

TRANSFORMATION AND RESOURCES

Surjit Tour, Head of Legal and Member Services
Wallasey Town Hall,
Brighton Street
Wirral
CH44 8ED

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Dear members of Health and Wellbeing Board,

HEALTH AND WELLBEING BOARD - WEDNESDAY, 15TH JUNE 2022

I am now able to enclose, for consideration at next meeting of the Health and Wellbeing Board, the following appendix which was omitted from the agenda by a clerical error.

Agenda No Item

10. **COMMUNITY, VOLUNTARY AND FAITH SECTOR UPDATE** (Pages 1 - 4)

Yours sincerely

Mike Jones, Principal Democratic Services Officer.

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Appendix 3

CVF RG Update

The initial emphasis will be on team formation around the establishment of appropriate infrastructure involving community hubs and family hubs and the full use of green space as set out in two reports to the HWBB on 9th February.

The report also gives notice of two further reports, one relating to the establishment of a locally led Wirral support network and one to the codesign of locally designed public health transport informed by the needs of health inequalities, especially mental health inequalities.

A first thoughts document is presented, seeking to provide a possible route whereby a continuous link from resident to community, to VCFSE organisations, and through to service provision, guided by legislation and best practice and supported by local, regional, and central government supported by impending legislation and best practice is formed around partnership working.

Through this continuous link the local and community voice will be heard.

All activities generated through these links and working partnerships are of importance and significance in community wealth building.

The Care Review – launched in March 2021 – was commissioned to take a fundamental look at Children’s Social Care, and to understand how to transform it to better support the most vulnerable children and families.

The final report by Josh MacAlister, calls for a reset of children’s social care so supporting families at most risk to stay together, with a focus on early help preventing them from reaching crisis point. It also states,

“We must grasp this unique moment to deliver ambitious reform, designed around children and families”

In response to this, one of the measures the government has set out included funding for councils in England to set up family hubs which offer early help and intervention. Subsequently Wirral have been successful in a bid for up to £1 million to create Family Hubs. The DfE Family Hubs programme provides a great starting point for Wirral.

Recommendations

1. Note the progress that has and is being made, more specifically the process as outlined in the first thoughts document. Appendix 1
2. Support the development of team formation for working in partnership, on a project-by- project basis.

3. Support the development of plans and programmes, with full HWBB consultation.
4. Support the preparation of business cases for local infrastructure development based on agreed social value principles.
5. Help support the establishment of a Local Investment Fund for the purpose of financing the development of community infrastructure to address health inequalities.
6. Consider the establishment of a pilot project across four communities covering a one-to-two-year period, with extensions to the programme as and when appropriate.
7. That this report is forwarded to the Integrated Care Board for their consideration.

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Recent White Papers on integration and on levelling up together with significant contributions and papers from the LGA, the NHS and established research organisations, without exception, point to the need to codesign new systems which focus entirely on partnership working involving communities and their residents. A short list of these documents is provided in the appendix.

1.2 The Public Health England 'Improving Access to Greenspace – A new Review for 2020' is unequivocal in calling for coproduction partnerships to develop and plan local greenspace strategies to improve health and wellbeing and reduce health inequalities.

1.3 These documents focus on the need for subsidiarity when establishing new systems through codesign.

1.4 Engaging with Elected Members, and through them, communities and residents will be a key step in system design at the level it is needed. A codesigned system introduced without resident and community ownership and input will not establish the level of ownership that is needed. The role of the CVSE sector working alongside EM's and recognising the individuality of communities will provide the basis for successful outcomes.

1.5 The principle aims of codesign will, and should be, a significant reduction overtime of health inequalities, to which the management and use of green space is of key importance.

1.6 Also of key importance is that the measurement of the impact and continued success of locally codesigned systems be used as the basis for investment and returns which arise using agreed social value criteria. Improving health inequalities will result in a measurable reduction of need and its cost. The earlier need is met at the level of the family and individual the less it will cost over time providing a local and significant cost saving.

1.7 Understanding and knowing what can be saved by early intervention and by utilising to the full local green space through codesign will be able to provide the justification for ongoing funding from accepted reductions in ongoing costs to meet needs.

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