

## **CABINET MEETING**

Meeting: 12 July 2017

At: 6.00 pm

### **PRESENT**

Councillor Alex Ganotis (Leader of the Council and Cabinet Member for Policy, Finance & Devolution) (Chair) in the chair; Councillor Wendy Wild (Deputy Leader of the Council and Cabinet Member for Adult Social Care) (Vice-Chair); Councillors Kate Butler (Economy & Regeneration), Dean Fitzpatrick (Education), Colin Foster (Children & Family Services) and Tom McGee (Health).

### **1. MINUTES**

The Minutes (copies of which had been circulated) of the meeting held on 13 June 2017 were approved as a correct record and signed by the Chair.

### **2. DECLARATIONS OF INTEREST**

Councillors and officers were invited to declare any interests they had in any of the items on the agenda for the meeting.

No declarations of interest were made.

### **3. URGENT DECISIONS**

No urgent decisions were reported.

### **4. PUBLIC QUESTION TIME**

Members of the public were invited to submit questions to the Cabinet on any matters within its powers and duties, subject to the exclusions set out in the Code of Practice.

One question was submitted.

The questioner asked why the Council and its partners had not provided sufficient background information in its publicity material for the 'listening events' being held for Stockport Together, and why Council representatives were not present at these events to answer political questions and be held to account.

In response, the Cabinet Member for Health addressed a number of points raised in the question and its preamble, including: the assertion that Stockport Together was part of the nation-wide programme of Sustainability and Transformation Plans (STPs) was inaccurate as the local decision to undertake this work predated the STPs by approximately 18 months; the reductions in hospital capacity would only take place once there was sufficient safe capacity within the community, and that this approach had been agreed with the hospital Trust and accorded with the position taken by Simon Stevens, Chief Executive of NHS England; the Council now published one printed copy of The Review per year, but that Government restrictions prevented it from containing party political information in the

way the question implied it should; assertions that Stockport Together would be 'ripe for privatisation' did not accord with the view of the Cabinet Member, but that such a decision would rest with the national government; the Council had publicised and discussed extensively Stockport Together; there were more listening events planned and senior officers from the Council and partner organisations had attended those that had already taken place, but any councillor attendance would be in a listening capacity so that public feedback could inform the development of the final business cases.

### Key Decisions

## **5. STOCKPORT TOGETHER OUTLINE BUSINESS CASES**

A joint report of the Cabinet Members for Adult Social Care and for Health was submitted (copies of which had been circulated) inviting the Cabinet to consider a series of Outline Business Cases for new models of health and social care, developed as part of the Stockport Together Programme for health and social care integration.

The Outline Business Cases focussed on the following areas:-

- Summary Economic
- Neighbourhood Model
- Intermediate Care
- Enablers

The Cabinet Member for Health outlined the background to the development of the Stockport Together programme, including

- the Cabinet's previously stated commitments to improving health and outcomes for those using local services and to reduce long-standing inequalities;
- the financial constraints on local partners and funding future challenges;
- demographic pressures on services currently and the projected ongoing challenge this would create, in particular a cohort of older people with complex needs creating demand on acute services;
- the ambition of the Programme to fundamentally change the way certain services were delivered;
- the concerns of particular groups about the possible impact of changes of access and quality of care, and of the achievability of the Programme.

The Cabinet Member emphasised that the Programme was not seeking to deny or reduce access to health services, but to ensuring that those in need received the right service from the right professional in the most appropriate place to receive that service, thereby releasing resources and time for reinvestment.

Specifically in relation to the Outline Business Cases, the Cabinet Member highlighted:-

- the other partners within the Programme had considered and commented on the Outline Business Cases and endorsed them, subject to various caveats;
- the Council's Scrutiny Committees had considered their content and been supportive;

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- it was important to ensure that the new models of care were implemented as soon as possible to realise savings and to release Transformation Fund resources;
- a number of 'listening' events had taken place and would continue to take place over the coming weeks;
- final decisions on the business cases would be taken at the turn of the year, and these finalised documents may be very different following public and professional consultation;
- further consideration on organisational and governance form would take place in the future and be subject to further public consultation.

The Cabinet Member in summation emphasised that 'doing nothing' was not an option open to partners and that although services would change as a result there remained significant uncertainty and risk.

The Leader of the Council commented on the significant funding challenges facing partners and the Council in particular, emphasising the significant national underfunding of social care, about which the Council and its partners could do little to change. He further stated that the proposals were not simply about responding to reduced resources and increased demand, but also about improving the quality of care being provided.

Other Cabinet Members acknowledged the significant financial, organisational and cultural challenges of the Programme but also emphasised the importance of seeing patients and people who used services as being at the core of this agenda.

**RESOLVED** – That in relation to the Stockport Together Outline Business Case:-

- (1) the Outline Business Cases as the current description of the approach of the Stockport Together partners to design and delivery of new models of care be endorsed, subject to the following caveats:-
  - (i) the need to focus on
    - reducing health inequalities
    - ensuring mental health and parity of esteem were prioritised by all partners
    - having a workforce with the right skills allied with the right approach to recruitment, training and retention
    - prevention, or where this was not possible early intervention
    - quality of care
  - (ii) and further consideration of
    - how to generate the cultural change needed
    - whether there was sufficient capacity to deliver the Programme
    - clearly defined commissioning targets and plans to which all within the system worked toward
- (2) the cases remaining in outline and being finalised for approval, anticipated late 2017 as a result of learning from a period of wider patient and public involvement and continued input from clinicians and professionals working across health and care be noted;

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- (3) support be given to the continuation of the Greater Manchester Transformation Funding being invested in testing the thinking locally and in refining and developing the services for the benefit of patients.

### **6. TO CONSIDER RECOMMENDATIONS OF SCRUTINY COMMITTEES**

There were none to consider.

The meeting closed at 7.00 pm