

HEALTH AND WELLBEING BOARD

Wednesday, 12 November 2014

Present ;

Cllr P Davies	(Chair)
Cllr C Jones	Portfolio Holder for Adult Social Care
Cllr P Gilchrist	Leader of the Liberal Democrat Group
Ms F Johnstone	Director of Public Health
Mr G Hodgkinson	Director of Adult Social Services
Dr P Naylor	Wirral CCG
Ms J Hassall	Director of Children's Services
Ms S Cumiskey	Cheshire and Wirral NHS Partnership Trust
Mr S Gilby	CEO Wirral NHS Community Trust
Cllr T Smith	Cabinet Member Children and Family Services
Mr P Davies	Chair, Healthwatch Wirral
Ms J Evans	Head of Transformation, Adult Social Services
Ms C Fish	Strategic Director Families & Wellbeing
Mr P Murphy	Mersey Fire and Rescue
Chief Superintendent John Martin	Merseyside Police
Ms J Webster	Head of Public Health
Karen Livesay	Community Action, Wirral
Richard Freeman	NHS England

62 **DECLARATIONS OF INTEREST**

Councillor C Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

Councillor Phil Gilchrist declared a personal interest in general by virtue of being Cheshire and Wirral NHS Partnership Trust Appointed Governor.

Councillor Phil Davies declared a personal interest in Item 7, Wirral's Pharmaceutical Needs Assessment (PNA): Update on Progress and Timescales by virtue of his wife being a Pharmacist.

63 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor J Green, Jon Develing, Wirral CCG, Val McGee, Cheshire and Wirral Partnership NHS Trust, Andrew Cannell, CEO, Clatterbridge Cancer Centre, David Allison, CEO, Wirral University Hospital Trust, Annette Roberts, Voluntary and Community Action Wirral, Andrew Crawshaw, NHS England, Deborah Veevers, Department for Work and Pensions, Anthony Hassall, Director of Strategic and Organisational Development NHS Foundation Trust.

64 **MINUTES**

Resolved – That subject to the amendment that Councillor Chris Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust not as a Governor as stated, the

accuracy of the Minutes of the Health and Wellbeing Formal Board held on 17 September, 2014 be approved as a correct record.

65 ORDER OF BUSINESS

The Chair agreed to vary the order of business.

66 UPDATE ON RESPONSE TO BETTER CARE FUND SUBMISSION

Ms Jacqui Evans, Department of Adult Social Services attended the meeting and provided members with an update on the Better Care Fund's Re-submission. Confirmation had been received that the re-submission had been "Approved with Support" and the Local team had been given full responsibility for its BCF budget. Ms Evans outlined the overall findings which included the comment "Strong plan which was ambitious & well structured. Wirral has the highest emergency admission rate in the country and we thought this was reflected in their stretch ambition which goes beyond the 3.5% required." The report also showed Wirral's position within the National position and set out the next steps. Appendix 1 to the report – the performance baseline and current performance 2014/15 was circulated at the meeting.

Members commented on the report and Jacqui Evans responded to members questions. Dr Pete Naylor, Wirral CCG noted that Wirral's submission was only one of five in the country that had been approved and this was a significant achievement. Richard Freeman commented that he looked forward to its implementation. Councillor Phil Davies observed that the Health & Wellbeing Board clearly needed data's and asked for future reports to include information on how outcomes were improving. Councillor Phil Davies thanked Ms Evans for the update and she advised the Board that she would be happy to spend time with individual members of the Board if there were any details of the report that needed clarification.

Resolved – That;

- 1. the draft Better Care Fund submission be approved.**
- 2. the performance baseline and dashboard be noted.**

67 NHS ENGLAND UPDATE ON WINTER PLANNING AND FLU PLAN.

Richard Freeman, NHS England, attended the meeting and gave members an update on winter planning and flu plan. It was reported that a resilience group had been set up, data flows were being tested and there had been a recent improvement in performance. His report gave details of Pandemic Flu Planning and the Seasonal Flu Campaign. The focus was on improving the flu vaccine uptake for vulnerable groups through GP groups including vaccines to women during pregnancy. Figures for October were currently awaited.

Resolved – That the report be noted.

68 UPDATE ON CHILD SEX EXPLOITATION IN WIRRAL

Simon Garner, Corporate Safeguarding Manager, attended the meeting and presented a report that provided the Board with an update on Child Sex Exploitation in Wirral.

The report was written following the enquiry into Rotherham Metropolitan Borough Council by Professor Alexis Jay, published in August 2014. It was an outline of the issues arising from the Rotherham Enquiry. It provided details of work that was already taking place to address Child Sexual Exploitation (CSE) in Wirral, and planned future work. It included a proposal with regard to how the Local Safeguarding Boards and the Health and Wellbeing Board worked together.

The Board considered the report and the proposed protocol that concerned how the Local Safeguarding Boards and the Health and Wellbeing Board worked together in relation to safeguarding issues, such as CSE.

It was reported that Child sexual exploitation was tackled effectively when there was clear and committed leadership and where safeguarding professionals cooperated together. In Wirral direction was provided through the Local Safeguarding Children Board and a regional approach to strategic partnership working. The report set out a plan of action, delivered with key partner agencies, to identify and support young people at risk of CSE. It also explained the range of responses and services that were provided and how greater engagement of the community would support early identification of the risks.

The report by Professor Alexis Jay estimated that 1,400 children had been sexually exploited in Rotherham between 1997 and 2013. Professor Jay's report had described the level of abuse as 'appalling' and said it included the rape of girls as young as 11 by large numbers of male perpetrators.

In response to the report Alan Wood, the president of the Association of Director's of Children's Services, had stated that:

"The publication of the Independent Inquiry into Child Sexual Exploitation in Rotherham this week must serve as a call to action for all safeguarding partners to ensure that that the voices of children, young people and their families raising similar concerns in the future are both heard, believed and acted upon and that the necessary help and support is provided when they need it most".

Professor Jay's report had made 15 recommendations and members were informed that the full recommendations could be found in her report and all of which had been considered in developing an action plan for Wirral.

Within Professor Jay's Report, reference was made to the former Director of Public Prosecutions, Keir Starmer, who had revised the Crown Prosecution Services guidance on child sexual exploitation in October 2013. The guidance had been revised to include a list of stereotypical assumptions previously thought to undermine the credibility of young victims.

Members gave consideration to Key Strategic Partnerships, the current position within Wirral Council and the actions developed in response to the Recommendations from the Rotherham Enquiry. The Protocol for the relationship between the Wirral Health and Wellbeing Board (HWB), the Wirral Safeguarding

Children Board (WSCB) and the Wirral Safeguarding Adults Partnership Board (SAPB) was attached as an appendix to the report.

Members of the Board thanked Clare Fish and Simon Goacher for the report and it was;

Resolved – That;

- 1. the progress to date be noted.**
- 2. the proposed protocol concerning how the Local Safeguarding Boards and the Health & Wellbeing Board work together in relation to safeguarding issues, such as CSE, be agreed and signed on behalf of the Health & Wellbeing Board by the Chair, Councillor Phil Davies, and be reviewed on an annual basis.**

69 WIRRAL'S PHARMACEUTICAL NEEDS ASSESSMENT (PNA): UPDATE ON PROGRESS AND TIMESCALES.

The Board considered a report that summarised the progress to date towards the publication of Wirral's Pharmaceutical Needs Assessment (PNA) and proposed a timescale for the statutory consultation period.

Fiona Johnstone, Director of Public Health presented the report and gave an outline of Pharmaceutical Needs Assessments (PNAs) that were carried out to assess the pharmacy needs of the local population. The PNA presented an overview of local pharmaceutical service provision; reviewing access, range and adequacy of service provision and choice of provider to build on the sectors capacity and capability to help address health inequalities and support self-care in areas of greatest need.

It was reported that NHS England would rely on the PNA when making decisions on applications to open new pharmacies. The Board were informed that each Health and Wellbeing Board must publish its first pharmaceutical needs assessment by 1st April 2015. Wirral's current PNA could be accessed at www.info.wirral.nhs.uk/pna.

Fiona Johnstone gave the Board a progress update and informed members that a draft PNA had been developed under the direction of Wirral's PNA Development Group (including members from Public Health, Local Pharmaceutical Committee and NHS England). This group had reported directly to Wirral's JSNA Executive Group. Information sources for the PNA had included Wirral's JSNA, NHS England, Census data, Health & Social Care Information Centre (HSCIC), service user and community pharmacy questionnaires. A total of 1,192 responses had been received from the public survey. From Wirral's 94 community pharmacies, 89 had responded to the pharmacy survey.

The Board was reminded that it was obliged to ensure a minimum 60 day pre-publication consultation period. Groups to be consulted would include community and hospital providers, local pharmacies, Clinical Commissioning Group, Local Medical Committee, Local Pharmaceutical Committee, local Healthwatch, NHS Trusts and Foundation Trusts, other professional bodies, voluntary and community groups, patients and the public. It was proposed that the consultation for Wirral's PNA be commenced on the 3rd November 2014 through to 12th January 2015. Following this

period, the revised PNA would be brought back to the Health and Wellbeing Board in March 2015 for final sign off prior to publication by 1st April 2015.

Resolved - That;

- 1. the progress to date be noted.**
- 2. the proposed timescales for consultation be approved.**

70 UPDATE ON CHILDREN & FAMILIES ACT

Julia Hassall, Director of Children's Services, presented an update on the Children and Families Act 2014. She focussed on 4 key elements; Part 1: Adoption and contact, Part 2: Family Justice, Part 3: Children with SEN or Disabilities and Part 5: Welfare of Children and how these relate to Wirral. In relation to Adoption and Contact, the Board were informed about the details of legislation that had been put in place from 25 July, 2014 that focussed on Fostering for Adoption, helped to reduce delay and on earlier decision making and identifying a likely match for a child. It also identified the small number of children with specific adopters being considered.

The Board was also informed that the key points of the legislation were that the permission of the Court was required before expert evidence could be given. There was now a 26-week time limit re Care Proceedings and when considering a child's care plan and it was reported that in Wirral 26 weeks had been achieved in October – an improvement from 32 weeks. The Court only considered matters essential for permanence provisions, i.e. whether the child was to live with a parent, a member or friend of the child's family, or whether the child was to be adopted or placed in other long term care. Other local responses to the legislation included the LAAM process being strengthened (Legal Advice and Action Meeting) and new Legal Issues Meetings- which tracked and addressed issues as they arose, the duties relating to the support of SEN pupils and also that former looked after children would be able to "stay put" with their foster carer until they were 21 years old.

Regarding changes to SEND legislation it was reported that the Act introduced far reaching changes to how local authorities and partners respond to children and young people with special educational needs and / or disabilities. The Act placed a stronger emphasis upon children and young people's wishes and feelings, meeting their aspirations and set out how children and young people must be at the centre of all planning for them. From 1st September Council's were required to publish their Local Offer, a directory of services available, implement new Education, Health and Care (EHC) assessments and plans (replacing Statements of Special Educational Needs) and have a process in place for converting existing Statements into the new EHC plans. There were other provisions regarding personal budgets and the implementation of new mediation processes. There were new duties to promote integration between Health and Social Care where this would promote wellbeing and the legislation set out the Health duties between local authorities and clinical commissioning groups.

There was now also a requirement to have a "virtual school head" and it was reported that in Wirral there were two "virtual school heads".

Resolved – That Julia Hassall, Director of Children’s Services, be thanked for the presentation.

71 CARE ACT IMPLICATIONS - UPDATE ON PROGRESS AND EMERGING PLANS

The Board considered a report of Graham Hodgkinson, Director of Adult Social Services that highlighted the key changes that would have a significant impact on Wirral Council from April 2015. It built upon the earlier Cabinet report and previous papers to CESG that set out the key legislative changes that the Act brought by setting out emerging plans based on capacity requirements to meet the increased demand anticipated as a result of these changes.

The Director of Adult Social Services also shared a short animation presentation with the Board <http://www.skillsforcare.org.uk/Standards/Care-Act/Care-Act.aspx> that linked with the report and gave a summary of the key elements of the implementation of the Care Act.

It was reported that on 14 May 2014, the Care Bill had received Royal Assent and become the Care Act 2014 (“Care Act”). This would come into effect on 1 April 2015 apart from the funding reform elements, which were scheduled to come into effect on 1 April 2016. Implementation depended heavily upon regulations and guidance for detail. The 2015 regulations and guidance had now been published along with cost estimates from the new burdens associated with the Care Act. These needed to be understood and provision needed to be put in place to meet the new demands. Consultation on the 2016 regulations and guidance was scheduled to take place at a later stage.

The Care Act legislated to provide social care protection and support to the people who needed it most, and took forward elements of the government’s initial response to the Francis Inquiry, to give people peace of mind that they would be treated with compassion when in hospital, care homes or their own home. The Care Act brought together existing care and support legislation into a new, modern set of laws which would build the system around people’s outcomes and wellbeing.

The Care Act aimed to reform the care and support system into one that:

- Focused on people’s wellbeing and support to help them remain independent for as long as possible.
- Introduced greater national consistency in access to care and support.
- Provided better information to help people make choices about their care.
- Would give people more control over their care.
- Improved support for carers.
- Improved the quality of care and support.
- Improved the integration of different services.

The Care Act aimed to establish a new legal framework for Adult Social Care, putting the wellbeing of individuals at the heart of care and support service. The Government believed that the Care Act marked the biggest transformation to care and support law in over 60 years. It was intended to replace over a dozen separate pieces of legislation relating to Adult Social Care with a single modern law. It aimed

to put people more in control of their own lives and to reform the funding of care and support to ensure that:

- Everyone would receive the care they needed and that more support would go to those in the greatest need.
- The unfairness and fear caused by unlimited care costs would be ended.
- People were protected from having to sell their home in 'their lifetime' to pay for care.

Given these changes, it was reported that the Care Act outlined the most significant change in Adult Social Care in decades with changes to underpinning legislation, eligibility criteria, funding, changes to the status of Adult Safeguarding and a host of other associated areas.

The report also set out the implications for Wirral regarding capacity. The Director reported that the Council would need to consider the implications of the changes arising from the new legislation. Some of the key issues that the Council would need to address were set out as:

- Understanding the implications for the Council of a national eligibility framework.
- The implications for assessment and care management staff with a move to proportionate assessments with an 'asset based' approach i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the Local Authority.
- The need for clear information about self-funders; not just in care homes but also those with eligible needs who were purchasing community based support services, who would be entitled to an assessment of need, support plan and annual review.
- Increased demand for assessment relating to full fee payers could lead to some delays in placement depending upon frequency of that demand.
- Gaining an understanding of the new processes that will need to be put in place for the provision of 'care accounts' including:
 - Financial assessments of self-funders
 - The monitoring of self-funders' eligible care costs, based on what the Local Authority would pay for the care i.e. 'reasonable cost', not on the amount the self-funder was paying
 - Production and provision of 'care account' statements for self-funders
- Assessing the financial implications of the cap on care costs and of an increase in the upper threshold for financial support from the Local Authority.
- Awareness of those people, including carers, who had unmet needs who would be eligible for social care services.
- An understanding of the numbers of carers who would be entitled to an assessment, to support planning where relevant.
- The financial implications of extended carers' support services – which will be non-chargeable.
- The implications arising from the responsibility of ensuring there were sufficient preventative services which delay people's need for long term care and support.

- The development of processes to recover costs for meeting a person's eligible needs where funding responsibility lay with another Local Authority.
- The resource implications of extended responsibilities in relation to transitions from children to adult services.
- The implication of extended responsibilities to provide written information and advice to people with non-eligible needs on what could be done to prevent or delay the need for care and support.

The Director of Adult Social Services commented that the emphasis would be on people finding out for themselves and the Council would therefore need to find new ways of reaching out to people.

There was also an expectation set out in the Care Act that adult social care would increasingly integrate services with local health partners. This had been considered alongside the Better Care Fund (BCF). There was a requirement for this to be fully reflected in the Section 75 Pooled Budget with the Clinical Commissioning Group (CCG) for 2015/16.

The report also outlined resource implications for the Council and an appendix to the report set out Wirral Council Funding allocations for the Care Act and a further appendix set out the initial Care Act Programme board profile.

Resolved – That;

- 1. the appointment of a programme lead using the implementation grant be supported.**
- 2. the principle of using new responsibilities funding in the manner outlined in the report be noted and supported.**
- 3. the level-off risk to the Council be noted and the programme governance framework as suggested in the report be supported.**
- 4. the Director of Adult Social Services be thanked for the report.**

72 QUARTERLY SUMMARY OF HEALTH WATCH

Mr P Davies, Chair, Healthwatch Wirral, gave an update to the Board and responded to Members questions. The report outlined the services covered by Healthwatch, its main functions and achievements. It was reported that volunteers had identified that not everyone was aware who Healthwatch was and the report referred to its Outreach programme, including One Stop Shops, presence in GP surgeries and the proposed desk at Arrowe Park and Tesco Community. The report also contained recommendations for the Health and Wellbeing Board recommending that agendas should be set with future plans in mind and Healthwatch's concern for future funding and consistency for local Healthwatch's.

Resolved – That the report be noted and Phil Davies be thanked for the update.

73 FOR INFORMATION

The Board gave consideration to items that had been included in the agenda for information;

- NHS Five Year Forward View
- Public Health England From evidence into action; opportunities to protect and improve the nation's health.

Resolved – That the items be noted and returned to in future meetings of the Health and Wellbeing Board.

74 **KEVIN CARBERY**

Councillor Phil Davies, Chair, referred to the impending departure of Kevin Carbery, Business Manager, Public Health who was leaving on Friday 14 , November, 2014. The Chair acknowledged the great help and support he had been to the Health and Wellbeing Board and on behalf of the Board offered him sincere thanks and very best wishes for the future.

75 **DATE OF NEXT FORMAL BOARD MEETING**

The next meeting of the Formal Board was to be held on Wednesday 1 March, 2015 at 4:00 pm, Committee Room, Town Hall, Wallasey.