional level.

It was asked how Pennine Care fits into the picture. Colleagues from NHS Stockport work with Pennine and also works with the Mental Health Local Implementation Team (LIT). Each board is chaired by a GP representing the consortium including Mental Health. She said that the relationship with Mental Health is often difficult for GP's.

2.2 Intensive Care Beds

Janet said that in the Newspaper earlier this year, it reported that there will be 10 more Intensive Care beds. However, she has now recently received a letter informing her that there will be a further two High Dependency Unit beds once all building work has been completed. Janet asked what is happening around this as it seems there are conflicting messages around this.

Nicola reported that she is not involved in Intensive Care Beds, but read out a letter quoting Jane Ball, who said:

“We are extending the unit so that it has capacity to provide more beds. However, the cost of providing the beds is prohibitive, mainly from a staffing point of view and so we have a phased approach to increasing actual capacity. This starts with a modest increase when the scheme is finished. We are building a flexible unit so that we can alter the configuration between ITU (Intensive Care) and HDU (High Dependency Unit) relatively easily as the bed head services and bed spaces will be the same for each.”

It was suggested that the LINK ask Carole Spencer (the Executive Lead for the project) to come to talk to them about the plans and commissioner support for the increase in beds.

2.3 Choose Well Campaign

The aim of the Choose Well campaign is to encourage members of the public to choose the right place to go for their illness. Nicola said that many people go straight to Accident & Emergency rather than their GP, walk in centre, calling NHS Direct, asking a pharmacist or trying self care. She said that to a patient a problem is ‘urgent’ unless they are told otherwise.

Nicola said that the walk in centre service is provided by Mastercall Health Services (out of hours service) and opened on the 1st October 2009. The walk in service is open from 8.00 am to 8.00 pm, 7 days a week, 365 days a year. Patients are able to walk in or book an appointment and are seen within 30 minutes. This service will be available to all patients, either registered at the Health Centre, registered with another GP Practice and for all patients irrespective of where they live.

This service is for all minor injuries or illnesses that do not need a visit to Accident or Emergency for example a sprained ankle, coughs, colds and sore throats, cuts and bruises, skin complaints, burns and scalds, minor infection, stomach upsets and emergency contraception.

Tony asked why the walk in centre is not near to Stepping Hill. The group agreed that it would make sense. Audrey asked if the Walk-in Centre has a car park, or if it is only Walk-in. There is a car park and people can drive to the Walk-in.

Nicola said that more people do go to walk in but it is not reducing admissions to A&E. It was noted that Stockport A&E service is very good.

Les said that there are huge differences in the way GP practices operate. Some will make you an appointment on the same day, some need you to call and others allow you to walk in. If you want people to follow the pathways, then they have to be easier to understand and standardised across different practices. Nicola said that in the new White Paper, the way GP’s operate will be changed.

Loretta said that when she has rang NHS direct before, they were too official and not overly friendly. They could be calmer and patient because people panic and worry.

Nicola said that there is a new leaflet on the Choose Well service which is freely available and will be given to people when they go to A&E.

They are not allowed to turn people away from A&E.

David Atkinson made a comment on the leaflet, asking why the last choice is the first listed on the information. Janet agreed, saying that A&E is the one you notice first. Nicola said that it was a national leaflet and she said that she did not have any power over the design, but does see now how it could be seen as upside down.

Janet suggested letting patients know of what other people lose out on when they are using up other people's services. Similar to when GPs put posters up in surgeries letting people know of the number of missed appointments.

Nicola gave the following statistics around costs for the NHS.

- It costs the NHS - £6 for a patient to see a GP.
- It costs the NHS - £25 when a patient uses the Walk-In Centre
- It costs the NHS - £64 as soon as someone walks into A&E
- It costs the NHS - £114 for someone in A&E to have an x-ray
- It costs the NHS - £600 if a patient is admitted for a day (for example if they are unable to find an ambulance, cannot give and x-ray straight away of cannot get a social worker)
- It costs the NHS - £2000+ when a patient is admitted for a long stay.

3. Speaker 2: Cat Duncan-Rees, Policy and Intelligence Manager, Stockport Council

3. Right to Control

This is a national project to give disabled people greater control over the support they receive. It is led by the Office for Disability Issues. It brings together 6 funding streams of:

- Supporting People
- Disabled Facilities Grant
- Access to Work
- Work Choice (due to launch in October 2010)
- Independent Living Fund
- Adult Community Care Services.

The Right to Control is being tested in 8 'trailblazer' sites in England. Stockport is part of the Greater Manchester trailblazer site.

The aim of Right to Control is to bring together all the funding streams into a single assessment process with one system for support planning, resource allocation and reviews. This should make it easy for disabled people to get what they are entitled to and will bring about a 'no-wrong door' approach with multiple access points.

Under Right to Control, Greater Manchester is also looking to commission a Greater Manchester Centre for Independent Living.

The Right to Control will go live in December this year. It will be available to new, adult customers. However, existing customers whose circumstances change significantly may also qualify.

Tony said he doesn't understand how the assessment process fits with the services. He asked Cat about the hydrotherapy pool in Offerton, which was closed down. Cat said the hydrotherapy pool sits outside of Right to Control. However, this would be relevant to Right to Control if a person's needs included hydrotherapy. Cat said that Maggie Kufeldt is involved in the hydrotherapy pool and she is now talking to service users about other alternatives such as going to swimming pool with a physiotherapist. They are looking into offering other options such as hoists in swimming pools.

Les asked if there is extra money to support Right to Control or if money will have to be taken out of other services. Cat said that there is no new money, but Trailblazer sites were given a grant. Right to Control is not about creating a new service, but about developing a process of bringing all funding streams together to one pot of money and one point of contact for the service user. It is hoped this will save money in the future, as the service user will only have to go to one service instead of being passed around up to six services. Les agreed.

For example at the moment if an individual needs a carer to access college and also needs a carer for personal care, he will have to have two separate carers because the funding comes from two different places. With Right to Control, all financing comes from the same pot of money, so makes it more streamlined. A second example would be if an individual needs a wheelchair for work and wheelchair for home, at the moment they cannot use the same wheelchair for both. With Right to Control this bureaucracy will be gone.

At the moment Stockport is developing an online assessment process. The group asked what happens to people who are not online. Cat explained that the online assessment process is an alternative to other assessments already in place. They are also introducing the option for the Centre for Independent Living to visit homes. It is about people having a choice of accessing it in the way they want and giving people the flexibility to choose their Right to Control.

Norma asked if the current services are still going to be in place during the two year transitional period. Cat said that the old services and new Right to Control will run alongside each other for this period. Norma asked if this would then be more expensive. Cat said that it will be at first, but hopefully it will save money when it is in place. She said that in the majority of cases where people are already on individual budgets they are not spending more money than on the other system. Where the Council may use more expensive services such as a day centre, the individual may choose to use less money to do different things instead such as spending time going for a walk or cooking a meal with a personal assistant.

Tony asked how the Right to Control process would fit into the benefits process. Cat said that at the moment, Right to Control does not cover the benefits system, so benefits will not be affected by the adoption of Right to Control.

Les said that he is aware that Right to Control is only available to new adult service users and existing service users can access the pathway due to a change in circumstance. He asked how the change in circumstance would work. Cat said that as well as service users being able to request their own reassessment, there is also continuous review.

Peggy asked how frequent the reviews will be. Cat said that there will be one every twelve months unless requested by the customer. Cat said that working with service users it has to be a discussion, not an interrogation. She used the example of in Mental Health where a service user had a personal budget and their circumstances improved because they set up their own business and did not need an individual budget anymore.

Margaret said that sometimes carers of people with mental health problems are not interviewed together, which can cause all sorted of problems, including loss of benefits. Cat said Right to Control does not fully work with benefits. However any issues around benefits are taken to the Right to Control customer led support group.

Norma said that with benefits claims, sometimes it is about eloquence and confidence in the claim and not about what people need. She said that it is important to make sure those who are louder get the same as those who feel they do not deserve support.

3.2 The Joint Strategic Needs Assessment (JSNA) Voice Rewards and Recognition Policy

Due to time constraints, the Draft *JSNA Voice Rewards and Recognition Policy* was circulated and members were asked to feed back any comments to the LINK Support Office. This was co-produced by Stockport Council and the Modernisation group (which is attended by LINK members) around rewards and recognition for volunteers based on a government programme. In summary the research and policy was that the majority of volunteers do not want to get paid, but are happy when they are listened to and their suggestions taken into account.

Cat said that in some cases, this payment can sometimes lead to problems, for example some people were only coming to meetings to be paid and the biggest agenda items were around payment.

Cat said that she is happy to come back with updates on the work.

4. Any Other Business

Tony asked about Transfer to services from Community Health Stockport. Mike suggested Tony write to Kirsty and Maria.

ACTION: *Tony to write to Kirsty and Maria*

5. Date and Time of Next *Briefing Session*

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

Monday 16th August 2010 10.00am-12.30pm, Walthew House

The date and time of the next *Core Group Meeting* is:

Thursday 2nd September 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