HEALTH AND WELLBEING BOARD

Wednesday, 13 November 2013

Present:

Cllr P. Davies    (Chair)
Cllr C. Jones    Portfolio Holder for Adult Social Care
Cllr T. Smith    Portfolio Holder for Children and Families Services
Ms C. Fish    Strategic Director, Families and Wellbeing
Ms F. Johnstone    Director of Public Health
Ms A. Clark    Healthwatch
Dr A. Mantgani    Chief Clinical Officer, NHS Clinical Community Group
Mrs J. Webster    Head of Public Health, Wirral Council
Mr S. Gilby    Chief Executive, NHS Community Trust
Mrs A. Roberts    Chief Executive, VCAW
Ms J. Hassall    Director, Children’s Services
Dr P. Jennings    Chair, Wirral Clinical Commissioning Consortium
Mr A. Crawshaw    Area Team, NHS England
Mr D. Allison    Wirral University Teaching Hospital
Ms V. McGee    Cheshire and Wirral NHS Partnership Trust
Mr K. Carbery    Business Manager, Public Health

17 WELCOME AND APOLOGIES

Apologies for absence were received from Councillor J. Green, Councillor P. Gilchrist, Ms S. Cumiskey, CWP, Mr A. Cannell, Clatterbridge Centre for Oncology, Councillor C. Meaden, Ms M. Dumma, Area Team NHS England and Ms C. Fish, Strategic Director Families and Wellbeing.

18 MEMBERS’ CODE OF CONDUCT - DECLARATIONS OF INTEREST

No declarations of interest were received.

19 MINUTES

RESOLVED:

That the accuracy of Minutes of the Health and Wellbeing Formal Board held on 10 July 2013 be approved.
The Board considered the report of the Director of Children’s Services detailing the Annual Report from the Wirral Safeguarding Children Board (WSCB) which is presented to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board and is published on the wirral.gov website.

The report highlighted the structure, membership and functions of the multi-agency WSCB and detailed the progress against the agreed priority areas set for 2012/13. This included an assessment of the effectiveness of key WSCB functions including being assured that all organisations have given due regard to safeguarding and promoting the welfare of children, what lessons have been learned from Serious Case Reviews, the quality of WSCB training and how well allegations have been managed.

The priorities for the WSCB for 2013/14 were detailed in the Business Plan part of the report and seven priority areas had been set for the next 12 months:

- Review, monitor and develop professional expertise in safeguarding practice
- Undertake Serious Case and Critical Incident Reviews and embed learning from these;
- Ensure the development of Early Help is quality assured to improve impact and outcomes
- Ensure children and young people continue to be safeguarded in light of significant national reform and local changes
- Develop and implement an action plan to tackle child sexual exploitation
- Continue to monitor and improve the functioning of the WSCB
- Continue to strengthen joint working between the WSCB and SAPB and develop common approaches to safeguarding.

Mr Bernard Walker, Independent Chair and David Robbins, Business Manager of the WSCB introduced the report and gave a brief presentation outlining the annual report and the business plan; statutory objectives and functions of the WSCB; safeguarding context for 2012/1 and the progress against priorities.

In response to questions raised, Mr Walker indicated that a business plan was developed which is monitored by the Board, and objectives met through a series of sub-groups with the executive group overseeing the work, all critical incidents were recorded and monitoring on a quarterly basis and rated, red, amber, green for action which is fed back to the Board.
In relation to priority two, these are reviewed on a regular basis to ensure priority is met; case audits are undertaken and officers are expected to attend appropriate training course, assurance was given that actions are undertaken. Ms Julia Hassall, Director of Children’s Services indicated that safeguarding is a huge issue will remain a high priority for her department and progress was ongoing to ensure safeguarding was safe.

Mr Walker indicated that in relation to reporting safeguarding concerns, this was a huge concern of the Board that needed to be tackled to ensure the public reported incidents. Further concerns had been raised regarding E-safety.

In relation to outstanding strategic risks, Mr Walker indicated that Departments need to learn from examples from the field for example, other Authorities and past failed cases and high profile cases.

In response to Members, Ms Hassall indicated that the number of children classed as Children in Need (CIN) within the Authority was higher than the national rate in some of the communities, to tackle this, the Department had developed a multi-agency preventative service which would be monitored by the Safeguarding Board.

Dr Abhi Mantgani, CCG, indicated that it was critical that appropriate training is given to support officers in dealing with safeguarding issues and that the CCG had a clinical lead for safeguarding with a view to appointing a second to support this process.

The Chair thanked Mr Walker and Mr Robbins and requested that the Board received regular updates from the WSCB on the key issues emerging.

RESOLVED: That

(1) the report be noted; and

(2) Mr Walker and Mr Robbins be thanked for their presentation and requested to provide regular updates on the key issues emerging.

PUBLIC HEALTH ANNUAL REPORT

The Board considered a verbal report and presentation from the Director of Public Health, in relation to the Annual report focusing on Social Isolation.

The report focused on those for whom social isolation had a long-lasting and potentially more damaging impact. Ms Johnstone indicated that social isolation was a significant problem within our society and one that we should
all be concerned about. Whilst most of us were fortunate enough to have family, friends and neighbours to provide us with a reliable social network, there are some for whom regular social interaction was non-existent.

The report highlighted that changing patterns within our society e.g. older people living longer without adequate support, the financial impacts of recession, and vulnerable groups within society and not having access to appropriate services or support mechanisms, all created the conditions for feeling cut off from society.

The report outlined, that being socially isolated could lead to a wide variety of health and social care issues and simply cannot afford to be ignored if we were to continue to avoid extra pressures on our already stretched services, address the needs of the most vulnerable within our society and generally keep people healthy and happy.

Ms Johnstone indicated that in Wirral, there were some very good examples of initiatives, notably within the voluntary and community sector, which attempt to build, draw on or maintain social networks at all levels.

Wirral’s statutory health and social care services played a vital part in ensuring that vulnerable people got the support they need. The Authority needed to look to alternative ways of reaching and supporting those within our local communities that are socially isolated, as part of building resilience within communities, taking time to know our neighbours, and being prepared to reach out where there is need.

The report indicated that there was now a firm commitment to tackling social isolation, both at a national and local level. The ‘Care and Support’ white paper, which sets out the government’s vision for social care, clearly sets out the aim of tackling loneliness and social isolation, supporting people to remain connected to their communities, friends and family. With the inclusion of a new indicator for social isolation within both the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework, local councils will now be judged on how well they perform in this area. We as a Board have also committed to address this issue through the strategy and the specific objectives to tackle social isolation within older people and people with mental health problems.

The report reinforces the view that the responsibility for tackling this important issue lies with all of us and we can each play a part.

Ms Johnstone concluded by outlining a number of recommendations contained within the report.

Board Members congratulated Ms Johnstone on the report which they felt addressed a very important issue which they could all contribute to.
Ms Johnstone thanked the Board for their support and suggestions surrounding troubled families and hospital patients and suggested that this report be reviewed at a future development session.

**RESOLVED: That**

(1) the Director of Public Health and her team be congratulated on their excellent work regarding the annual report;

(2) a further review be scheduled for a future development session.

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**22 PROGRESS REPORT: HEALTH & WELLBEING ACTION PLAN**

The Board considered the report of the Director of Public Health providing an update on progress in delivering the actions identified in the health and wellbeing Strategy. A report on the delivery of the Strategy would be presented to the Board on a quarterly basis.

The report further outlined the next steps in the development of the Strategy taking into account the emerging partnership structure in the Borough and partners priorities.

Mr Hodkinson, Director of Adult Social Services indicated that in relation to the “Caring Together” Strategy the was a need for a real strategy change to meet the challenge of both the strategy and funding gap. Ms Johnstone indicated that a progress report on the strategy would be brought to the Board in February 2014.

In response to questions, Ms Julie Webster, Head of Public Health indicated that in relation to the mental Health commissioning, this would work with the SEAL programme however there was a need to identify the gaps.

In relation to the young people admittances to hospitals, Ms Webster indicated that the figures were currently stable on this.

**RESOLVED: That**

(1) the exceptions reported against delivery of the Health and Wellbeing Strategy action plans with the planned activity to ensure timescales are achieved be noted; and

(2) the work planned for the next twelve weeks to review the current Health and Wellbeing Strategy and develop a plan of action for the
The Board considered the budget options to be considered by the Council in December.

Mr Graham Hodkinson, Director of Adult Social Services and Ms Julia Hassall, Director of Children’s Services introduced the options.

Mr Hodkinson indicated that consultation on the options ended on 6 December 2013, and welcomed the Board’s feedback and suggestions they wished to be considered.

In response to questions, it was indicated that any impacts on health and services would be picked up within the impact assessments completed and would be fed into the consultation.

In relation to Adult Social Services it was commented that there seemed to be an assumption that if services worked together that would achieve a saving.

Dr Abhi Mantgani, CCG indicated that Health partners had looked at the options within their own forums and had given their feedback. He felt that in the longer term there was a need to work together on the unintended consequences.

Mr Hodkinson indicated that in relation to integration savings had been proposed and services working together would prove more cost effective, there was a need to think about the whole integration agenda.

Anna Clark, Healthwatch asked what weight will be given to the public consultation. In response, the Chair indicated that Wirral would receive a wide range of feedback, which would be evaluated and used to inform the decisions. These options taken would be review and impacts identified would be revisited.

Ms Johnstone indicated that these options and their impacts would be factored in to the Vision 2018.

RESOLVED:

That the update be noted
**UPDATE ON VISION 2018**

The Board considered a verbal update from Dr Abhi Mantgani, Chief Clinical officer, Wirral CCG in relation to the Vision 2018, developing a five year strategy for Integrated Health & Social Care for Wirral.

Dr Mantgani outlined the strategic context, challenges and opportunities, progress to date, indicative economic financial gap and scoping options.

Mr Hodkinson commented that clearly this was a huge challenge, plans needed to be consulted upon and drawn up as a matter of urgency prior to sign up by March 2014.

Dr Jennings, CCG indicated that this was an unusual period in relation to primary care as NHS England are requesting to see our plans.

Mr David Allison, Chief Executive, Wirral University Teaching Hospital indicated that he supported the start made by the CCG on this, but raised concern that the process was going to time and that he had to submit his plans in March for the next five years, these plans needed to align and it was difficult to describe savings in isolation, how do we challenge the demand for that service, this was a worry for the Hospital Board.

Dr Mantgani indicated that 21 November and 12 December were crucial dates for the Board to look at the strategy and suggested that a special meeting of the Board be held in order for Members to discuss this further and in more detail.

Ms Webster indicated that this meeting could also be used to discuss and sign of Integration Transformation Fund.

**RESOLVED: That**

1. Dr Mantgani be thanked for his presentation; and
2. a special meeting of the Health and Wellbeing Board be held to discuss the Vision 2018 and sign off the Integrated Transformation Fund.

**NHS ENGLAND UPDATE**

The Board considered a verbal update from Andrew Crawshaw, NHS England.

Mr Crawshaw indicated that the commissioning intention was now under consultation with partners.
There were huge pressures in relation to specialist services as it was unknown as to what budget allocation they will get.

In relation to Clatterbridge Cancer Centre, a consultation process had now been completed and a business case had now to be done.

Mr Crawshaw indicated that emergency plans had been completed and were ready for signed off.

In relation to winter planning, regular dialogue is kept with the CCG and the Trust, NHS England received an update on A&E progress. A report is submitted to the Government on A&E waiting times.

The Urgent Care Working Group was working well, Wirral’s plan was used as an example of good practice.

**RESOLVED:**

That the update be noted.

**UPDATE ON LOCAL ACTION IN THE LIGHT OF THE REVIEW OF WINTERBOURNE VIEW**

The Board considered the report of the Director of Adult Social Services in relation to Winterbourne View, stocktake of progress.

The Winterbourne View stocktake was designed in order to enable local areas to assess their progress against commitments set out in the Winterbourne View Concordat, to share good practice and to identify local development needs.

The report, published jointly by the Local Government Association and NHS England, was an analysis that covered all 152 health and wellbeing board areas.

Wirral contributed to the stocktake and had received feedback based on the submission. A significant number of strengths were recorded across the system, however potential areas for development were also recorded, these included:

- Challenges relating to ordinary residence
- Developing a joint approach and understanding regarding deployment of funds
- Health and social care team integration for people with learning disabilities
- Crisis and emergency response arrangements
The feedback and the Council’s original submission were attached for information along with a draft version of the overall report. The response came with an offer of ongoing support from the Winterbourne View Programme team.

RESOLVED: That

(1) The Director of Adult Social Services be requested to submit a joint report to the Wirral Health and Wellbeing Board in November reflecting upon the stocktake and proposed plan to tackle areas for development; and

(2) a local joint project team be set up rapidly to take forward this work.

DATE OF NEXT FORMAL BOARD MEETING

RESOLVED:

The next meeting of the Formal Board is to be held on Wednesday 22 January 2014 at 5:00pm, Wallasey Town Hall.