

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 29 July 2021

| | | | |
|-----------------------|-------------|--|---|
| <u>Present:</u> | Councillor | Y Nolan (Chair) | |
| | Councillors | M Jordan M McLaughlin | C O'Hagan Jason Walsh |
| <u>In attendance:</u> | Councillors | D Mitchell A Wright P Martin S Jones C Jones | (for P Gilchrist) (for S Mountney) (for K Cannon) (for T Cottier) (for S Frost) |
| <u>Apologies</u> | Councillors | I Camphor, K Cannon S Frost | T Cottier S Mountney P Gilchrist |

21 APOLOGIES

The following apologies for absence were received:

Councillors: K Cannon, S Frost, T Cottier, S Mountney and P Gilchrist

22 MINUTES

Resolved – That the accuracy of the minutes of the meeting held on 7 June 2021 be agreed.

23 MEMBER DECLARATIONS OF INTEREST

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state what they were.

The following declarations were made:

| | |
|-------------------------|--|
| Councillor C Jones | Personal interest by virtue of her employment in the NHS |
| Councillor C O'Hagan | Personal interest by virtue of her employment in the NHS |
| Councillor M McLaughlin | Personal interest by virtue of her |

| | |
|---------------------|---|
| | family's employment in the NHS and Wirral Council's Children's Services |
| Councillor M Jordan | Personal interest by virtue of her employment in the NHS, her son's employment on the NHS and her involvement as a trustee for 'incubabies' |
| Councillor Y Nolan | Personal interest by virtue of her position as Governor of Clatterbridge Cancer Centre |
| Councillor J Walsh | Personal interest by virtue of his family members employment in the NHS. |

24 **PUBLIC QUESTIONS**

No questions, statements of petitions were received.

25 **REVENUE BUDGET MONITORING MONTH 2 (APRIL-MAY) 2021-22**

Graham Hodgkinson, Director of Care and Health, introduced the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee.

The report provided Members with an overview of budget performance for the area. It was reported that work on quarter 1 reporting for financial year 2021-22 commenced on 1 July 2021 and due to reporting constraints to public committee meetings it had not been possible to provide a full quarter 1 update at this point. Members were advised that as of month 2 (May), the financial outturn for 2021-22 was a small favourable position of £0.35m against a total net budget of £113.1m. Members were advised that this represents minor improvement on some budget lines but no significant variances.

The report informed that the forecast anticipates continued uptake by providers of the Real Living Wage fee rates as agreed at Committee on 7 June 2021, and full achievement of the £4.5m saving target against community care.

Appendix 1 to the report provided a breakdown of the revenue budget for the Adult Care and Health Directorate for 2021/22

The Committee welcomed the update and commented on the positive situation at present.

Resolved – That the report be noted.

26 **ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT**

Simon Garner, Health and Care Commissioning Lead introduced the report of the Director of Care and Health providing an update on performance in relation to Adult Social Care and Health.

Key elements of the performance report were highlighted including residential and nursing care over time demonstrating a stable position and the actual numbers of people receiving services has remained similar.

Members were reminded of the extra care provision in Wirral that opened two weeks prior to this committee, thus having a positive impact.

The Health and Care Commissioning Lead advised that there is currently a 20% capacity in care homes in Wirral, a figure that is slightly higher than in neighbouring authorities. It was further reported that 66.67% of Wirral care homes had been rated good by the Care Quality Commission, with 28.46% requiring improvement and 2.44% requiring improvement.

In response to a question by a Member, the Committee were advised that there has been an impact of care home staff needing to self isolate and the situation is being monitored alongside guidance of colleagues in public health. The Committee were also informed that after completing an exercise, it had become apparent that the 20% vacancy rate had been a result of the Covid 19 Pandemic and typically prior to the pandemic, care homes have carried between a 12 and 15% vacancy rate, but covid has increased this.

Resolved – That the report be noted.

27 **INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS - UPDATE**

A Report by the Director of Care and Health set out the policy context for the development of Integrated Care Systems (ICS) in the NHS in England, specifically highlighting the work to create a Cheshire and Merseyside ICS. The report also set out the emerging guidance around developing Integrated Care Partnership (ICP) in “ place” and specifically in Wirral.

The report set out the policy context as follows:

- **26 November 2020** - NHS England/ Improvement (NHSE/I) published integrating Care: Next steps to building strong and effective integrated care systems across England, subsequently referred to as Integrating Care: Next steps

- **11 Feb 2021** – The Department of Health and Social Care (DHSC) published the White Paper Integration and innovation: working together to improve health and social care for all. On the same day NHSE/I issued four documents encouraging Her Majesty’s Government to introduce legislation, at the earliest opportunity to place Integrated Care Systems (ICSs) “ on a clear statutory footing, but with minimum national legislative provision and prescription, and a maximum local operational flexibility”.
- **25 March 2021** – NHS England and NHS Improvement published the NHS Operational Planning and Implementation Guidance for 2021/22, setting out that:
 - There will be one statutory ICS NHS body and one statutory ICS health and care partnership per ICS from April 2022. •
 - Clinical Commissioning Group (CCG) functions will be subsumed into the ICS NHS body and some NHS England and NHS Improvement direct commissioning functions will be transferred or delegated to ICSs.
 - CCG staff below board level who are directly affected will have an employment commitment and local NHS administrative running costs will not be cut as a consequence of the organisational changes.
 - Through strong place-based partnerships, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. To enable this, ICS boundaries will align with upper-tier Local Authority boundaries by April 2022, unless otherwise agreed by exception. Joint working with local government will be further supported by the health and care partnership at ICS level.
 - The development of primary and community services and implementation of population health management will be led at place level, with Primary Care Networks as the building blocks of local healthcare integration.
 - Every acute (non-specialist) and mental health NHS trust and Foundation Trust (FT) will be part of at least one provider collaborative, allowing them to integrate services appropriately with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at-scale, including across multiple ICSs.
 - Clinical and professional leadership will be enhanced, connecting the primary care voice that has been a strong feature of Primary Care Networks (PCNs) and CCGs, to clinical and professional leadership

from community, acute and mental health providers, Public Health, and social care teams.

The report further advised that the intention of the Government to bring forward a Health and Care Bill to implement the proposals in the White Paper was announced in the Queen's Speech on 11 May 2021 and the main elements of the bill are:

- Driving integration of health and care through the delivery of an Integrated Care System in every part of the country.
- Ensuring NHS England, in a new combined form, is accountable to Government, Parliament and taxpayers while maintaining the NHS's clinical and day-to-day operational independence.
- Banning junk food adverts pre-9pm watershed on TV and a total ban online.
- Putting the Healthcare Safety Investigation Branch on a statutory footing to deliver a fully independent national body to investigate healthcare incidents, with the right powers to investigate the most serious patient safety risks to support system learning.

The report then set out how Integrated Care Systems will be developed with reference to guidance published by the NHSE/I on 16 June 2021 setting out future ambitions for:

- the functions of the ICS Partnership to align the ambitions, purpose, and strategies of partners across each system.
- the functions of the ICS NHS body, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population.
- the governance and management arrangements that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through place-based partnerships and provider collaboratives.
- the opportunity for partner organisations to work together as part of ICSs to agree and jointly deliver shared ambitions.
- key elements of good practice that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight.
- the key features of the financial framework that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage financial resources at system level.

- the roadmap to implement new arrangements for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.

It was further reported that the Cheshire and Merseyside Integrated Care System (ICS) had established a Development Advisory Group (DAG) to support the implementation timetable and guidance. The Chief Executive and the Director for Adult Care and Health, Wirral Council and the Chief Officer, NHS Wirral CCG are part of the DAG. Members were advised that there is also representation from Wirral in other ICS governance arrangements such as the Partnership Board and joint committee of Cheshire and Merseyside Clinical Commissioning Groups.

The report set out an implementation timetable that the ICS is working to that is subject to the Health and Care Bill becoming an Act of Parliament.

Members were advised that In regard to developing Integrated Care Partnerships (ICPs) in each place, the Cheshire and Merseyside ICS had set out seven expected core features of an ICP:

- ICP Governance – clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health and Wellbeing Board (HWB) and ICS.
- ICP nominated ‘Place Lead’ with remit for integrated working who will connect with the ICS.
- Shared vision and plan for reducing inequalities and improving outcomes of local people approved by the HWB (underpinned by local population health and socio economic intelligence).
- Agreed ICP development plan.
- Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, Public Health, and other community groups.
- Programme of ongoing public and wider stakeholder engagement at place
- Integrated approach to commissioning between health and Local Authority (such as shared posts, joint teams, and pooled budgets) to underpin and support the work of the ICP. The seven expected core features are described in more detail in Appendix 2. 3.3.9 Work has commenced in Wirral to create an Integrated Care Partnership involving the Local Authority, NHS and wider partners in health and care. The work is being guided by six core principles:

- Organise services around the person to improve outcomes.
- Maintain personal independence by providing services closest to home.
- Reduce health inequalities across the Wirral population.
- Provide seamless and integrated services to patients, clients, and communities, regardless of organisational boundaries.
- Maximise the “Wirral £” by the delivery of improvements in productivity and efficiency through integration.
- Strengthen the focus on wellbeing, including a greater focus on prevention and Public Health.

There are four key work streams in the development of an ICP for Wirral. These are:

- Integrated governance, including Health and Wellbeing Board development.
- Developing provider collaboration.
- Developing integrated commissioning.
- Communications and engagement.

In response to comments from Members in regards to the complexities of the ICS developments it was suggested that an all member workshop be arranged to best inform all members of the Council of developments.

Resolved That:-

- (1) The report be noted;**
- (2) further written reports on the progress of the development of the Integrated Care System and Integrated Care Partnerships at future meetings be received; and**
- (3) an all member workshop be held to best inform members of the Council of developments.**

28 WIRRAL HEALTH AND CARE COMMISSIONING SINGLE BUSINESS PLAN 2021/22

A report by the Director of Care and Health introduced the DRAFT Wirral Health and Care Commissioning (WHCC) Single Business Plan for 2021/22,

as set out in appendix 1 of the report, and the key priorities and workstreams that underpin it, and which will contribute towards delivering better outcomes for Wirral Residents.

The report informed that the purpose of the WHCC is to jointly commission all age health and care services for residents in Wirral, which have a positive impact on the life course of an individual. Members were advised that the key to this is the transformation of service delivery which is expected to improve the experience of people and to reduce the need for long term care and hospital care by:

- Improving the health and wellbeing outcomes for the people of Wirral,
- Reducing health inequalities; and
- Delivering sustainable services, both through the workforce and financially.

Members were advised that the Single Business Plan identifies the key focus of work over 2021/22 toward delivering these aims. The report further advised that the work will be structured around the four key themes of Children and Families; Ageing Well; Emotional Health and Wellbeing; Healthy Communities and each of the themes are described in the business plan.

In response to comments from Members, The Director of Health and Care advised that the WHCC Business Plan supports commitments to working in integrated care and that there is work ongoing with air quality groups and the plan is linked into regeneration work.

A comment made by a Member drew attention to a lack of information regarding the impact of environmental factors such as access to green space as a means to improve mental wellbeing. It was asked that this could be included in future reports to Committee on the matter.

In response to a question by a Member it was reported that the impacts of long covid are emerging and there is forward planning through the means of joint working with the Council and NHS. There is funding available to the NHS for provision to treat people with long covid. It was suggested that this information be presented to Committee at a later date.

Resolved – That the report be noted with the request that environmental factors be included within future reports along with the impact of long covid as it emerges.

29 **CARERS SERVICES AND CARERS STRATEGY REVIEW**

A report of the Director of Care and Health, presented by Jayne Marshall, Lead Commissioner – Community Care Market), updated Members on the current offer to carers, requested support for the establishment of a Carers

Partnership Board (CAPB) and proposed a review of the Council's Carer's Strategy.

The report advised that Under the Care Act 2014, there is a statutory duty to identify, support and assess carers and for carers to be treated with parity of esteem alongside the vulnerable people whom they are providing care for. There is a requirement to provide support to prevent or delay the needs of the carer, and the person they care for from increasing. It was reported that according to the Census 2011 there are 40,340 Carers in Wirral and it is expected that this figure will increase when the 2021 Census figures are released. Members were advised that the estimated economical value of the contribution made by Wirral carers is £851 million per year.

Members were informed that through the Covid-19 pandemic, the activities of the carers support have been limited due to Covid-19 restrictions and where possible support has been provided through virtual, electronic and tele communications.

The report set out details of the Early Intervention and Prevention and Carers (Young Adults Carers)- EIAP and Carers contract and advised that in 2017, Wirral Adult Social Care, Children's Services, Public Health and NHS Wirral CCG brought together a range of separate contracts that were being delivered by a variety of voluntary, community and faith sector organisations (VCF). It was advised that the intention was for the services to be delivered through a single delivery vehicle (SDV) to improve the pathway for support for vulnerable people and carers, and to offer a seamless, joined up service. Members were informed that the contract was awarded to Wirral Health and Wellbeing CIC, the partners for the delivery of the contract are:

- Wirral information and Resource for Equality and Diversity (Wired)
- Age UK Wirral
- Wirral MIND
- Barnardo's Wirral
- Health Junction

The report informed that an advantage to the SDV was to develop closer working across the sector and to improve the identification of carers in Wirral. It was acknowledged that Carers can be any age, gender and the level of care they provide varies depending on the condition of the person they care for. Details of the services offered were listed within the report.

The report further detailed: short break bed provision, Carers Partnership Board, Wirral Strategy for Carers, Carers Strategic developments locally; Wirral Council's Working Carers Policy; Carers Emergency Contact Scheme; Carers Covid- 19 vaccinations; PPE for Carers; Improved identification of carers; digital resource for carers; unpaid carers project; carers grant review and Carers Policy network

In response to a question by a Member in relation to dementia carers, it was advised that there are courses and helplines available to help carers who care for individuals with dementia.

Resolved – That

- (1) the Adult Social Care and Public Health Committee support the development of a new Carers Strategy for Wirral for 2022 and to receive a further report back to a future committee; and**
- (2) the Adult Social Care and Public Health Committee support the relaunch of a Carers Advisory Partnership Board to deliver the carers agenda subject to a review of the Terms of Reference.**

30 **THE DEVELOPMENT OF A SPORT AND PHYSICAL ACTIVITY STRATEGY FOR WIRRAL - UPDATE REPORT**

A report by the Director of Neighbourhood Services, presented by Andrew McCartan, AD – Leisure, Libraries and Engagement provided the committee with an update on the development of the future Sport and Physical Activity Strategy for Wirral Leisure Services (formerly Leisure Strategy).

The report advised that In November 2020, the Council's Tourism, Communities, Culture and Leisure Committee (TCCL) approved the new outline Sport and Physical Activity Strategy, which gave approval for officers to commence engagement with residents, communities, and other stakeholders to design and deliver a fit-for-purpose and sustainable service and included the strategy within the Committee's ongoing work programme.

The report informed that the key focus of the strategy was to set out the priorities for sport and leisure facilities, services and activities and sought to redress the balance between being a provider of facilities and tackling inequality through preventative, outreach, and early intervention work. Members heard how there is not statutory requirement to have a Sport and Physical Activity Strategy, but it is seen as good practice to outline the council's plan for leisure services for the period 2020-2025 based on the evidence base and emerging Covid-19 landscape.

The report set out the Government's position regarding sport and detailed Sport England's ten year strategy introduced in January 2021. Members were

advised that the strategy aimed to transform lives and communities through sport and physical activity.

The report detailed the progress in Wirral and advised that following Committee approval, the Director of Neighbourhoods agreed that Sport England could commission Knight, Kavanagh & Page (KKP) to undertake a diagnostic assessment of the Sport England Strategic Outcomes Planning Guidance for Wirral Council. The report informed that Sport England produced its Strategic Outcomes Planning Guidance to assist local authorities to take a strategic approach to maximise the contribution that sport and physical activity makes within a given local area, and to ensure that any local investment is as effective as possible and sustainable in the long term. The report identified the following findings:

- (1) The Council is in the process of developing/refining a coherent set of outcomes in relation to sport & physical activity's contribution to health and well-being and the reduction of health inequalities underpinned by good levels of cross directorate buy-in. This emerging position appears to be gathering momentum.
- (2) The Council's insight (in certain areas of the Council) is well developed, particularly in respect of its built and outdoor facilities evidence base. The development of the Sport and Physical Activity Strategy (2020) had added further momentum to this process. Its community-level research into the needs and wants of residents, and specifically what interventions may influence a change in behaviour will require further attention (as identified in the Sport and Physical Activity Strategy), both in respect of its facility offer and wider outreach plans.
- (3) Confirmation that the Council is moving away from its former silo-based approach to a much more collaborative cross-departmental approach to delivering services.
- (4) There was recognition that Senior Officers and Council Elected Members are determined to reduce health inequalities and this ambition is widely supported. It was however identified as imperative the Council continues to communicate well and achieves community buy-in prior to the development of a detailed delivery plan.
- (5) The Council needs to act decisively to put in place a long-term transformational plan for the Borough accompanied by a clear approach in respect of resourcing the associated work and facilitating its progress through its own decision-making process. The SOPG and Built Facilities Strategy evidence base validates an investment strategy for indoor facilities to address the fundamental strategic challenge of an ageing, inefficient indoor sport and physical activity stock.

The report identified four strategic priorities and explained how a public consultation had begun to understand the motivations, needs and wants of local residents in regard to being physically active. Members heard how results of the public consultation would be presented to members for consideration at a future committee.

Members welcomed the report and requested that additional information be provided in relation to inactivity figures and cancer rehabilitation programmes available.

Resolved – That the report be noted.

31 **COVID-19 RESPONSE UPDATE**

A report by the Director of Public Health, presented by Elsbeth Anwar, AD-Public Health provided the Committee with an update on surveillance data and key areas of development in relation to Wirral's Covid-19 response and delivery of the Local Outbreak Management Plan.

Members were advised that the Borough remain to have a widespread community transmission of covid-19 cases, but there has been a decrease in numbers from the week before. The Assistant Director informed that 83.1% of the eligible population in Wirral have now have their first dose of the vaccination and there has been a variation in the uptake of the vaccine. The vaccine has weakened between transmission and deaths but hospital admissions remain high.

Members welcomed the report and commented about the positive feedback that had been received by local residents of the support from public health.

Resolved – That the report be noted.

32 **COMMITTEE WORK PROGRAMME**

Vicki Shaw, Head of Legal Services introduced the report of the Director of Care and Health which provided the committee with an opportunity to plan and review its work across the municipal year.

Resolved – That the work programme be noted.