

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Wednesday, 13 October 2021

Present: Councillor Y Nolan (Chair)

Councillors B Berry (In place of M Jordan) P Gilchrist
I Camphor M McLaughlin
K Cannon S Mountney
T Cottier C O'Hagan
S Frost J Walsh

51 APOLOGIES

Apologies for absence were received from Councillor Mary Jordan.

52 MEMBER DECLARATIONS OF INTEREST

Members were asked to declare any disclosable pecuniary interests and any other relevant interest and to state the nature of the interest.

The following declarations were made:

Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.
Councillor Jason Walsh	Personal interest by virtue of his family member working in the NHS.
Councillor Tony Cottier	Personal interest as a director of a construction company contracted by the NHS.
Councillor Ivan Camphor	Personal interest as a General Practitioner at Heatherlands Medical Centre, a member of the British Medical Association, Chair of the Community Care Committee of the British Medical Association, Medical Secretary for Mid-Mersey Medical Committee, Executive Trustee of Age UK Mid-Mersey, and by virtue of his wife's employment as a nurse practitioner.
Councillor Moira McLaughlin	Personal interest by virtue of her family member working in the NHS and being in receipt of an NHS

53 **MINUTES**

A minute silence was held to honour the loss of Councillor Andy Corkhill and former Councillor Gerry Ellis. The Chair expressed her deepest sympathy and commended them on their excellent service.

Resolved - That the minutes of the meeting held on 23 September 2021 be agreed as a correct record.

54 **PUBLIC QUESTIONS**

No public questions, statements or petitions had been received.

55 **POOLED FUND ARRANGEMENTS**

The Director of Care & Health introduced the report which detailed the proposed arrangements, key principles, content and value of the 2021/22 Section 75 pooled fund arrangements with Wirral NHS Clinical Commissioning Group (CCG), and sought the Committee's approval of the arrangements for 2021/22 as well as delegated authority for the Director of Law and Governance in consultation with the Director of Care and Health to sign off the Section 75 Agreement for 2020/21. It was outlined that the key aim of the pooled fund was to ensure joint planning and delivery of services across care and health so that people experienced joined up services, the arrangements for which would be taken into the Integrated Care System.

Members welcomed the report and the additional funding into the fund from the CCG. Concerns were expressed at the prospect of increased costs associated with Covid-19 resulting in reduced spending in other services.

Resolved – That

- (1) the continuation of the pooled fund arrangement between the Council and Wirral Clinical Commissioning Group (CCG) for 2021/22 be approved.**
- (2) the commissioning pool value of £235m for 2021/22 be agreed and the additional funding the CCG will contribute as detailed in Appendix 1 to the report be noted.**
- (3) it be agreed that the key principles as set out in the pooled fund agreement 2020/2021 be incorporated into the pooled fund**

agreement 2021/22, including the risk share agreement.

(4) it be noted that the shared risk arrangements are limited to the Better Care Fund (BCF) arrangements only, which is currently reporting a break-even position.

(5) delegated authority be given to the Director of Law & Governance in consultation with the Director of Care & Health to enter into a s75 Agreement with Wirral CCG for 2021/22.

(6) delegated authority be given to the Director of Law & Governance in consultation with the Director of Care & Health to sign off the s75 Agreement with Wirral CCG for 2020/21 in accordance with the terms agreed by the decision of the Cabinet Member - Adult Care, Health and Wellbeing made on 15 July 2020.

56 PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health introduced the report which provided the Committee with the independent annual report of the Director of Public Health. The 2020/2021 Report described enduring health inequalities in Wirral, the immediate impact of the COVID-19 pandemic on these differences in health outcomes and recommended actions that were needed to improve residents' health.

The report detailed how Wirral became one of the first places in the world to respond to Covid-19 when British residents repatriated from Wuhan, China were hosted in Wirral. Since then, it was reported that Covid-19 had affected everyone in the borough but that the pandemic had highlighted the existing health, economic and social inequalities within Wirral. The detail of the health inequalities people in Wirral faced was outlined, including the difference in life expectancy based on geographical location and gender. Comparisons to national statistics in a range of health factors were also outlined to the Board, with issues such as fuel poverty, alcohol misuse and prevalence of depression all worse in Wirral than the national average.

The report presented five key recommendations that had been made to improve the health and wellbeing of residents and reduce health inequalities in Wirral and these were outlined to the Board. They included:

- Prioritise economic regeneration and a strong local economy;
- Safeguard a healthy standard of living for all;
- Increase support for children, young people and families;
- Strengthen action to address differences in health outcomes and prevention; and
- Residents and partners continue to work together.

Members welcomed the report and the work undertaken by the Public Health team during the pandemic. The previous success on tackling smoking prevalence was acknowledged and members encouraged officers to take the learning from that and best practice from other authorities and apply it to tackling health inequalities. The need to embed the recommendations across Council services was recognised, and the Director of Public Health assured members that she would continue to work other services such as Regeneration to ensure that local people were benefiting and health outcomes would be improved, and that the Public Health Annual Report would be considered by the other Policy and Services Committee.

Resolved – That the recommendations detailed with the Public Health Annual Report be endorsed.

57 **OUT OF HOSPITAL REVIEW**

The Director of Care and Health introduced the report which set out the proposed vision and structure of the Out of Hospital Programme Board, and the proposed change of approach to delivering the desired outcomes and the scope of the work undertaken. It was outlined that the intention of the Out of Hospital Programme Board was to utilise the well-established integrated approach to best value commissioning and the strong relationships with the voluntary sector to improve the experience of those people experiencing inequalities and those who require health and social care. The four key priority areas of the programme were:

- Healthy Behaviours
- Community and Place
- Integrated Health and Care
- Commissioning

Members noted that residents aged over 66 represented 12% of the population but 40% of hospital admissions. Further assurances were sought on the programme and its ability to effectively discharge patients safely to their home. It was noted that the report focussed on the services commissioned by the Council and the overall health improvement programme reported to Health and Wellbeing Board, and that the Healthy Wirral Programme could be presented to the Committee if they wished to have a more holistic overview.

Resolved – That

- (1) the renaming of the Out of Hospital Programme Board to the Living Well in Our Community Board to better reflect the aspirations and ambitions of the programme be noted and supported.**

- (2) the membership of the Living Well in our Community Board and the structure for delivery be noted and supported.**
- (3) the vision defining the work of the Board which was ‘Supporting Residents to Live Independent, Healthy, Happy Lives by Listening to and Meeting the Needs of Population Health at a neighbourhood level’ be noted and supported.**
- (4) the initial scope of the Board be approved.**
- (5) the outcomes identified to deliver better health, better care, and better value, improve people’s experience of Health and Social Care, reduce inequalities, and avoid duplication across the Health and Social Care Partnership and optimise the use of resources be noted and supported.**

58 **BUDGET MONITORING MONTH 4**

The Director of Care and Health introduced the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee and provided an overview of budget performance for the area of activity. It was outlined that there was a forecast favourable position of £619k, which it was felt showed that the stewardship of the committee and the focus of the budget performance had been strong. The Committee was advised that work was ongoing with Cheshire and Wirral Partnership to develop more effective ways of supporting people with complex disabilities, as well as the ongoing context of Covid-19 and the expected winter pressures, where the NHS was supporting with discharges which protected social care costs somewhat.

Further detail was provided to members on the change initiatives, where a selected number of social workers were working to develop new processes for when people request care support, the review of which was due to be undertaken and the data would be evaluated to review the effectiveness and enable consideration about its further rolling out, information of which would be shared with members.

Resolved – That

- (1) the projected year-end revenue forecast position of £0.619m favourable, as reported at month 4 (July) of 2021/22 be noted**
- (2) progress on the achievement of approved savings and the projected year end forecast position at month 4 (July) of 2021/22 be noted.**

- (3) the reserves allocated to the Committee for future one-off commitments be noted.**
- (4) the projected year-end capital forecast position of £2.6m favourable, as reported at month 4 (July) of 2021/22 be noted.**
- (5) the current activity profiles from 2018 to month 4 (July) of 2021/22 be noted.**

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

The Assistant Director for Care and Health and Commissioning for People introduced the report of the Director of Care and Health, which provided a performance report in relation to Adult Social Care and Health, designed based on discussions with Members through working group activity in 2020 and 2021.

It was outlined that care home numbers remained stable despite demographic changes and pressures within the system due to hospital discharges, and that vacancies had slightly reduced to 18.8%. Further explanation was given to that figure, where it was anticipated that NHS England would amend the capacity tracker to only show available beds which would alter the way in which the vacancy rate was reported to members. The quality of care homes was also reported on, with 32% of homes being rated 'requires improvement' or 'inadequate', with the quality improvement team working hard to improve standards and addressing areas of action plans.

Members discussed the different performance indicators in detail including domiciliary care and discharge to assess. It was felt that performance indicators for health services would enable members to have a better understanding of the system and officers undertook to provide this at future meetings. Concerns were raised in relation to the care homes rated as 'requires improvement' or 'inadequate' and it was queried whether the names of care homes that the local authority suspends placements to due to performance should be publicised. The Chair outlined that the Head of Legal Services would need to consider the issue and report back to the Committee.

Resolved – That the report be noted.

60 **INTEGRATED CARE PARTNERSHIPS UPDATE**

The Head of Legal Services reminded members that at the meeting of the Constitution and Standards Committee on 30 September 2021, the Committee granted a general dispensation relating to interests to all members in respect of matters relating to Integrated Care Systems and reminded members they must still declare the interest.

The Director of Care and Health introduced the report which provided an update on the legislative changes that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board. The report also set out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships as well as the local governance arrangements, and developments for Wirral's Integrated Care Partnership at "place" level. It was reported that work was ongoing to develop the governance arrangements for the "place", with an all-member workshop to discuss the proposals having taken place on 14 September. Officers from the Local Authority and NHS had met with members of the ICS in the previous week to further discuss the arrangements including the preferred option of a joint committee of the Local Authority and the Integrated Care Board to enable decision the pooled fund, with further information to be shared to members on the proposals as the Health and Care bill progressed through parliament.

Members highlighted the importance of local place arrangements and it was confirmed that work across the Liverpool City Region was ongoing to develop governance arrangements using best practice. It was noted that the indications were that the existing pooled fund arrangements would continue into the next financial year and it was felt that this would enable greater local leadership of "place".

Resolved – That

- (1) the legislative developments detailed in the Health and Care Bill that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB) be noted.**
- (2) support be given to the preferred model of place-based partnership governance arrangements to develop a Joint Committee between the Council and the Cheshire and Merseyside Integrated Care Board, in which decision making at place level would be jointly carried out in partnership with ICB, local NHS Partners and the Council.**
- (3) regular committee reports be received relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local place-based partnership arrangements for Wirral.**

61 **WIRRAL PLAN DELIVERY PLANS**

The Director of Care and Health introduced the report of the Chief Executive which presented the Wirral Plan 2021-26 Draft Delivery Plans, which were approved at Council on 6th September 2021, together with the recommendation that engagement and discussion with relevant Committees would take place to further shape the underpinning delivery plans and work

programmes required to implement the Wirral Plan. Members discussed the element of delivery plans that encompassed the Committee's remit such as Domestic Abuse, where it was felt that a further report on the Domestic Abuse Strategy should be presented to the Committee. The issue of housing was also highlighted, where it was argued that specialised and extra care housing should be further embedded in housing policy.

Resolved – That the draft Delivery Plans be noted.

62 COVID 19 UPDATE

The Director of Public Health introduced the report which 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.

It was outlined that in the week to 7 October 2021 there were 1197 cases in Wirral, translating to a 7 day incidence rate of 367 per 100,000 residents, the largest proportion of which were in children and young adults with 40% of report cases being in the 10-19 age bracket. The overall vaccination uptake was also reported, with 83% of those eligible in Wirral having had at least their first dose and 78.7% having had both doses. Members were advised that the booster vaccine and 12-15 vaccine programmes were going well and as soon as data was available on the uptake it would be shared with the Committee.

Further information was sought on the uptake in vaccinations in care home staff and the planned future use of Council owned buildings for the vaccination programme. Members queried the national grant funding and the possibility of this continuing to deal with future outbreaks, with further information anticipated in the Government's spending review.

Resolved – That the content of the report, the progress made to date and the ongoing Covid-19 response be noted and supported.

63 WORK PROGRAMME

The 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.

It was proposed by Councillor Tony Cottier, seconded by Councillor Kate Cannon, that an update on the Domestic Abuse Strategy be scheduled for the next meeting. The motion was put and agreed by assent. It was therefore –

Resolved – That

(1) the work programme be noted.

(2) A report on the Domestic Abuse Strategy be scheduled for the next meeting.