

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

Thursday, 5 December 2013

Present: Councillor W Clements (Chair)

Councillors M McLaughlin B Mooney
P Williams S Niblock
P Hayes T Norbury
S Mountney D Roberts
P Brightmore J Williamson

Deputies: Councillor L.Rowlands
(In place of M.Hornby)
Councillor J.Salter
(In place of W.Smith)

29 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

Councillor Clements declared a personal interest by virtue of her employment in an early years setting.

Councillor Roberts declared a personal interest by virtue of her appointment on the Management Committees of Arch Initiatives and Wirral Council for Voluntary Service.

Councillor Mooney declared a personal interest by virtue of her employment with Age UK.

Councillor Williams declared a personal interest by virtue of his appointment on the Management Committees of Arch Initiatives.

30 **MINUTES**

RESOLVED:

That the accuracy of Minutes of the meeting of the Families and Wellbeing Policy and Performance Committee held on 4 November 2013 be approved.

31 BUDGET OPTIONS - FOLLOW UP INFORMATION

Further to the Budget Options considered in November, The Committee received a verbal update from the Director of Adult Social Services and the Head of Target Support following a request by Member for further information in relation to Shared Services and Integration and Children's Centres

Mr Graham Hodkinson, Director of Adult Social Services gave a short update on arrangements being put in place, and progress being made to deliver greater integration of health and social care services.

He reported that a Strategic Commissioning Group, reporting to the Health and Wellbeing Board, had been put in place by the Local Authority and Clinical Commissioning Group to ensure that key commissioning decisions support better use of resources and more effective outcomes for the people of Wirral.

He highlighted that Vision 2018 brought together commissioners and providers across the health and social care economy under the governance of the Health and Wellbeing Board to understand the implications of the financial challenge across the system and drive change around a set of defined work-streams, highlighting funding reform proposals which were an important lever in transforming change the Integration Transformation Fund.

The Resource

- For 14/15 made up of existing £900m s.256 transfer + additional £200m
- 2 year allocations, but
- For 2015 £3.8bn to ensure closer integration - £1bn linked to outcomes/performance measured.
 - Includes Clinical Commissioning Group carers breaks
 - Clinical Commissioning Group Re-ablement funding
 - Capital including DFG's
 - Existing transfer as set out for 14/15

Performance element 50% paid at the beginning of 2015 contingent on H&WBB adopting a joint plan by April 2014

- Arrangements for intermediate care and re-ablement
Part of 2014 plan includes £2.1M re-ablement grant transferred into the joint fund to make a total joint spend of £5.44M
 - 35 IC beds
 - 35 transitional beds

- Re-ablement
- Domiciliary Care
- Efficiencies from current spend DASS 400k CCG 200k.

Operational Overview

Ms Chris Beyga, Head of Delivery gave an overview of operational developments indicating that Wirral were currently in a strong position regarding integration and strategic work lead by Graham Hodgkinson and Clare Fish had been established and was progressing well.

Operationally several integrated teams were already in place so Wirral was starting from a positive position; work was underway to build upon work undertaken in last two years and develop plans for the Integration Transformation Fund (ITF) with CCG colleagues.

Update on operational integration

The implementation of the Integrated Care Co-ordination Teams was currently being rolled out across Wirral. There was a potential impact on the number of workers, and the terms and conditions of staff across Health and Social Care organisations, but this would depend on the extent to which those organisations need to change as we bring together working practices and standards. There were regular meetings with the union and staff side representatives and full time officers through the Workforce domain of the Programme Board, and the DASS Business link in HR was a part of this domain's work.

Integrated Teams roll out - The delivery would begin where there was joint working already in evidence, building on this, working towards 8 community based integrated teams called 'Integrated Care Co-ordination Teams' (ICCT), one community gateway and one hospital gateway into the community (Integrated Discharge Team) covering all of the Wirral. Whilst DASS were starting where co-location is evident, it was acknowledged that these teams would be a mix of virtual and co-located dependent on the estates availability at the time. The phased roll out of these teams started in October 2013 as follows;

October 2013 – bases agreed, teams identified

1. Hospital Gateway - Building on the existing development of the pull project to develop a Hospital Gateway to the Community based at Arrowe Park Hospital covering the whole of the Wirral.
2. Wallasey East based at Victoria Central Hospital covering the area and GP surgeries in Liscard, New Brighton and Seacombe.

3. Wirral South East based at Eastham Clinic covering the area and GP surgeries in New Ferry, Bromborough and Eastham.

December 2013 – bases proposed, not agreed yet.

4. Community Gateway - Developing a Community Gateway as a single place for referrals from the community to be managed – base to be decided, covering the whole of the Wirral.
5. Birkenhead South based at St. Cath's Hospital covering the area and GP surgeries in Rock Ferry, Birkenhead and Tranmere and Prenton.
6. Birkenhead North based at Miriam Medical Centre covering the area and GP surgeries in Bidston and St James, Cloughton and Oxtan.
7. Wirral Central based at either the Warrens or Arrowe Park Hospital covering the area and GP surgeries in Pensby and Thingwall, Upton, Greasby, Frankby and Irby.

January – April 2014 - bases not identified yet

8. Wirral West covering the area and GP surgeries in Hoylake and Meols, West Kirby and Thurstaston.
9. Wirral South West covering the area and GP surgeries in Heswall, Clatterbridge and Bebington.
10. Wallasey West covering the area and GP surgeries in Moreton, Leasowe, Wallasey, Saughall Massie and Moreton.

Composition - Initially these teams will work to the revised protocols and utilise the newly developed referral, screening and assessment methodology. Members of the ICCT's will include Social Work staff, District and Community Nurses, and Therapists from the Council and Community Trust. A Care Co-ordinator model will be adopted so there is one professional responsible for co-ordinating the support to the individual. This multi-disciplinary group is responsible for the assessment, support and care plan for all the cases considered. These teams will have access to a broad range of professionals who can support people to remain at home, such as links to CPN's, staff working in the Admissions Prevention initiatives, GPs, Domiciliary Care Providers, Voluntary, Community and Faith providers of support, Housing, Community Safety, Day Centres, Speech and Language, Alcohol and Drugs agencies, and Psychiatric Liaison to name but a few. The size and make up of each of the eight Community teams will depend on the needs of the populace, infrastructure, estates and the resource re-alignment work to support this is being completed.

Structural change will only take place if it supports an improved customer journey, but based on integration models in other parts of the country and the potential for improvement, structural changes are likely if the increased

demands of a growing populace of adults are to be met within the shrinking resources available.

Children's Centres

Ms Deborah Gornik, Head of Targeted Services gave an overview of the Option regarding the Children's Centres, indicating that some of the Borough's primary schools had expressed an interest in the 2-4 years offer, and that a tender process and invitations of expressions of interests were currently on going.

Ms Gornik reiterated that the Children's Centres would still be utilised but used in a different way to meet the demand. She indicated that the statutory guidelines had been relaxed therefore services could be targeted for Children and Families based on their needs.

In relation to shaping the preventative services, Ms Gornik indicated that schools had shown a keen interest in working with the department on this.

In response to Members, it was reported that needs would be measured using various data for e.g. receipts of free school meals, those registered with special educational needs and those families in receipt of benefits.

In relation to the day care provision, Ms Gornik indicated that focus would be on the full day care offer, the department would be working together with private providers who were currently providing this service with the priority to secure the same service parents had historically been used to; there was also the need to sustain and strengthen the relationship between the third sector providers that currently worked within the children's centres.

RESOLVED:

That the Director of Adult Social Services and the Head of Targeted Services be thanked for their updates.

32 FOSTERING ANNUAL REPORT

The Committee considered the report of the Director of Children's Services providing an update on developments and performance in Wirral Fostering Services in accordance with the requirements of the Fostering Regulations and Guidance 2011(National Minimum Standards 25.7, Regulation 35). This was an annual report and a further three reports are submitted throughout the year to the Corporate Parenting Group to support the meeting of requirements of the standard.

In response to Members, Mr Simon Garner, Senior Manager for Children in Care and Specialist Support Services indicated that the low take up of foster carers was attributed to natural barriers and also the public's perception of the recruitment process. In relation to competition from outside foster care agencies, Mr Garner indicated that the Authority had to ensure that the reputation was good with foster carers in order to compete.

In relation to the postcode evidence detailed within the report, it was indicated that the strategy needed to ensure wider engagement with groups to further encourage those in the areas where there was evidence of a low take up.

In response to Members, it was indicated that in relation to treatment fostering, this was felt to be quite a prescribed approach and that it was very restrictive and required a lot of input from Mental Health services and others to provide 24 hour support, these carers now came under placement and stability services who jointly worked with experienced specialist carers and the CAMHS team, this had improved the service provision and enhanced support to a much wider group.

RESOLVED:

That the report be noted.

33 ADOPTION ANNUAL REPORT

The Committee considered the report of the Director of Children's Services which provided an update on developments and performance in Wirral Adoption Service in accordance with the Adoption Agencies (Miscellaneous Amendments) Regulations 2013. These had been issued to amend the Adoption Agencies Regulations 2005 by substituting a new Part 4 (Duties of Adoption Agencies in Respect of a Prospective Adopter). Part 4 made provision for the assessment of prospective adopters and was amended to introduce a new two-stage approval process. One of the aims of the amendment was to 'fast track' adoption assessments for particular children and to enable 'fostering to adopt' and 'concurrent' adoption placements for children to reduce delay.

The report also provided an update on Adoption activity and outcomes across the borough following the Government's approach to addressing delays in the adoption system which was detailed in An Action Plan for Adoption: Tackling Delay (published by the Department for Education in March 2012).

In response to Members, Mr Garner indicated that in relation to the scorecard method used for measuring performance thresholds in relation to adoption, the Department was confident of continuous improvement but it was difficult to predict the overall results of the project the scorecard was also submitted to Government on a voluntary basis to ensure the department was kept on track.

RESOLVED: That

- (1) the report be noted;**
- (2) the Director of Children's Services and her team be congratulated on their progress so far in relation to the adoption service.**

34 **LEISURE REVIEW**

The Committee considered a presentation from the Strategic Director, Families and Wellbeing giving Members an overview of the leisure services review.

Ms Fish indicated that the Cabinet on the 19 September 2013 had considered the review of leisure centres and golf courses (Minute 55 refers).

Ms Fish, outlined the need to ensure that the leisure offer was fit for purpose, whilst delivering the best value for the money possible as the Council sought to improve the health and wellbeing of the borough. The presentation detailed the transformation project; the drivers behind the need for change; the areas of scope; key findings; key challenges and opportunities; the delivery option; recommendations and the progress to date.

Mr Damien Walsh, Head of Sports and Recreation in response to Members, indicated that the Department were working very closely with the Human resources Department to address the sickness related absenteeism and support staff to return to work.

In relation to Members comments regarding the Leisure offer, Ms Fish indicated that the Department's aim was to drive up the standard and ensure the redeveloped offer met the needs of local residents utilising the limited funding available.

Members raised concerns regarding catering which was reported to be operating at a loss. Ms Fish indicated that catering needed to encompass the healthy agenda; the department was currently working with Best Bites to enhance the offer and provide catering at each of the centres to avoid further losses.

In relation to the Invigor8 membership package, Ms Fish indicated that the review on this had taken longer than anticipated. However, the department was looking at similar offers from neighbouring authorities to ensure our packages were fit for purpose.

In response to Members, it was clarified that the offer would remain free for those serving in the Armed Forces and reiterated that there were no plans to close any golf facilities.

RESOLVED: That

- (1) the update on the Leisure Services Review be noted**
- (2) the Strategic Director of Families and Wellbeing be requested to update the Committee at a future meeting.**

35 **HEALTH & WELLBEING STRATEGY AND ACTION PLAN**

The Committee considered a verbal update from Fiona Johnston, Director of Public Health and Head of Policy and Performance in relation to the Health and Wellbeing Strategy 2013/15.

Ms Johnstone indicated that following the Health & Social Care Act 2012, the Council took on a new duty to establish a Health & Wellbeing Board and produce a Health and Wellbeing Strategy. The Strategy sets out the overarching framework which described how the public, private and voluntary sectors will work with local residents to improve their health and wellbeing. The Strategy was not intended to replace existing commissioning plans rather it was aligned with them and was intended to support the commissioning of health, social care and wellbeing services.

It was a public document which could be accessed via <http://www.wirral.gov.uk/my-services/social-care-and-health/health-wirral/health-wellbeing-strategy>.

Three programme areas for shared action had been identified based on the findings of the Joint Strategic Needs Assessment, public and stakeholder consultation.

These priority programme areas were:

- Mental Health
- Older People
- Alcohol

Separate workshops were facilitated on each of the three main areas with key stakeholders who set out a programme of activities to address the priorities. All stakeholders had provided their detailed action plans regarding each of the different programme headings for each area their action plans were monitored every quarter with exception reports presented to the Health & Wellbeing Board

The Strategy was an iterative document requiring continuous updating in the light of the developing partnership agenda in the borough. The Council was currently taking stock of delivery of the strategy and ensuring it was fit for purpose via 1:1 telephone interviews and a challenge session to test out the delivery plans, identifying good practice and determining areas that needed further development.

Ms Johnstone stressed the importance of this Committee working jointly with the Health and Wellbeing Board to shape the future of the strategy.

In relation to concerns raised by Members regarding the approach in tackling health and inequalities, Ms Johnstone indicated that health and social care would have relatively little impact on the gap but would assist in improvements to health. Income and education were major factors which contributed to tackling inequalities and would need addressing in any future planning.

Members welcomed a cohesive approach and welcomed the reported improvement in health outcomes.

In relation to support for people with mental health issues, the Committee welcomed the work undertaken and supported this being identified as a priority as they felt this was an important issue which needed to be addressed.

In response to a Member, Ms Val McGee, representing Cheshire and Wirral NHS Partnership Trust indicated that the Trust currently funded a piece of work to get those with mental health issues into employment and volunteer work within their local communities. However, a lot of work was needed to change the public's perception of those with mental health issues.

Members raised concerns regarding young people with alcohol related issues, it was commented that more outreach work was needed to target young people in the community and not just those admitted to hospital. In response Ms Johnstone indicated that a lot of work was being undertaken to support young people and raise the awareness of the dangers of alcohol within schools and through the Children's Trust incorporating drug abuse. Further work was ongoing to raise further awareness. It was recognised that peer pressure, minimum pricing and access were huge factors in alcohol and drug related issues, access being a huge issue and not an easy task to resolve.

In relation to the priority programme areas chosen, Ms Johnstone indicated that these were selected following the outcomes of various consultations and discussions held; consultation with the health services as to what their concerns were would and looked at what the population look like in the future. A range of evidence was collated and the three areas were chosen due to their importance to the community.

RESOLVED: That

- (1) Ms Johnstone be thanked for her informative presentation; and**
- (2) The Chair and Spokespersons to meet with the Director of Public Health/Head of Policy and Performance to discuss how the Families and Wellbeing Committee could link into the Health and Wellbeing Board to assist with the progress of the Strategy going forward.**

36 WORK PROGRAMME

In relation to work programme items, A Member suggested that a Task and Finish Group to look at Safeguarding Children be the next review to undertaken.

RESOLVED: That

- (1) a Task and Finish Group in relation to Safeguarding Children be added to the work programme to be the next review to be undertaken; and**
- (2) Members of the previous Task and Finish Groups and Alan Veitch, Scrutiny Support officer be thanked for all their hard work.**