



Health and Wellbeing Board

Date:	Thursday, 20 July 2023
Time:	2.00 p.m.
Venue:	Committee Room 1 - Birkenhead Town Hall

Contact Officer: Mike Jones, Principal Democratic Services Officer
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Website: <http://www.wirral.gov.uk>

Please note that public seating is limited therefore members of the public are encouraged to arrive in good time.

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This meeting will be webcast at
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AGENDA

1. WELCOME AND INTRODUCTION

The Chair welcomed everyone and read the webcast notice.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTERESTS

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

4. MINUTES (Pages 1 - 4)

To approve the accuracy of the minutes of the meeting held on 23 March 2023.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Monday 17 July 2023 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Monday 17 July 2023 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question/statement by the deadline for submission.

Petitions

Petitions may be presented to the Board if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Chair. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

Questions by Members

Questions by Members to be dealt with in accordance with Standing Orders 12.3 to 12.8.

- 6. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN UPDATE (Pages 5 - 10)**
- 7. WIRRAL COUNCIL FOR COMMUNITY VOLUNTARY AND FAITH SECTOR SERVICE (Pages 11 - 16)**
- 8. HEALTH AND WELLBEING BOARD MEMBERSHIP AND TERMS OF REFERENCE (Pages 17 - 34)**
- 9. WIRRAL PLACE UPDATE REPORT (Pages 35 - 52)**
- 10. COMMUNITY VOLUNTARY AND FAITH SECTOR REFERENCE GROUP UPDATE (Pages 53 - 72)**
- 11. WORK PROGRAMME (Pages 73 - 78)**

Terms of Reference

The terms of reference for this committee can be found at the end of this agenda.

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HEALTH AND WELLBEING BOARD

Thursday, 23 March 2023

PRESENT:

Councillor Janette Williamson	Chair
Mark Armstrong	Magenta Living
Simon Banks	Place Director, NHS Cheshire and Merseyside
Tony Bennett	Wirral Community Health and Care NHS Trust
Dave Bradburn	Director of Public Health, Wirral Council
Graham Hodgkinson	Director of Adult's Care and Strategic Commissioning, Wirral Council
Councillor Yvonne Nolan	Wirral Council
Paul Satoor, CEO	Wirral Council
Kirsteen Sheppard	Healthwatch Wirral
Matthew Swanborough	Wirral University Teaching Hospital
Simone White	Director of Children's Services, Wirral Council

Also in attendance:

Duane Chong, Barry Fox and Emily Harding	Community, Voluntary and Faith sector Reference Group
Neil Evans	Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside
Jane Harvey	Assistant Director: Consultant in Public Health
Bridget Hollingsworth	Head of Integrated Services, Wirral Council

1 **WELCOME AND INTRODUCTION**

The Chair welcomed everyone and read the webcast notice.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Dr Abel Adegoke, Chair of Primary Care Council
Councillor Tom Anderson, Wirral Council
Patsy Crocker, Wirral Chamber of Commerce
Louise Healey, Wirral Partnership Manager, DWP
Sir David Henshaw, Chair of Wirral University Teaching Hospital NHS Foundation Trust (WUTH)
Councillor Kathy Hodson, Wirral Council
Janelle Holmes, CEO of WUTH (represented by Matthew Swanborough, Chief Strategy Officer)
Karen Howell, Wirral Community Health and Care NHS Trust (represented by Tony Bennett, Chief Strategy Officer)
Councillor A Onwuemene, Wirral Council
Mark Thomas, Merseyside Fire and Rescue

3 **DECLARATIONS OF INTERESTS**

There were no declarations of interests.

4 MINUTES

Resolved - That the minutes of the meeting of the Health and Wellbeing Board on 21 December 2022 be agreed as a correct record.

5 PUBLIC AND MEMBER QUESTIONS

No questions, statements or petitions were received.

6 WIRRAL PLACE UPDATE

The Place Director (Wirral), NHS Cheshire And Merseyside, introduced his report which updated the Board on the development of Wirral as a “place” within the Integrated Care System (ICS) and of the working arrangements of NHS Cheshire and Merseyside in the borough. The roles of the Health and Wellbeing Board to provide strategic oversight for matters pertaining to health and social care was noted along with the role of the Place Based Partnership Board concerning itself with delivery, and that their roles were developing as the governance matured and delegation was established. Updates would be provided in the future.

Resolved - That

- (1) this report be noted and similar updates be received at future meetings.**
- (2) the minutes of the Wirral Place Based Partnership Board held on 10th November 2022, 8th December 2022 and 12th January 2023 be noted.**
- (3) the minutes of the Wirral Place Based Partnership Board from 9th February 2023 and 9th March 2023 be received when approved.**

7 WIRRAL HEALTH PROTECTION STRATEGY

The Director of Public Health and the Head of Health Protection updated the Board on the partnership work undertaken to develop a Wirral Health Protection Strategy. The Covid-19 pandemic had heightened the profile of health protection and provided significant lessons for Wirral’s Health Protection Board which worked with partners and the UK Health Security Agency. The local strategic approach to health protection in Wirral was being refreshed as a result, to become the Health Protection Strategy to tackle infectious diseases and other environmental pollution effects.

Resolved - That the Wirral Health Protection Strategy 2023-2027 and Delivery Plan be endorsed and an annual report be provided with an update on progress.

8 BETTER CARE FUND (BCF) PLAN

The Head of Integrated Services introduced this report which provided assurance that the 2022/23 Better Care Fund Plan had met its requirements and was approved by the National Health Service England (NHSE). The aims of the Fund Plan were outlined, supporting people in their homes and communities rather than in hospitals.

Resolved - That Wirral's Better Care Fund Plan for 2022/23 be noted and accepted.

9 INTERIM CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY

The Place Director (Wirral), NHS Cheshire And Merseyside, and the Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside, presented the report of the Place Director (Wirral), NHS Cheshire And Merseyside, which provided an update on the development of the Interim Cheshire and Merseyside Health and Care Partnership Strategy and plans for 2023/24. The Strategy was amalgamated from existing Strategies and was to be finalised in June 2023 but was to be shared with stakeholders in April 2023 before formal approval by this Board and the Integrated Care Board. There would also be a five year plan to be renewed at the end of March each year. The four delivery programmes were outlined.

The Chair, recognising the Board would not meet again until July, suggested an additional recommendation to delegate authority to the Director of Adult Social Care and Health in consultation with the Chair of the Health and Wellbeing Board to give final approval. The final draft version would be circulated to colleagues for comments.

Resolved - That

- (1) the update on the development of the Interim Cheshire and Merseyside Health and Care Partnership Strategy and plans for 2023/24 be noted;**
- (2) delegated authority be given to the Director of Adult Social Care and Health in consultation with the Chair of the Health and Wellbeing Board to give final approval.**

10 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN UPDATE

The Assistant Director: Consultant in Public Health presented the report of the Director of Public Health which summarised the plan to implement the next phase of the Health and Wellbeing Strategy for 2022–2027, which was endeavouring to bring together elements that were working to reduce inequalities and produce population-level health outcomes. The four priorities were set out and the leadership structure that would help monitor and drive progress.

Resolved - That the implementation plan be noted and approved.

11 COMMUNITY VOLUNTARY AND FAITH SECTOR REFERENCE GROUP UPDATE

Representatives of the Community, Voluntary and Faith sector Reference Group presented the report of the Director of Law and Governance which provided updates from the Group on their work to deliver prototypes of support arrangements at community level in line with legislation and guidance. In particular was the development of Community Hubs. Two further areas of work, in support of the principles and application of working together in partnership, were presented, being the People Plan for Nature and Street Safety tackling antisocial behaviour.

Resolved - That

- (1) the continuing progress of the CVF Reference Groups work on Community Hubs, Family Hubs and Green and Open Spaces be noted;**
- (2) the contents of the attached reports, and the continuing involvement and support to the delivery of the Council's approved Health and Wellbeing Strategy and to the continued development of work for engagement with communities and residents be noted.**

12 WORK PROGRAMME

The Head of Legal Services presented the report of the Director of Law and Governance which gave the proposed work programme for the following Municipal Year.

Resolved - That the proposed Health and Wellbeing Board work programme for the remainder of the 2022/23 municipal year be noted.



HEALTH AND WELLBEING BOARD

20th July 2023

REPORT TITLE:	HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN UPDATE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides an update on the implementation of the Health and Wellbeing Strategy 2022–2027. Building on the leadership model that was outlined in the previous report to the board on 23rd March 2023, the report summarises key areas of progress to date, along with the proposed next steps.

The priorities of the Health and Wellbeing Strategy are aligned to the ambitions of the Wirral Plan 2021-2026 and will inform the themes of the forthcoming refresh to the Wirral Plan.

This matter affects all wards within the borough. It is not a key decision.

RECOMMENDATION

The Health and Wellbeing Board is recommended to note the progress update and to approve the next steps.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report gives an update on the progress of the work taking place to implement the Wirral Health and Wellbeing Strategy which was developed in collaboration and published in September 2022. The Strategy will support the Health and Wellbeing Board to fulfil its statutory duties and enable it to hold the wider system to account in order to maximise health outcomes for local people.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 National guidance sets out the requirement for Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy. No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 set out the statutory duty of Health and Wellbeing Boards to produce a Health and Wellbeing Strategy that would influence policy, commissioning and services beyond the health and care sector, in order to make a real impact upon the wider determinants of health. Wirral's Health and Wellbeing Strategy 2022-2027 was approved by the Health and Wellbeing Board on 29th September 2022. The full strategy can be found here: <https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy-2022-27>.
- 3.2 The priorities of the Health and Wellbeing Strategy are aligned to the ambitions of the Wirral Plan 2021-2026 and will inform the themes of the forthcoming refresh to the Wirral Plan. Through 'Priority Area 2' in particular, there are strong links through to the Wirral Place Health and Care Plan.
- 3.3 The Strategy describes five key priorities for the Health and Wellbeing Board to focus joint efforts across the Wirral system to improve the health of the local population and to address local inequalities. The priority areas are as follows:
- Create opportunities to get the best health outcomes from the economy and regeneration programmes.
 - Strengthen health and care action to address differences in health outcomes.
 - Ensure the best start in life for all children and young people.
 - Create safe and healthy places for people to live that protect health and promote a good standard of living.
 - Create a culture of health and wellbeing, listening to residents and working with partners (an 'enabling factor' that runs through each of the other priority areas)
- 3.4 The themes and priorities of the strategy were agreed and developed locally by the partners that made up the Health and Wellbeing Strategy Working Group, which has now evolved into the Implementation Group, and were closely informed by Wirral's Joint Strategic Needs Assessment (JSNA) and the recommendations of the recent Marmot report for Cheshire & Merseyside, "All Together Fairer". Resident input was

obtained via a programme of qualitative insight to inform the strategy themes and priorities.

3.5 The proposed leadership structure of each priority theme area, with both a named 'system' lead and a named Public Health lead was approved at the meeting of the Health and Wellbeing Board on the 23 March 2023. This structure enables the combination of essential Public Health leadership skills with a system lead who will have a greater depth of knowledge and experience within each of the themed areas. It was agreed that this structure would provide the best chance of driving and achieving progress and creating meaningful and tangible benefits for the local population. The Director of Public Health remains as the Senior Responsible Officer for the overarching strategy, whilst individual directors across the Council and local NHS have taken responsibility for having a Senior Responsible Officer role for each of the four priority areas.

- 3.6 The joint leads are responsible for:
- Assessing the current 'state of play' within the priority theme, including an updated picture of existing routes and structures through which to exert influence.
 - Agreeing the areas to focus on for most potential gain (i.e., for most impact on inequalities and/or largest shift in population health outcomes);
 - Identifying what is required from the wider Wirral system to achieve gain in that area.
 - Overseeing the development of plans to address the key areas, crossing into the other priority theme areas wherever relevant.
 - Identifying the quantitative and qualitative markers that will show evidence of progress within the priority theme areas; and
 - Escalating issues/barriers/support needs through the Health and Wellbeing Strategy Implementation Group and reporting progress through this and the Health and Wellbeing Board.

3.7 The joint leads for each of the four priority areas have been identified and have been working closely together for several weeks. At the meeting of the Health and Wellbeing Strategy Implementation Group (HWBSIG) on 15th May 2023 the joint leads for each priority area were asked to provide their assessment of where to focus for the biggest potential impact, what the roles of other leaders within the wider Wirral system might be and what the next steps would be. The joint leads were asked to propose two to three 'game-changers' (i.e. areas for focussed system-wide effort where a real impact on inequalities and/or population health might be achieved). The 'game changers' presented at the meeting were as follows:

Priority area	Proposed 'game-changer'
P1. Create opportunities to get the best health outcomes from the economy and regeneration programmes	1. Increasing job opportunities for unemployed / vulnerable residents 2. Refocussing procurement spending power to support local supply chains
P2. Strengthen health and care action to address	1. Implementation of a CORE20Plus5 delivery plan, focussing on cardiovascular disease

differences in health outcomes	2. Community led approach to reducing poor health outcomes - Wirral Neighbourhoods Model
P3. Ensure the best start in life for all children and young people	1. Early years and school readiness 2. Family help
P4. Create safe and healthy places for people to live that protect health and promote a good standard of living	1. Fuel poverty 2. Violence reduction 3. Social regeneration to go hand-in-hand with physical regeneration.

- 3.6 Following an in-depth and engaging discussion at the HWBSIG in May 2023, members agreed on the importance of all of the proposed ‘game-changers’. It was acknowledged that a great deal of local work is already taking place in each of the areas and that this would be enhanced by the implementation of this Strategy. A crucial role for the Implementation Group and the joint leads is to identify and share the good practice that already exists in Wirral, with a view to amplifying, strengthening, and joining that practice together more strongly in order to make ‘greater’ gains. This will require all partners to take responsibility for progressing specific actions that will make a tangible contribution to the ‘game changer’.
- 3.7 Despite the unanimous support for the proposed list of nine ‘game changers’, it was strongly recommended that further work was required to bring various proposals together into one or two overarching areas for greater impact across the wider Wirral system and a more meaningful/tangible benefit for our residents. Members also identified the potential for gains in multiple areas at once through focussing partnership efforts into one or two main programmes of work.
- 3.8 Based on both the discussions from the HWBSIG meetings, and those that have taken place with partners since, one key area in which to focus is a new and more widely owned system effort, of increasing access to employment and being supported to secure ‘good’ ongoing employment, with particular emphasis on Wirral’s more vulnerable population groups/residents. In order to explore this further and to gain concrete commitment to actions amongst system partners, the next meeting of the HWBSIG in July 2023 will take the form of a targeted workshop.
- 3.9 To support the work of the Strategy, a new model for wrapping all available insight and intelligence around the key emerging themes is currently being developed. In support of the employment theme highlighted above, this is where the initial intelligence model will focus. Together with the new intelligence model, the joint leads have been tasked with identifying the markers of success, i.e., how will it be known when this work is having a true impact.
- 3.10 A programme of training/engagement/awareness-raising for members of the Health and Wellbeing Board will also be developed as a way of equipping members with the necessary context and key information to enable them to challenge and support to maximum effect.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Implementation of the Strategy will include aligning existing resources more appropriately and using the Strategy to lever in and focus additional resources across the system.

5.0 LEGAL IMPLICATIONS

- 5.1 Development of a Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act 2012, and should set out the vision, priorities and action agreed by the Health and Wellbeing Board to meet the needs identified within the joint strategic needs assessment and to improve the health, care, and wellbeing of local communities, whilst reducing health inequalities.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There is a need for ongoing commitment from Council officers along with a wide range of partners to deliver the priorities within the Health and Wellbeing Strategy. The roles of joint leads for each priority area will require significant focus and capacity.

7.0 RELEVANT RISKS

- 7.1 Any risks related to the implementation of the Health and Wellbeing Strategy will be identified via the Health and Wellbeing Implementation Group and reported to the Health and Wellbeing Board where necessary.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The themes and priorities of the Strategy were agreed and developed locally by the partners that made up the Health and Wellbeing Strategy Working Group, which has now evolved into the Implementation Group, and were closely informed by Wirral's Joint Strategic Needs Assessment and the recommendations of the recent Marmot report for Cheshire & Merseyside, "All Together Fairer". Resident input was obtained via a programme of qualitative insight to inform the Strategy themes and priorities.
- 8.2 The Strategy is being delivered in partnership with representatives across the Wirral system. The voice of Wirral residents and communities will continue to be reflected in the implementation of the Strategy through an ongoing programme of engagement, to ensure the Strategy remains relevant and impactful.

9.0 EQUALITY IMPLICATIONS

- 9.1 The Health and Wellbeing Strategy has been underpinned by equality and diversity impact assessments and strives to address the inequalities that have been highlighted. Ongoing impact assessment of the Strategy implementation will be undertaken to ensure that equality and diversity impacts are considered and addressed. An Equality Impact Assessment for the Health and Wellbeing Strategy can be located at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The link between both internal and external environments and health is well-evidenced. The delivery of the Health and Wellbeing Strategy will support and supplement the 'Cool Wirral 2' partnership strategy to tackle climate impacts. Work with partners to tackle indoor air pollution will also be important.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Health and Wellbeing Strategy will support the delivery of the concepts of community wealth building e.g., community resilience increasing local employment opportunities.

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APPENDICES

N/A

BACKGROUND PAPERS

- <https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy-2022-27>

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with Section b of its Terms of Reference:

- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	23 March 2023 29 September 2022 15 June 2022 23 March 2022 9 February 2022 3 November 2021



Health and Wellbeing Board

20th July 2023

REPORT TITLE:	WIRRAL COUNCIL FOR COMMUNITY VOLUNTARY AND FAITH SECTOR SERVICE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides an update to the Health and Wellbeing Board on developments within the community, voluntary and faith sector (CVF), and a new commission by Public Health with Wirral Council for Community Voluntary and Faith Sector Service (Wirral CVS), to deliver a programme of activity to support collaboration between key system partners and the CVF sector.

The commission will support the delivery of Wirral's Health and Wellbeing Strategy 2022-27, across all five priorities, but in particular to 'Create a culture of health and wellbeing, listening to residents and working together'. It will also contribute directly and indirectly to delivering the following themes of the Wirral Plan:

- Brighter Futures
- Inclusive Economy
- Safe and Pleasant Communities
- Active and Healthy Lives

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the information contained within this report and acknowledge and support the work that Wirral CVS will be undertaking to support the CVF sector and deliver positive outcomes for Wirral residents.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Under the leadership of the Health and Wellbeing Board, a programme of work has taken place to understand the needs of the community, voluntary and faith sector (CVF) sector and how existing partnerships could be strengthened. This report provides an update to the Health and Wellbeing Board on the outcomes and developments as a result of this work.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Given the role of the Health and Wellbeing Board and the importance of the CVF sector in delivering the Health and Wellbeing Strategy, it is relevant to provide the Board with an update on the developments. Alternative options were therefore not considered.

3.0 BACKGROUND INFORMATION

- 3.1 In January 2020, recognising the changed landscape, a programme of work was initiated under the leadership of the Health and Wellbeing Board to understand the needs of the Wirral CVF sector and how the existing partnerships could be developed further.
- 3.2 The Humanitarian Cell established during the COVID-19 pandemic enabled a different way of working with the sector which was more open and transparent. This was recognised and appreciated by the sector and provided further opportunity to build upon this learning moving forward.
- 3.3 With endorsement from the Health and Wellbeing Board, a programme of work took place with wide sector engagement, identifying a consensus for a new relationship between the CVF and the public sector, and determining the following ambitions:
- The development of an 'Memorandum of Understanding' style agreement between the public sector and the CVF sector.
 - A desire to move towards a collective investment fund to drive outcome led, and collaborative, delivery of services by the sector, on behalf of the council and potentially the wider partnership, moving away from the current procurement model.
 - A need to provide tailored engagement and support to the various components of the diverse CVF sector.
- 3.4 Through a series of workshops, a CVF working group and engagement with the wider sector, the first Wirral sector led plan, 'Community, Voluntary and Faith Sector Coming Together' was developed. The CVF Coming Together Plan focusses on the opportunities and challenges facing the sector and the borough, and was presented to Wirral Health and Wellbeing Board in December 2021, with the following recommendations endorsed by the Board:
- Recognition and endorsement of Wirral CVS is requested of system partners from the CVF Sector.

- Endorsement of the CVF Plan and to work together to identify and secure an appropriate level of funding to be allocated.
 - Commitment to meaningful co-design with the CVF Sector.
 - A named Senior Lead to act as a champion within every partner organisation to support the above points.
- 3.3 Wirral CVS has been commissioned by Wirral Council earlier this year to lead on the delivery of the CVF Coming Together Plan, and a 1-year contract was issued in May 2023, funded by the Public Health Grant.
- 3.4 Wirral CVS**
- 3.5 Wirral CVS is a charitable incorporated organisation (CIO) established by and for Wirral's CVF Sector, and provides support across four key pillars of activity:
- **Leadership and advocacy** - Mobilising and encouraging community action, strengthening the sector voice and influence on key decision-makers and funders. Supporting community leaders on their journey.
 - **Partnerships & collaborations** - creating opportunities and driving effective joint working by building networks of local organisations and strategic partners – achieving more together.
 - **Community development** - providing practical support and opportunities for people to develop skills in their local community, so that they can achieve their goals and aspirations. Anything from writing a constitution or setting up a bank account through to bid writing and strategic planning.
 - **Volunteering** - building an environment in which volunteers and their communities thrive, by encouraging and nurturing volunteering opportunities.
- 3.6 Any CVF organisation in Wirral can become a member of Wirral CVS, at no cost, and help shape and drive what the organisation does. The Board of Trustees are members, and are elected by members, to take responsibility for delivering the sector led strategy.
- 3.7 Wirral CVS represent the sector at the Liverpool City Region Voluntary Sector 6 meetings. This group allows for vital funding to be brought into the borough for the benefit of local CVF organisations which otherwise could not have been accessed.
- 3.8 Wirral CVS has been working with local organisations across the partnership to mobilise and bring the sector together collectively to access funding and build relationships. An example of this is the new Wirral Mental Health Alliance. Wirral CVS brought together over ninety local CVF organisations both big and small to collaborate to access funding through the alliance, providing valuable access to resources which many organisations may have traditionally missed through a grants programme.
- 3.9 Under the Council contract, Wirral CVS will deliver a programme of activity over a twelve-month period to co-ordinate and support collaboration between key system partners and the CVF Sector in Wirral, aiding delivery of the Wirral Plan, Wirral's Health and Wellbeing Strategy and the place-based priorities including the developing neighbourhood's programme. Wirral CVS will also provide a regular State of the Sector survey to ensure that up-to-date information is available about the breadth of Wirral's CVF sector, its impact, challenges, and opportunities.

3.10 The programme of delivery by Wirral CVS is designed to deliver the specification from the Council and required outcomes over the 1-year period, across the following key themes:

- Supporting small groups to sustain and grow.
- Supporting neighbourhood working.
- Supporting the delivery of the Health and Wellbeing Strategy.
- Supporting Volunteering and Community Development.

4.0 FINANCIAL IMPLICATIONS

4.1 Wirral CVS current 1-year contract with the Council is funded through the Public Health grant. The value of the Public Health grant for 2023/24 has been confirmed and this cost accounted for within the ring-fenced budget.

5.0 LEGAL IMPLICATIONS

5.1 There is a legal duty under the Health and Social Care Act 2012 for Health and Wellbeing Boards to publish a joint local health and wellbeing strategy, which sets out the priorities for improving the health and wellbeing of the local population and how identified needs will be addressed, including addressing health inequalities, reflecting evidence of the Joint Strategic Needs Assessment. Working in partnership with the CVF sector is key to delivering Wirral's Health and Wellbeing Strategy 2022 – 2027.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no staffing implications for the Council arising out of the recommendations set out in this report.

7.0 RELEVANT RISKS

7.1 Any risks regarding the commissioned service will be managed through the Council's contracting and procurement procedures.

8.0 ENGAGEMENT/CONSULTATION

8.1 The services described within this report are designed based on, and in response to findings from a range of insight, including research conducted with local communities and through working with the CVF Sector Forum, and wider CVF sector in Wirral.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.

9.2 The Equality Impact Assessment relating to this service can be found here: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The link between both internal and external environments and health is well-evidenced. The CVF sector will continue to make positive contributions to the delivery of Wirral's Health and Wellbeing Strategy 2022-2027, which will support environmental and climate strategies, for example, the 'Cool Wirral 2' partnership strategy to tackle climate impacts.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The activities that will be led and delivered by Wirral CVS will improve the health and social outcomes of some of the borough's most vulnerable residents. This will allow trusted, third sector organisations to increase the capacity of their services and support those communities most in need.

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APPENDICES

N/A

BACKGROUND PAPERS

Wirral CVF Coming Together Plan

TERMS OF REFERENCE

This report applies to section B of the Board's Terms of Reference:

- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	15 th June 2022
Health and Wellbeing Board	15 th December 2021
Health and Wellbeing Board	29 th September 2021
Health and Wellbeing Board	20 th July 2021
Health and Wellbeing Board	31 st March 2021

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HEALTH AND WELLBEING BOARD

Thursday, 20 July 2023

REPORT TITLE:	HEALTH AND WELLBEING BOARD MEMBERSHIP AND TERMS OF REFERENCE
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

This report provides the Health and Wellbeing Board with an opportunity to:

1. review its formal membership as contained within the Wirral Council Constitution
2. note its Terms of Reference

and propose any amendments to the Constitution and Standards Committee.

One of the key themes in the Wirral Plan 2021-2026 is to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives. By having active, effective partnerships on the Board and developing strategies in partnership to combat health inequalities and enable more effective working, the Board will contribute to the key priorities set out within the current Wirral plan. Reviewing the membership and terms of reference can help facilitate this.

This matter relates to all Wards within the Borough and is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

- (1)
 - (i) note the Health and Wellbeing Board’s current membership,
 - (ii) review the co-opted membership of the Committee for the 23/24 municipal year and
 - (iii) recommend to Constitution and Standards Committee the following changes in the core and appointed membership list of the Health and Wellbeing Board:

Removal of:

the Chair of Wirral NHS Clinical Commissioning Group;
 a Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England;

Representatives from the three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan.

Replacement of:

‘Accountable Officer of Wirral Clinical Commissioning Group’ with ‘Integrated Care Board Place Director’.

- 'Chief Executive, Voluntary & Community Action Wirral' with 'a representative as nominated by the Community, Voluntary, Faith and Social Enterprise sector'.
- (2) note the Health and Wellbeing Board's Terms of Reference.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To make the Board aware of its membership and to clarify which members have voting rights.
- 1.2 To enable the Board to consider its membership to ensure that the Terms of Reference and remit of the Board is supported, whilst acknowledging changes in organisational structures since the Board was instituted.
- 1.3 To enable to Board to note its Terms of Reference.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 An alternative option was to not update the Board on its membership. However, updating the Board on its current membership assists in the effective management of its meetings and ensures the Board are utilising its ability to co-opt additional members and removing any co-optees no longer as relevant, and allows the list to be updated following changes such as the cessation of the Clinical Commissioning Group and the changing of some job titles or organisations.
- 2.2 The Terms of Reference could not be reviewed but a new Municipal Year seemed an appropriate time for consideration of any change.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 sets out that a local authority must establish a Health and Wellbeing Board for its area and prescribes the membership must contain a minimum of that outlined at 3.2.
- 3.2
 - (a) at least one councillor of the local authority
 - (b) the director of adult social services for the local authority
 - (c) the director of children's services for the local authority
 - (d) the director of public health for the local authority
 - (e) a representative of the Local Healthwatch organisation for the area of the local authority
 - (f) a representative of each relevant clinical commissioning group (n.b. It should be noted that CCGs no longer exist within the NHS infrastructure)
 - (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.
- 3.3 Health and Wellbeing Boards (HWBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013.
- 3.4 The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

- 3.5 In this new landscape, HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.
- 3.6 It is important that Wirral's Health and Wellbeing Board reflects the Council's operating Executive arrangements, and those of other partners.
- 3.7 At its meeting on 25 May 2022, the Council adopted a revised Constitution within which contained the Terms of Reference and membership of the Health and Wellbeing Board. The membership is included below.

3.8 **Current Core Membership**

- (i) Five (5) elected Members of Wirral Borough Council, being the:
- (1) Leader (or Deputy Leader) of the Council.
 - (2) The Chair (or Vice Chair) of the Adult Social Care and Public Health Committee.
 - (3) The Chair (or Vice Chair) of the Children, Young People and Education Committee; and
 - (4) The leaders (or nominee) of the two largest opposition Political Groups.
- (i) the Chief Executive of Wirral Borough Council.
- (ii) the Director of Adult Social Services of Wirral Borough Council.
- (iii) the Director of Children's Services of Wirral Borough Council.
- (iv) the Director of Public Health of Wirral Borough Council.
- (v) the Chair of Wirral NHS Clinical Commissioning Group.
- (vi) the Accountable Officer of Wirral Clinical Commissioning Group.
- (vii) a representative of HealthWatch; and
- (viii) a Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England

Current Appointed Membership

- (i) A senior officer of Wirral Borough Council responsible for housing policy and services.
- (ii) Chief Executive, Voluntary & Community Action Wirral.
- (iii) Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust.
- (iv) Chief Executive, Wirral Community NHS Foundation Trust.
- (v) Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust.
- (vi) Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust.
- (vii) Representatives from the three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan.
- (viii) Representative from Merseyside Police.
- (ix) Representative from Merseyside Fire & Rescue Service; and
- (x) Representative from Jobcentre Plus.
- (xi) Chairs of the local NHS Trusts (co-opted).
- (xii) Chair of the Primary Care Council (co-opted).
- (xiii) Principal of Wirral Metropolitan College (co-opted).
- (xiv) Magenta Living (co-opted).
- (xv) Wirral Chamber of Commerce (co-opted).

- 3.6 The Health and Wellbeing Board is a partnership body and has historically invited attendees from various organisations to participate in meetings or be co-opted to the Board to support effective decision-making.
- 3.7 This report also provides an opportunity to review the number and range of co-opted individuals and organisations for the remainder of the 2023/2024 Municipal Year. Attendance by appointed organisations has been very low.
- 3.8 This report also gives the Board an opportunity to make recommendations for amendments to its core membership to the Constitution and Standards Committee.

Suggested membership changes

- 3.9 Suggested amendments to be recommended to Constitution and Standards Committee include:

Removal of:

the Chair of Wirral NHS Clinical Commissioning Group. (as the CCG no longer exists);

a Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England (as the Local Area Teams no longer exist);

Representatives from the three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan. (as the CCG no longer exists).

Replacement of (to reflect changes in job titles or organisations):

'Accountable Officer of Wirral Clinical Commissioning Group' with 'Integrated Care Board Place Director'.

'Chief Executive, Voluntary & Community Action Wirral' with 'a representative as nominated by the Community, Voluntary, Faith and Social Enterprise sector'.

'The Director of Adult Social Services of Wirral Borough Council' be amended to 'The Director of Adults, Health, and Strategic Commissioning'.

'The Director of Children's Services of Wirral Borough Council' be amended to the 'Director of Child, Family and Education'.

Terms of Reference

- 3.10 Health and Wellbeing Boards (HWBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013.
- 3.11 The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs).
- 3.12 In this new landscape, HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.
- 3.13 This non-statutory guidance (attached as Appendix 2) sets out the roles and duties of HWBs and clarifies their purpose within the new system architecture. It accompanies previously published [statutory guidance](#) on joint strategic needs

assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs). The Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. Statutory guidance on JSNAs and JLHWSs currently remains unchanged.

- 3.14 The current Terms of Reference are reproduced in Appendix 1 for information and consideration.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications.

5.0 LEGAL IMPLICATIONS

- 5.1 Any individual co-opted to the Health and Wellbeing Board will be a non-voting member.
- 5.2 Changes to the formal membership as defined in the Constitution would require endorsement by the Constitution and Standards Committee and approval by Council.
- 5.3 The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications.

7.0 RELEVANT RISKS

- 7.1 Having an unclear membership risks decision making not being taken in accordance with the defined Terms of Reference.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 No additional consultation has been undertaken.

9.0 EQUALITY IMPLICATIONS

- 9.1 There are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no environmental and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 There are no direct implications for community wealth as a result of this report.

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APPENDICES

Appendix 1 – Health and Wellbeing Board - Terms of Reference
Appendix 2 – Role and purpose of Health and Wellbeing Boards from the Department of Health and Social Care

BACKGROUND PAPERS

The Health and Social Care Act 2012
Council Constitution
Guidance on Health and Wellbeing Boards
(<https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance>)

TERMS OF REFERENCE

By ensuring its membership is effective and representative, the report aims to enable the Board to meet the following term of reference:

- i. To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	16 June 2021

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Health and Wellbeing Board – Terms of Reference

The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- (a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place
- (e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- (f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- (g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- (h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- (i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- (j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

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Role and purpose of health and wellbeing boards

HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. The Local Government Association (LGA) has [revised its support offer to HWB chairs and other lead members](#) focusing on the implications of integrated care systems. The LGA has also developed several [case studies](#) that highlight the ways in which HWBs have been working to improve planning, service delivery and outcomes for their local populations. The government has also published [guidance on place-based approaches](#) to reducing health inequalities.

Along with the HWB's other statutory functions, the functions of a local authority and its partner ICBs (under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007) are to be exercised by the HWB established by the local authority. [footnote 1](#)

Following the Health and Care Act 2022, clinical commissioning groups (CCGs) are abolished with effect from 1 July 2022 and ICBs take on their commissioning functions. The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs, rather than CCGs. HWBs can continue, at their discretion, to invite other organisations to join the HWB including, for example:

- the voluntary, community and social enterprise (VCSE) and business sectors
- children's and adult social care
- healthcare providers

The HWB should therefore be a forum for discussions about strategic and operational co-ordination in the delivery of services already commissioned.

HWBs should review their membership following the establishment of ICBs and ICPs and their associated functions and duties. Any changes should reflect local circumstances and priorities and continue to meet the statutory requirements.

In the few areas where the ICP and HWB are coterminous (cover the same geographical boundaries), it may be appropriate for the HWB and ICP to have the same members. This can be done, for example, by one part of the meeting formally being of the HWB, and the other part of the ICP. However, both have different statutory functions which each will be required to fulfil.

Along with other local leaders, HWBs will continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government. This involves working effectively with local leaders, including place-based partnerships. Adopted ways of working should reflect local priorities and circumstances. Different partners may have different geographical footprints and governance structures and should therefore work together and ensure there is clarity on their respective roles. How HWBs work with place-based partnerships will vary, but HWBs can and should have an important role.

Joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs)

HWBs continue to be responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans

Each HWB also has a separate statutory duty^{[footnote 21](#)} to develop a pharmaceutical needs assessment (PNA) for their area, for which separate guidance is available (see [Pharmaceutical needs assessments: information pack](#)). A PNA cannot be subsumed as part of JSNA and JLHWS but can be annexed to them.

The [statutory guidance](#) explaining the duties and powers in relation to JSNAs and JLHWSs currently remains unchanged.

JSNAs and JLHWSs are the vehicles for ensuring that the needs and the local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the local population and should be kept up to date regularly. The JLHWS sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the JSNA. They are not an end in themselves, but a regular process of strategic assessment and planning.

Local authorities and ICBs must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions. NHS England must have regard to the relevant JSNAs and JLHWSs so far as relevant, in exercising any

functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority.

Joint strategic needs assessments (JSNAs)

In developing JSNAs, we expect HWBs to engage with any person, group or organisation agreed appropriate. They should involve the local community, representative organisations and consider wider social, environmental and economic factors which might impact on health and wellbeing across all demographics. HWBs should consider groups that might be excluded from engagement, such as inclusion health groups, those who face other forms of social exclusion, transient populations, people at risk of homelessness, babies, children and young people, and unpaid carers, including those who provide care to people in the HWB place but live outside it. Inclusion health is a term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases); see [Inclusion Health: applying All Our Health](#).

JSNAs should also be informed by research, evidence, local insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes, for example care-experienced children and young people); and wider issues that affect health such as housing or risk of homelessness, employment, education, crime, community safety, transport or planning. Evidence can be identified through public services data that identifies risk of homelessness and the Office for Health Improvement and Disparities (OHID) inclusion health monitoring system, to be launched in 2023. The integrated care strategy, produced by the ICP, will also be informed by research to ensure alignment. HWBs should also consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research functions. [footnote 31](#)

Joint local health and wellbeing strategies (JLHWSs)

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities. The JLHWS is for the footprint of the local authority (with children's and adult social care and public health responsibilities).

HWBs will need to consider the integrated care strategies when preparing their own strategy (JLHWS) to ensure that they are complementary. Conversely, HWBs should

be active participants in the development of the integrated care strategy as this may also be useful for HWBs to consider in their development of their strategy.

When the HWB receives an integrated care strategy from the ICP, it does not need to refresh JLHWS if it considers that the existing JLHWS is sufficient.

The integrated care strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.

The introduction of integrated care strategies is an opportunity for JSNAs and JLHWSs to be revised and/or refreshed, to ensure that they remain effective tools for decision making at both place and system levels. This includes maximising the opportunities of digitalising the JSNA and improving its accessibility for a range of users, for example through easy-read formats.

Examples of both JSNA and JLHWS development in practice can be found in the Local Government Association (LGA) document, [What a difference a place makes](#).

The relationship between health and wellbeing boards and integrated care systems: continuity and change

As a minimum we expect all partners – the HWBs, ICBs and ICPs – to adopt a set of principles in developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities

ICB and ICP leaders within local systems, informed by the people in their local communities, need to have regard for and build on the work of HWBs to maximise the value of place based collaboration and integration, and reduce the risk of duplication. They should ensure that action at system-wide level adds value to the action at place level, and they are all aligned in understanding what is best for their population. ICB and ICP strategies and priorities should not detract from or undermine the local collaboration at place level. In an effective health and care system the ICP should build upon the existing work by HWBs and any place-based

partnerships to integrate services. Working together at system level is helpful for issues that benefit from being tackled at scale.

Following the principle of subsidiarity, apart from those which are often best approached at system level (for example, workforce planning, or data and intelligence sharing), decisions should continue to be made as close as possible to local communities. Examples of how this works in practice can be accessed through the following resources: [West Yorkshire Health and Care Partnership](#) and [Effective working across neighbourhood, place and system](#).

Continuity

HWBs and local authorities

Each local authority with statutory children's and adult social care and public health responsibilities has had a HWB in place since 1 April 2013, though many shadow boards were in operation before then. District councils may create a HWB either as a subcommittee of a statutory HWB or as a local committee, though they are not required by statute to do so. HWBs can decide to jointly carry out their functions with one or more other HWBs.

They may, for example, choose to set up a joint committee. Several local authorities have created joint HWBs across a wider footprint in order to address strategic priorities. Case studies of these joint HWBs as an example can be accessed through this [LGA resource](#) (see Case studies: Developing joint health and wellbeing board arrangements).

HWBs and pooled and aligned budgets

HWBs do not commission health services themselves and do not have their own budget but play an important role in informing the allocation of local resources. This includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area.

Their role in joining up the health and care system and driving integration will not be changed by the establishment of ICBs. Executives with lead responsibility for commissioning or operational delivery at place may continue to come together as members of the HWB, supporting integration.

HWBs and ICBs

HWBs will continue the relationships they had with CCGs with ICBs. This includes:

- forward plans (replacing commissioning plans)
- annual reports

- performance assessments

Joint forward plans (replacing commissioning plans)

Before the start of each financial year, an ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year.

ICBs must involve HWBs as follows:

- joint forward plans for the ICB and its partner NHS trusts and NHS foundation trusts must set out any steps that the ICB proposes to take to implement any JLHWS
- ICBs and their partner NHS trusts and NHS foundation trusts must involve each relevant HWB in preparing or revising their forward plans
- in particular, the HWB must be provided with a draft of the forward plan, and the ICB must consult with the HWB on whether the draft takes proper account of each relevant JLHWS
- following consultation, any HWB within the ICB's area has the right to respond to the ICB and may give its opinion to NHS England
- within the ICB's forward plan, it must include a statement from the HWB as to whether the JLHWS has been taken proper account of within the forward plan
- with the establishment of ICBs and the abolishment of CCGs, the former requirement for CCGs to share their commissioning plans with HWBs is now removed

Annual reports

ICBs are required as part of their annual reports to review any steps they have taken to implement any JLHWS to which they are required to have regard. In preparing this review, the ICB must consult each relevant HWB.

Performance assessments

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

Changes to previous arrangements

This section sets out the changes that apply to both ICPs and ICBs together in relation to their relationship with HWBs and also sets out the changes that impact each separately.

HWBs (and other place-based partnerships) will work with ICPs and ICBs to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities.

The Care Quality Commission's (CQC) reviews of integrated care systems will assess the provision of NHS care, public health and adult social care within the ICB area. They will consider how well the ICBs, local authorities and CQC registered providers discharge their functions in relation to the provision of care, as well as the functioning of the system as a whole, which will include the role of the ICP. The CQC is required to publish a report, providing an independent assessment of the health and care in integrated care systems.

HWBs and ICBs

Every ICB which is within the HWB's footprint will be represented on the HWB. It is important that the previous local knowledge, strategies and relationships developed by HWBs and CCGs are built upon in the new system. ICBs will need to ensure that there is the right balance between system-level and place-level working. Further information on how HWBs and ICPs/ICBs will work together is available through the 'Must Know' LGA resource: [Integrated health and care – How do you know your council is doing all it can to promote integration to improve health and social care outcomes at a time of change?](#)

Joint capital resource use plans

ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWB.

This is a new duty on an ICB not previously required of a CCG.

It is intended that in sharing these with HWBs, there will be opportunity to align local priorities and provide consistency with strategic aims and plans.

HWBs and ICPs

Each ICP will, as a minimum, be a statutory joint committee of an ICB and each responsible local authority within the ICB's area. The ICP can appoint any other members as it sees fit. We expect that for ICPs to be effective, they will need to have a broad membership. These should build on existing partnership arrangements.

As outlined previously, where the HWB and ICP are coterminous (cover the same geographical boundaries), it may be appropriate to bring the HWB and ICP together, although each will need to fulfil its own statutory functions. The relationship between an ICP and HWBs will vary depending on the number of HWBs in the system, their maturity, and the existing partnership arrangements.

ICPs should use the insight and data held by HWBs in developing the integrated care strategy. JSNAs will be used by ICPs to develop the integrated care strategy, identifying where the assessed needs within the JSNA can be met by local

authorities, ICBs or NHS England in exercising their functions. The 5-year joint forward plan, produced by the ICB and its partner NHS trusts or NHS foundation trusts, must set out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the integrated care strategy when exercising any of its functions.

We expect HWBs and ICPs to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy that will tackle those challenges that are best dealt with at a system level (for example, workforce planning, or data and intelligence sharing). The expectation is that all HWBs in an ICB area will be involved in the preparation of the integrated care strategy. There is flexibility in how this will happen in different areas. ICPs will need to ensure that there are mechanisms within their system to ensure collective input to their strategic priorities, and that sufficient time is provided for this.

The integrated care strategy is for the whole population (covering all ages), and it must, amongst other requirements, consider whether their needs could be met more effectively by using integration arrangements under [section 75 of the NHS Act 2006](#). HWBs will now be required to consider revising their JLHWS following the development of the integrated care strategy for their area ([Local Government Act 2007](#)), but are not required to make changes. Alongside the JLHWS, the integrated care strategy should set the direction for the system as a whole.

For ICPs, where there is just one HWB in their area, it is up to the HWB and ICP to determine how the 2 strategies will complement each other and ensure that the assessed needs are addressed between them.



HEALTH AND WELLBEING BOARD 20th JULY 2023

REPORT TITLE:	WIRRAL PLACE UPDATE REPORT
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The purpose of this report is to update the Health and Wellbeing Board on the development of Wirral as a “place” within the Integrated Care System (ICS) and of the working arrangements of NHS Cheshire and Merseyside in the borough.

This report affects all wards and is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note this report and receive similar updates at future meetings.
2. Note the minutes of the Wirral Place Based Partnership Board held on 9th February 2023 and 9th March 2023.
3. Request the minutes of the Wirral Place Based Partnership Board from 22nd June 2023 when approved.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is important to ensure that the Health and Wellbeing Board is engaged in the development of the Integrated Care System (ICS), the impact on Wirral as a place and the work of NHS Cheshire and Merseyside (also referred to as the Integrated Care Board (ICB)) in the borough. Regular briefings will continue to be provided to keep members of the Board informed of progress.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The arrangements to establish ICSs and ICBs are statutory under the provisions of the Health and Social Care Act 2022, there are no other options pertaining to how ICSs will be constituted and governed.
- 2.2 The Place Director reports to many forums in the borough. This report has historically been received by the Health and Wellbeing Board as this Board provides strategic oversight of all matters pertaining to the health and wellbeing of the borough, including activities in the health and care sector. The Place Based Partnership Board will receive more detailed reports pertaining to health and care strategy and delivery.

3.0 BACKGROUND INFORMATION

3.1 NHS Cheshire and Merseyside

- 3.1.1 Under the Health and Care Act 2022, NHS Cheshire and Merseyside is responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance, and ensuring partners that the right activities are focused on securing the best outcomes for our communities.
- 3.1.2 NHS Cheshire and Merseyside Board meetings are meetings in public and are held monthly, the meeting venues move around Cheshire and Merseyside. Details of previous Board meetings can be found at [Meeting and event archive - NHS Cheshire and Merseyside](#) and notice of forthcoming meetings can be found at [Upcoming meetings and events - NHS Cheshire and Merseyside](#).

3.2 Wirral Place Based Partnership Board

- 3.2.1 NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each borough.

3.2.2 The Health and Wellbeing Board has asked that it should receive minutes from the WPBPB. Appendix 1 contains the approved minutes from the following meetings of the WPBPB:

- 9th February 2023
- 9th March 2023

The Health and Wellbeing Board is asked to note these minutes.

3.2.3 The WPBPB also met on 22nd June 2023, the ratified minutes are not available at the time of writing (10th July 2023) as they need to be approved at the meeting on 27th July 2023. The papers and agenda for the July meeting can be found on the Wirral Council website. The Health and Wellbeing Board is asked to request these minutes once approved by the WPBPB.

3.3 Place Review Meetings

3.3.1 Each of the nine Places in Cheshire and Merseyside will have quarterly review meetings with NHS Cheshire and Merseyside. The third of these review meetings for Wirral took place on 9th May 2023.

3.3.2 The review meetings provide an opportunity to discuss key issues how NHS Cheshire and Merseyside is working in each Place with partners and to explore development priorities and options to support ongoing development. The meeting on 9th May 2023 covered the following areas:

- Finance and Planning Risks
- Children and Young People's Physical and Mental Health
- Inspection Processes
- Population Health
- Place Leadership and Maturity

The Place Director gave a presentation on each of these areas, provided supporting evidence and took questions with the support of Wirral Place colleagues.

3.3.3 Detailed feedback from the Wirral Place review meeting held on 9th May 2023 has been shared with member of the Wirral Place Based Partnership Board. The same colleagues have also been involved in providing a response to this feedback. The next review meeting will have a focus on primary care, no date has been set for this meeting at the time of writing of this report.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

4.2 NHS Cheshire and Merseyside is accountable for NHS expenditure and performance within the ICS and in each place.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 NHS Cheshire and Merseyside will continue to work with each place to develop local teams and ensure the appropriate deployment of resources to support borough-based delivery.

7.0 RELEVANT RISKS

- 7.1 Arrangements to assess and share risks and gains across providers will be fully established and supported by transparency around resource availability and allocation within the place.
- 7.2 The Council and NHS Cheshire and Merseyside will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.
- 7.3 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include place. This will enable the WPBPB to manage risks identified in their work directly or through supporting governance arrangements.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 NHS Cheshire and Merseyside will work with system partners to continue to develop and update their communication plan to ensure that all key stakeholders are engaged as place arrangements develop.
- 8.2 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood. Design, delivery, and improvement are shaped through co-production with communities.
- 8.3 The resident's voice will be embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. The Council and place partners will utilise existing networks for effective reach into communities.
- 8.4 The Wirral Place Based Partnership Board has voluntary, community, faith, and social enterprise (VCFSE) sector representation, which will be embedded in all elements of population planning, decision making and delivery. VCFSE sector intelligence and insight will be collated, including wider community feedback, to ensure the Wirral Place Based Partnership Board can hear from critical voices within different communities, escalate priority issues, and act on these issues.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The Council and NHS Cheshire and Merseyside will work in partnership with local and regional partners to develop Place-based Partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality. No Equality Impact Assessment is required for this report.

- 9.2 Impact assessments were undertaken as part of the legislative process for the Health and Care Act 2022, which led to the establishment of ICSs. These can be found at [Health and Care Act 2022: combined impact assessments - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/health-and-care-act-2022-combined-impact-assessments).

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environmental or climate implications as a result of this report.
- 10.2 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

REPORT AUTHOR: **Simon Banks**

Place Director (Wirral), NHS Cheshire and Merseyside
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APPENDICES

Appendix 1 Wirral Place Based Partnership Board Approved Minutes

BACKGROUND PAPERS

- Health and Care Act, 2022 - <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- NHS England website, integrated care section - <https://www.cheshireandmerseyside.nhs.uk/>
- NHS Cheshire and Merseyside website - [Home - NHS Cheshire and Merseyside](#)
- NHS England, *The NHS Long Term Plan*, 7th January 2019, [NHS Long Term Plan » The NHS Long Term Plan](#)
- NHS England, *2023/24 Priorities and Operational Planning Guidance*, 23rd December 2022, [NHS England » 2023/24 priorities and operational planning guidance](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
<p>Previous reports presented to Health and Wellbeing Board:</p> <p>Integrated Care System Project Update Integrated Care System and Integrated Care Partnership Developments Integrated Care System Developments Integrated Care System Project Update Integrated Care System Update Integrated Care System Update Integrated Care System Update Integrated Care System Update Integrated Care System Wirral Place Update Report Wirral Place Update Report Wirral Place Update Report</p>	<p>16th June 2021 20th July 2021 29th September 2021 3rd November 2021 15th December 2021 9th February 2022 23rd March 2022 28th July 2022 29th September 2022 2nd November 2022 21st December 2022 23rd March 2023</p>
<p>Previous reports presented to Adult Social Care and Public Health Committee:</p> <p>Strategic Developments in the NHS Proposals for Integrated Care Partnership Integrated Care System and Integrated Care Partnership Developments Integrated Care Partnerships Update Integrated Care System Integrated Care System</p>	<p>2nd March 2021 7th June 2021 29th July 2021 13th October 2021 3rd March 2022 25th July 2022</p>
<p>Previous reports presented to Partnerships Committee</p> <p>Strategic Developments in the NHS Strategic Developments in the NHS Strategic Developments in the NHS Integrated Care System Integrated Care System Update Integrated Care System</p>	<p>9th November 2020 13th January 2021 29th June 2021 28th September 2021 2nd February 2022 1st March 2022</p>

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 9 March 2023

PRESENT:

Simon Banks	Place Director/Chair
Liz Hartley	Children Services, Wirral Council
Graham Hodgkinson	Adult Services, Wirral Council
Janelle Holmes	Wirral University Teaching Hospital
Ali Hughes	Wirral Community Health and Care NHS Trust
Carol Johnson-Eyre	Voluntary, Community, Faith and Social Enterprise
Dr David Jones	Primary Care Provider
Cllr Mary Jordan	Wirral Council
Martin McDowell	NHS Cheshire and Merseyside
Justine Molyneux	Voluntary, Community, Faith and Social Enterprise
Cllr Yvonne Nolan	Wirral Council
Karen Prior	Healthwatch Wirral
Paul Satoor	Chief Executive Officer, Wirral Council
Cllr Jason Walsh	Wirral Council
Dr Stephen Wright	Primary Care Provider

63 WELCOME AND INTRODUCTION

The Chair welcomed the members of the Board, officers and those watching the webcast to the meeting.

64 APOLOGIES

Apologies for absence were received from:

Abel Adegoke	Primary Care providers
Dave Bradburn,	Director of Public Health, Wirral Council
Suzanne Edwards	Cheshire and Wirral Partnership NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Trust
Tom Pharoah	Clatterbridge Cancer Centre NHS Trust
Tim Welch	Cheshire and Wirral Partnership NHS Foundation Trust
Simone White	Children Services, Wirral Council

65 DECLARATIONS OF INTEREST

The Chair asked for members to declare any interests in any items on the agenda. No interests were declared.

66 MINUTES

Resolved – That the minutes of the meeting held on 9 February 2023 be approved as a correct record.

67 **PUBLIC AND MEMBER QUESTIONS**

The Chair reported that no public questions, statements or petitions had been received.

68 **WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW**

The Place Director, NHS Cheshire and Merseyside introduced his report which summarised the action taken to progress points made about the draft Terms of Reference at the Place Governance Group. An updated version of the Terms of Reference was attached for approval. It was noted that they may require further approval as delegations to place level were being considered, potentially with budgets.

Members discussed the potential similarity with the Integrated Care Board Terms of Reference and whether they should match one another, although it was clear that the Partnership Board had a wider membership which must be reflected. It was also noted that a performance and finance report and the Place Plan was awaited and that supporting groups would begin to report to the Board so the agenda and work would continue to evolve.

Following the discussion, the Chair suggested an amended recommendation. This was proposed by Graham Hodgkinson and seconded by Ali Hughes.

Resolved: That

- (1) the work on the actions from the Place Governance Group detailed in the report be noted.**
- (2) Recognising the changing operating environment the Place Governance Group be asked to review the Terms of Reference and represent them to the next Board meeting.**
- (3) the Place Based Partnership Board continue to function as now until these arrangements are clarified.**

69 **WIRRAL PROVIDER PARTNERSHIP (WPP) TERMS OF REFERENCE**

The Director of Corporate Affairs of Wirral Community Health and Care NHS Foundation Trust presented the report of the members of the Wirral Provider Partnership (WPP). She explained that the Partnership had been established by the Wirral Place Based Partnership Board and delivered by the Chief Executives of the provider and partner organisations at Place, each of which remained a sovereign organisation. The WPP was a collective of health and care providers accountable to the Partnership Board and had a shared purpose and focus to deliver against the core principles agreed with system providers that aligned to the Wirral Plan and supported the development and

delivery of integrated care for the Wirral. Providers in Wirral would also be part of at-scale Provider Collaboratives within Cheshire and Merseyside Integrated Care System. There were two system Collaboratives: 1. Acute and Specialist Provider Collaborative; and 2. Community, Mental Health and Learning Disability Provider Collaborative. The report detailed the purposes, membership and terms of reference of the WPP.

Members noted that there was crossover with the Partnership Board and work was ongoing to align the governance framework.

Resolved: That

- (1) the work to establish the Wirral Provider Partnership (WPP) be noted;**
- (2) the Terms of Reference for the WPP be noted;**
- (3) further work to align governance in Place be supported, reporting back to the Board in June 2023.**

70 **PLACE REVIEW MEETINGS**

The Place Director (Wirral), NHS Cheshire and Merseyside, presented his report which provided an update on a quarterly review meeting with NHS Cheshire and Merseyside which took place on 13th January 2023. Each of the nine Places in Cheshire and Merseyside were to have quarterly review meetings with NHS Cheshire and Merseyside. He noted that there were increased costs due to inflation and increased demands. The meeting considered primary care in depth and had a discussion on tobacco dependency. There had been a letter of feedback which he would circulate. The next planned meeting was to be in May, focussed on Children's services.

There was a discussion over accountability and governance and the Place Director offered to meet with CEOs of the NHS Cheshire and Merseyside and Wirral Council to resolve any confusion.

Resolved: That the report be noted.

71 **SEND TRANSFORMATION PROGRAMME UPDATE**

The Interim Deputy Director of Children's Services at Wirral Council presented her report which provided an update on progress of the Special Educational Needs and Disabilities (SEND) Transformation Programme and details of the Priority Plan 2023 for the SEND transformation Programme. It was noted that there had been a 40% increase in the number of children involved but there had been increases in the volume and speed of assessments.

The implications of 40% more children moving through the system were highlighted as planning was required to have resources to support them in the future as adults.

Resolved: That the report and progress made be noted, and the Priority Plan 2023 be supported.

72 **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GROUPS HIGHLIGHT REPORTS**

The Place Director (Wirral), NHS Cheshire and Merseyside, introduced his report which detailed the work being done to establish partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) was supported by four key governance and assurance groups. The report provided highlight reports from each of these groups and would be a regular report.

Representatives of each of the groups provided updates on their work.

Resolved: That the work of the four supporting groups be noted and updates continue to be received as a standing agenda item.

73 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 9 DECEMBER 2022**

Senior Finance Business Partner for Wirral Place presented the report of the Associate Director of Finance, Cheshire & Merseyside which provided an update to the pooled fund budget, a summary forecast position as at Month 9 to 31st March 2023 and the financial risk exposure of each partner organisation. The report also provided an update on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which was to be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB). It was noted that a significant deficit was reported on pooled fund on the NHS side, offset partially by better local authority position.

Resolved: That

- (1) it be noted that the forecast position for the Pool at Month 9 is currently a £8.1m overspend position.**
- (2) it be noted that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast break-even position.**
- (3) it be noted that the 2022/23 section 75 agreement is under legal review by both parties, prior to proposed sign-off.**
- (4) the Public Health variation of £0.164m from the Better Care Fund to the wider pooled fund element of the section 75 be noted.**

74 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

The Head of Legal Services introduced the report of the Director of Law and Governance which detailed the annual work programme of items for consideration by the Wirral Place Based Partnership Board.

Members discussed the order and best dates for the undated items.

Resolved: That the work programme be noted.

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 9 February 2023

PRESENT:

Simon Banks	Place Director/ Chair
Abel Adegoke	Chair, Primary Care Council
Elsbeth Anwar	Public Health, Wirral Council
Graham Hodgkinson	Adult Services, Wirral Council
Ali Hughes	Wirral Community Health and Care NHS Trust
Carol Johnson-Eyre	Voluntary, Community, Faith and Social Enterprise
Dr David Jones	Primary Care Provider
Councillor Mary Jordan	Wirral Council
David McGovern	Wirral University Teaching Hospital
Justine Molyneux	Voluntary, Community, Faith and Social Enterprise
Councillor Yvonne Nolan	Wirral Council
Kirsteen Sheppard	Healthwatch Wirral
Councillor Jason Walsh	Wirral Council
Tim Welch	Cheshire and Wirral Partnerships NHS Foundation Trust
Simone White	Children Services, Wirral Council
Dr Stephen Wright	Primary Care Provider

ALSO PRESENT:

Abigail Cowan	Partnerships and Transformation Manager – Mental Health (Wirral Place)
Martin McDowell	NHS Cheshire and Merseyside
Sarah Robertson	Modernisation Officer, Leisure, Wirral Council

51 WELCOME AND INTRODUCTION

The Chair welcomed the members of the Board, officers and those watching the webcast to the meeting.

52 APOLOGIES

Apologies for absence were received from:

Dave Bradburn, Director of Public Health, Wirral Council. Elsbeth Anwar attended on his behalf.

Janelle Holmes, Wirral University Teaching Hospital. David McGovern, Director of Corporate Affairs attended.

Karen Prior, Healthwatch. Kirsteen Sheppard attended.

Tom Pharoah, Clatterbridge Cancer Centre NHS Foundation Trust

Paul Satoor, CEO, Wirral Council

Karen Howell, Wirral Community Health and Care NHS Trust. Ali Hughes attended.

53 **DECLARATIONS OF INTEREST**

The Chair asked for members to declare any interests in any items on the agenda. No interests were declared.

54 **MINUTES**

Resolved – That the minutes of the meeting held on 12 January 2023 be approved as a correct record.

55 **PUBLIC AND MEMBER QUESTIONS**

The Chair reported that no public questions, statements or petitions had been received.

56 **HEALTHWATCH WIRRAL UPDATE JAN 23**

The Business Development & Volunteer Manager from Healthwatch Wirral presented the report of the Chief Executive Officer of Healthwatch Wirral which shared the emerging trends and themes gathered from public views and personal experiences relating to health and care. The information collected was sourced from the people who had contacted Healthwatch Wirral via email, phone, by using the Feedback Centre, or during community engagement work. It was noted that Healthwatch Wirral had some statutory duties and were allowed to enter some premises and had some specific projects locally and nationally. It was also noted that they replied to patients about concerns where appropriate.

Members praised the work and collaboration which was undertaken by Healthwatch Wirral, and the suggestion was made that tertiary care be included.

Resolved – That the report be noted.

57 **SPORT AND PHYSICAL ACTIVITY STRATEGY UPDATE**

The Modernisation Office (Leisure) presented the report of the Director of Neighbourhood Services which provided an update on the Sport and Physical Activity Strategy following a report to the Health and Wellbeing Board on 28 July 2022, which resolved for the Board to take forward the actions to link the Sport and Physical Activity Strategy with local Place work. The opportunities for mutual advantage were outlined, with the strategy aiming to urge people to be more active, which in turn benefitted their health with reduced weight issues and often reduced medication. The aim to move away from leisure centres to community-based provision was noted, with the possibility of reaching different sectors of the population. It was hoped that referrals from

health services could be built into the system too as the overall cost of support and care may be reduced.

Members were supportive and offered suggestions and collaboration.

The Chair suggested that the recommendations be strengthened to reflect the links with local Place work. This was moved by Councillor Mary Jordan and seconded by Abel Adegoke.

Resolved – That the update provided by the Director of Neighbourhoods be noted and the work of the Sports and Physical Activity Strategy be linked to the local Place work.

58 **WIRRAL DEMENTIA STRATEGY 2022-2025**

The Partnerships and Transformation Manager – Mental Health (Wirral Place) presented the quarterly update report of the Head of Mental Health Commissioning (Wirral Place) for the Wirral Dementia Strategy 2022-2025. This was a joint strategy across the health and social care system which aimed to improve the quality of dementia care across the borough. Delivery of the Wirral Dementia Strategy 2022-2025 workplan was facilitated through the Wirral Dementia Strategy Board. The links with other sources of contact with clients were noted – GPs, housing organisations – along with the moves toward Dementia Friendly Borough status. Future priorities were to be set by the Wirral Dementia Strategy Board.

Members noted the importance of gathering information from people with lived experience.

Resolved – That the update report be noted.

59 **ADULT SOCIAL CARE DISCHARGE FUND**

Councillor Yvonne Nolan took the position of Chair of the Joint Strategic Commissioning Board Sub-Committee.

The Place Director and the Director of Adults, Health and Strategic Commissioning presented their report which set out: the purpose of the Adult Social Care Discharge Fund; how the resources had been allocated; the conditions attached to the funding; and how this had been applied in Wirral. They described how the funding was being used to improve hospital through flow with initial targeted funding used to buy bed capacity through to the end of March 2023 then a 'Home First' approach which was the strategic objective, where hospital admissions were avoided and people were released from hospitals sooner with care packages. Future objectives included focussing on residential and nursing settings.

The Joint Strategic Commissioning Board Sub-Committee resolved that

- (1) the Adult Social Care Discharge Fund submission be noted. This was approved by the Director of Adult Social Care and Health, Wirral Council in consultation with the Place Director, NHS Cheshire and Merseyside on the delegated authority of the JSCB Sub-Committee.**
- (2) a further update report on the application of and outcomes from the Adult Social Care Discharge Fund be brought to a future meeting of the Joint Strategic Commissioning Board and Wirral Place Based Partnership Board.**

Place Director Simon Banks took the position of Chair.

60 2022/23 POOLED FUND FINANCE REPORT TO MONTH 8 OCTOBER 2022

The Associate Director of Finance & Performance at NHS Cheshire and Merseyside presented this report which provided an update to the pooled fund budget, a summary forecast position as at Month 8 to 31st March 2023 and the financial risk exposure of each partner organisation. The report also provided an update on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which would be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB).

Resolved – That it be noted that

- (1) the forecast position for the Pool at Month 8 is currently a £8.4m overspend position. This is due to CCG / ICB Wirral Place pool commissioned services overspend of £8.6m offset by an underspend on Local Authority Health and Care commissioned services of £0.2m. The ICB Wirral Place holds the financial risks on the £8.6m overspend.**
- (2) the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast break-even position.**

61 NHS 2023-24 PRIORITIES AND OPERATIONAL PLANNING GUIDANCE

The Place Director for Wirral presented his report which outlined the key messages from December 2022 guidance from NHS England on the priorities and operational planning guidance for 2023/24. There were 14 priorities in the planning guidance and four workshops had been planned to develop a delivery plan for 2023/24. There were also Place delivery priorities including primary care, work around community health services and mental health and there was a need to develop a neighbourhood approach and medicines optimisation.

Resolved – That

- (1) the NHS priorities and planning guidance for 2023/24 be noted.**
- (2) the work that is underway to develop a Wirral response as part of the planning for 2023/24 and beyond be supported.**
- (3) an update on this work be received at future meetings, including a Wirral Place Health and Care Delivery Plan when this is completed.**

62 WORK PROGRAMME

The Head of Legal Services introduced the report which detailed the annual work programme of items for consideration by the Wirral Place Based Partnership Board.

Additional items were suggested which were items on Dentistry, Home First and the Primary Care Network.

Resolved – Subject to additional items on Dentistry, Home First and the Primary Care Network, the work programme be noted.

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HEALTH & WELLBEING BOARD

Thursday, 20th July 2023

REPORT TITLE:	COMMUNITY, VOLUNTARY & FAITH SECTOR REFERENCE GROUP UPDATE
REPORT OF:	DIRECTOR OF LAW & GOVERNANCE

REPORT SUMMARY

This report provides the latest updates and proposals from the Community, Voluntary and Faith (CVF) Sector Reference Group. The Reference Group was established as a mechanism to promote the views of the CVF Sector to the Health and Wellbeing Board. Their update is included in Appendix 1.

Appendix 2 provides an updated list of relevant and recent publications including a 2 pages precis on “Space to Thrive” which is 29 pages long on the role of community spaces in supporting the mental health and wellbeing of children and young people and a 3 pages precis on Designing out the Most Severe Forms of Hardship in Local Areas from New Local and the Joseph Rowntree Foundation (38 pages), 2023.

These documents will be the main documents used to inform the delivery of the prototypes, the formation of partnerships and the transformations at community level as required in recent legislation and guidance.

The aims and objectives of the development of Community Hubs, agreed with local elected Members, together with an action plan are being developed which will complement and extend the plans for engagement with communities, as already approved by the HWBB, to specific neighbourhoods.

Progress on the CVF Reference Groups areas of work on Family Hubs, Green and Open Spaces, People Plan for Nature and Street Safety in support of the principles and application of working together in partnership to address health and wellbeing in Wirral, are presented.

The matter affects all wards. It is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note:

1. the continuing progress of the CVF Reference Groups work on Community Hubs, Family Hubs, Green and Open Spaces, People Plan for Nature and Street Safety.

2. the contents of the attached reports, and the continuing involvement and support to the delivery of the Council's approved Health and Wellbeing Strategy and to the continued development of work for engagement with communities and residents.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To enable the Health and Wellbeing Board to consider updates and proposals put forward by the Community, Voluntary and Faith Sector Reference Group.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as part of this covering report.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Wellbeing Board considered a report at its meeting on 29 September 2021 named 'Formation of the Community, Voluntary and Faith Sector Reference Group' which sought to inform the Board's development of a progressive and effective working partnership with the Reference Group.
- 3.2 It was intended that the Reference Group would provide updates to the Health and Wellbeing Board on the work that it was undertaking. The principal aim of the CVF Reference Group is to build and support the development of local community infrastructure, in support of ongoing programmes and plans to meet the health and wellbeing needs of Wirral's communities and residents.
- 3.3 The Reference Group has provided updates on their work on Local Infrastructure Development in Support of Health and Wellbeing needs, based on a plan for the establishment of a prototype study in four wards involving community and family hubs and their work on the full utilisation of open green space in support of health and wellbeing needs.
- 3.4 At the meeting of the HWBB in March 2023 two further areas of work in support of the principles and application of working together in partnership with elected members, communities and residents/young people were presented namely the People Plan for Nature and Street Safety.
- 3.5 The CVF Reference Group have continued to be involved in the further development and delivery of Health and Wellbeing Strategy through participation in the Council's Implementation Working Group and with CVF Sector stakeholders.

4.0 FINANCIAL IMPLICATIONS

- 4.1 In due course funding will be required for the above programmes.

5.0 LEGAL IMPLICATIONS

- 5.1 Any future transfer of land for development of green open space will require agreement on a structured approach.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no direct resource implications arising from this covering report.

7.0 RELEVANT RISKS

7.1 There are no direct risks associated with this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 The establishment of the pilot Community Hubs, agreed with local elected members and the Health and Wellbeing Board should be able to act as a base to facilitate further extensive partnership and stakeholder working prior to and then during to engagement through consultation with communities.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. There are no equality implications for this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environment and climate implications associated with this covering report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no direct community wealth implications associated with this covering report.

REPORT AUTHOR:

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APPENDICES

Appendix 1 Updated report of CVF Reference Group
Appendix 2 Relevant updated publications

BACKGROUND PAPERS

Health and Wellbeing Board report 29 September 2021 'Formation of the Community, Voluntary and Faith Sector Reference Group'
"Space to Thrive" from the Locality organisation.
"Designing out the Most Severe Forms of Hardship in Local Areas" from New Local and the Joseph Rowntree Foundation

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Report to Health and Wellbeing Board	29th September, 2021
Report to Health and Wellbeing Board	15th December, 2021
Report to Health and Wellbeing Board	9th February, 2022
Report to Health and Wellbeing Board	29th September, 2022
Report to Health and Wellbeing Board	21st December, 2022
Report to Health and Wellbeing Board	23rd March, 2023

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Appendix 1 – Community, Voluntary and Faith Reference Group Update

Next Steps Update: Building Community Infrastructure to improve the health and well being of Communities and Residents on Wirral

Context

Every resident is unique, as also is the environment and the community in which they live.

All individuals, their families, and their communities from time to time need help, some most of the time and some only rarely.

This help is provided through government and its agencies at national, regional, and local level. It is however, increasingly recognised that help from within the community, if structured and readily available, is of considerable value.

It is also known that help within the community, because of its proximity, knowledge and sensitivity, can forestall a worsening of the need and a much speedier response to it. This help can be fully developed through Community Hubs and Family Hubs.

The health of a community, but not of individuals within a community is often determined by the average life expectancy and average healthy life expectancy of its residents.

An unacceptable and growing difference in these measures is found between ‘well off’ communities and deprived communities. To address this difference government has committed to a levelling up programme and has brought forward a new Health and Care Bill with the specific aim of reducing health inequalities, see below.

In Wirral there are a several deprived communities where the level of life expectancy and healthy life expectancy is unacceptably low.

What is Local Community Infrastructure?

Current systems to deal with Individual, family and community needs, and the effectiveness of structures to ensure collective need is met, were put to the severest test by the Covid pandemic.

In response to the virus communities and their residents using their local knowledge, came together and looked after each other with the support of the health sector, government at all levels, the CVSE sector, and many other partners.

It is widely accepted that local knowledge minimised the impact of the virus and continues to do so.

The virus has also shone a strong light on the lack of knowledge at the most local level held by local authorities and health providers, a deficit which, unless addressed, is likely to continue to limit the effective delivery of services to those most in need in more normal circumstances with the impact of the virus minimised.

The Health and Care Bill introduced in July 2022 legislates for communities and their residents and the CVSE sector to fully participate in the design of new systems addressing the limitations of current systems identified by the pandemic. NHS guidance documents also fully emphasise this requirement and more specifically NHS guidance B1762 Working in Partnership with People and communities published on 4th August.

A precis of B1762, prepared by Community Voice and previously put forward to the Health and Wellbeing Board by the CVF Reference Group, illustrates the case very strongly, almost mandatory, for people and communities to be involved in the full extent of change programmes being developed by ICP's, ICB's the NHS and key partners. Programmes and plans developed in partnership to harness the local knowledge through the provision of simple and effective systems to address need quickly and effectively and through which communities and residents can make their strongest contribution, leads to a discussion of how best this may be developed and brought forward at the local level.

This discussion will be greatly assisted by recent publications from Locality, New local and the Fuller Report, all of which have been added to the list of key publications.

The term Local Infrastructure attempts to describe in general terms what needs to be considered alongside the key elements and features associated with successful approaches adopted in England.

It is a collective term for the agreed system approach taken by each community and its residents working in partnership and in codesign in deciding what is appropriate for them.

The challenge of codesign from the community and resident perspective

Implicit in the Health and Care Bill 2022 is the assumption that communities 'know who they are' and are ready to rise to the challenge of contributing to the codesign of a 'place-based' new approach to improving health and wellbeing and which can help address local need.

Two fundamental points for consideration would seem to arise at the outset, have the boundaries of the community been established and accepted and has the willingness of community and residents, to play a key role in improving health and wellbeing, through representation also been established.

For the purposes of local government, here in Wirral and in most local authorities, place is divided into wards. Within each ward individuals are elected to be the ward's representatives in local government. In Wirral this is currently three per ward. The number is subject to review.

The ward boundaries established for local government are, by and large, acceptable for local government and should represent a start point for discussions about 'place' in the context of a codesigned programme relating to improvements in health and wellbeing. There is also potential for these boundaries to be reviewed.

Subsets of community do exist within wards and their identity needs to be understood. Where possible subsets need to be considered.

To be able to play a key role communities and residents will, within each place, need to find a way to ensure health and wellbeing need, for individual residents, for families, for groups of residents and even for the whole community, is recognised, understood, appreciated, and then addressed.

Next steps

In many cases need can be identified from within the community, as has often been the case with Covid.

Where services need to be involved, then best practice is found in the establishment of link and help organisations, referred to as community hubs and family hubs. A link organisation

is able to provide advice, help to coordinate dialogue and support through efficient signposting, assist with the use of digital systems, and in many other ways.

- Establishment of prototype community link organisations.

It was suggested and agreed that four communities, one in each constituency, be established for the prototypes, with oversight from the Health and Wellbeing Board.

- A possible phased approach is outlined below with progress to date.
- This approach should be seen as being under constant review by all partners and participants as brought forward from an initial thoughts document which has been accepted by the HWBB.

First phase. Establishing commitment and consensus.

Step 1. Submit for approval to the Health and Wellbeing Board on 9th February the Reference Group's proposal for the establishment of community hubs and family hubs as link organisations within Wirral's communities – Completed.

Step 2a. Engage with elected members of each political party to secure their approval for discussions with Elected Members of each ward and then secure ward EM's support for discussions to begin with each community they represent and the extent to which they wish to participate in the discussions. – Ongoing

Other wards wishing to start exploratory discussions will be warmly welcomed. Four wards, one from each political party were put forward and are Rock Ferry, conservative ward yet to be nominated (possibly West Kirby and Thurstaston), Birkenhead and Tranmere and Eastham. Initial meetings and discussions have been held with elected members in 3 of the wards with a positive response to work with the CVF Reference Group going forward to further develop community hubs within their wards. Due to a change of elected members in Rock Ferry following the May local elections a letter has been drafted and sent to the new members to determine whether they wish to be involved in the approved pilot project.

Step 2b. Engage with all key partners providing services to determine their approval, support, and level of involvement in and for discussions with communities within each ward. Meetings have taken place with the Director of Place, the WBC Chair and the PCN Chair.

Further meetings will be arranged as soon as possible to update key personnel and CVF Sector Groups of progress to date. Consideration is being given to establishing regular meetings at an appropriate frequency through 2023.

A member of the CVF Reference Group has been elected to serve on the Wirral Place Strategy and Transformation sub group.

The CVF Reference Group has actively participated in the development of the Council's Health and Wellbeing Strategy as requested by the Health and Wellbeing Board and is a member of the Working Group to continue with its development and delivery.

The CVF Reference Group will continue to focus on its work with elected members and communities identified in the 4 prototype wards and input into the TPSG as and when required and requested.

The CVF Reference Group has been strengthened with a number of new members with complementary skills and knowledge, who will introduce themselves to the HWBB in due course.

Step 3. Engage with local organisations, in the prototype communities and with individuals active in supporting their communities and health and wellbeing of each community. Contact and discussions are ongoing with CVF volunteers and local organisations in addition through the Community of Practice (COP), Strategic Leaders Network Group (SLNG) and Wirral Council CVF Group (formerly the Humanitarian Cell) meetings who wish to be part of the Reference Group and actively participate in the ongoing work programme.

Step 4. Bring all the interests established above together with the aim of developing a best practice plan appropriate to each prototype community with the specific aim of forming a community hub organisation.

Step 5. Form a community development team (CDT) from within the prototype of the CVF Reference Group community to lead discussions for the community.

Updates from CVF-RG members

Briefing Paper - Green Spaces Group - CVF - Reference Group

The CVF-RG proposal for the establishment of a local environmental Green Space Infrastructure plan to improve the quality of and access to local green spaces in Wirral, was approved at the Wirral Health and Wellbeing Board in February 2022. A multi-agency Green Spaces Group has been formed to progress the aim of developing a framework of infrastructure and support that will enable residents' groups across Wirral to develop community garden initiatives in under-utilised green spaces, for the enhancement of their health and wellbeing.

Access to green spaces is important for health and wellbeing. A longitudinal study from Scotland found that children living in homes with gardens had better social, emotional and behavioural scores (Richardson, 2017). Residential green space during one's childhood has also been found to lead to a lower risk of psychiatric disorder in adolescence and childhood (Engemann et al., 2019). On average, one in eight British households has no garden (ONS, 2020), whilst many Wirral wards do not have a minimum standard of green space (Green Space Index 2022).

The recent Public Health England report (2020) identifies 'new evidence and actions to help local areas consider how good-quality greenspace can support the delivery of health, social, environmental and economic priorities, at a relatively low cost.' The wellbeing value associated with frequent use of local parks and green spaces has been valued at £34.2 billion per year, whilst saving the NHS £111m per year (Fields in Trust, 2018).

The new or enhanced community gardens will provide a range of green social prescribing interventions which can improve mental health outcomes; reduce health inequalities and reduce demand on the health and social care system. These may include gardening, walking, creative health and wellbeing activities that can help prevent or address social isolation, mental and physical health issues and food poverty. The success of this will depend on excellent referral pathway structures, collaborating with local GP's surgeries and PCN's.

The community gardens will provide opportunities for growing, , social interaction, volunteering, training and employment, and collective food production. They can support residents through the demonstration of healthy cooking with home grown or surplus produce, vital during the current cost-of-living crisis. The development of a joined-up co-operative food strategy across the borough (linking with the Liverpool Food Growers Network) can increase local urban food production for the benefit of local residents, and reduce food waste.

Additionally, this proposal for improving access to green spaces can sustain improvements in nature connectedness that can help address global calls for a new relationship with nature required for a sustainable future (Richardson, 2019). This will support Wirral Council's commitment to action following the declaration of Environment and Climate Emergency in July 2019, achieving biodiversity net gain and contributing to the UN SDG's.

One of the most significant issues for local communities, particularly those without resources or a track record, is the acquisition of land for community engagement and activities. The Green Spaces Group has recently agreed to create a Community Land Trust to help overcome those barriers, providing a legal entity for the acquisition and protection of green space assets from Council, Health, Church, housing associations, etc. for the benefit of local communities.

Within the framework of the Wirral Green Spaces CLT, the aim would be to empower local residents' groups to take ownership of local community garden greenspaces, though more established CVF organisations may be appointed as interim stewards. They will be supported by the CLT through the services of member organisations who can offer assistance with community engagement; horticultural advice, practice and training; in addition to support with organisational management and fundraising.

Grow-Wellbeing CIC is lead member for environmental issues in the CVF-RG, and has brought together a diverse range of public and CVF sector organisations and elected members, who can contribute to a partnership approach to transform urban community

greenspaces for health and wellbeing. The founder has recently been elected to represent the CVFSE sector on the Wirral Place Strategy and Transformation Group.

Grow-Wellbeing CIC aims to support healthy communities through nature connection via Forest School, community gardening and nature wellbeing activities. Since its inception, Grow-Wellbeing has collaborated with partners in health, education, social care, environment and the CVF sector in Wirral, Merseyside and Cheshire. It has created employment opportunities, including traineeships for young people, and is an accredited provider of Forest School Leader Training. Grow-Wellbeing is well placed to assist the co-ordination of the development of the Wirral Green Spaces CLT, collaborating with partners and empowering communities.

Duane Chong, Grow-Wellbeing CIC

Family Hubs Update

Wirral has made significant progress towards the implementation of Family Hubs across the borough. A Steering group is now in place with representation from the CVF sector including the Family Toolbox Alliance and the Reference Group to the Health and Well-being board. This work is being led under the supervision of Elizabeth Hartley – Assistant Director: Early help and Prevention.

Transformation funding from the government has begun to be used by the creation of a Family hubs staff team. This is made up of Jean Edwards – Project support Officer, Michelle Richards – Parenting Co-ordinator and Barathi Inbara – 1001 days Co-Ordinator. A Family Hubs Programme Manager has yet to be appointed and alternative approaches are under consideration.

Work has begun on the data requirements for Family Hubs with the aim to link up data, so it feeds into the requirements of the supporting families dataset (Old Troubled Families Programme).

The work ahead to make the roll out of Family Hubs across Wirral is considerable and care needs to be taken not to set expectations as to what constitutes a Family Hub without the voice of the community in full participation.

The National Family Hubs Network lays out different types of Family Hubs including Community led, Expanded Civic Buildings, Repurposed Children's Centres, Health Settings, School Based and virtual hubs. The model being, 'rather than a costly outlay on new infrastructure, a family hub model makes use of existing facilities wherever possible and extends and adapts buildings where necessary' and may include GP surgeries, church and faith communities, local libraries, shops etc. This makes access less daunting for families as it is buildings, they are familiar with and people they have built relationships and trust with. (www.familyhubsnetwork.com)

At the recent, Annual Anna Freud National Conference on inclusion within family hubs it was Church Street Family Hub, Westminster that was held up as an example of what could be achieved. It is impressive and based on three stories with a roof garden and includes a wide range of health services as well as community activities. This is one type of hub and not necessarily suitable or preferable for all families which is why variety of options for families is crucial as one type does not fit all.

Many schools are now acting as family hubs providing extended services and working with CVF organisations and services including food pantries, uniform support, community liaison workers and mental health services e.g., Place to be and ELSA support, bereavement support and so on.

Wirral now have a virtual Family Hub www.familytoolbox.co.uk which is supported by the early help Family Toolbox Alliance made up of 7 VCFS organisations with a growing membership adding in their websites, social media links and other content.

Community Family Hubs on Wirral

Interest is building within the Wirral community about how organisations and place-based projects can become Family Hubs with discussions and questions arising within the sector as to how the work will be progressed. There is still a lot to be done around keeping families at the centre of the process and finding out how we bring our community assets, including the people of Wirral, together for the well-being of families in the most cohesive, cost effective and accessible ways. How do we work together, with families, creatively, using Family Hubs of all types, sizes and forms to improve health inequalities within our borough, providing the help that families and children need at the time they need it and are ready to access it or want it?

Nationally the Gather Movement (a movement of churches and charities committed to community transformation) have also been sharing good practice on how faith-based organisations can develop the work they do to be most effective in supporting families by providing Family hubs and services. A short presentation was given by the C.E.O. of Ferries Family Groups, belonging to the National

Family Hubs Network, representing Wirral as a community-based Family Hub. Liverpool Catalyst similarly have been sharing information to help equip faith-based organisations to develop and support statutory provision across Liverpool City Region (Liverpool were among the first 75 local authorities in the country to receive funding to enable the rollout of Family Hubs).

Progress of the Reference Group Family Hubs Subgroup

The Family Hubs Team is growing but has not met recently as we were waiting for information around the Wirral Family Hubs Staff and Steering Group teams so we could see how the community, voluntary and faith family hubs might work alongside/ in partnership in an informed way and to the benefit of Wirral families. Now that things are beginning to take shape, we should be able to continue to move forward. The most important thing is, we keep the voice of Wirral families at the centre of the discussions.

Helen Wade – Ferries Family Group

COMMUNITY SAFETY AND ENGAGEMENT

The CVF Reference Group were requested to assist in providing a coordinated response to youth anti-social behaviour, on the Leasowe housing estate and is in the process of being planned. This behaviour was brought to the attention of the CVF-RG by a member of our group and older members of the estate seeking help.

Several meetings have taken place to discuss the severity of the anti-social behaviour and how it might be addressed working in partnership with all key stakeholders.

Meetings to discuss how to address the behaviour working with WBC Officers and Ward Elected Members are still being discussed and arranged further. A verbal update will be given to the HWBB meeting.

In due course arrangements will be made to meet with the youths to discuss their behaviour, its impact on the community, their grievances and factors giving rise to the resident's concerns and the CVF Reference Group will only become more proactive following the requested support from local elected members, council officers and the local community representatives.

It was felt appropriate to invite WBC youth workers from East Moreton to join the discussions to ensure a ward approach could be considered.

A significant contribution to these meetings/discussions will be provided by Emily Harding who is a new member of the Reference Group as the youth lead. The Reference Group is pleased to have Emily join the team and are sure she will make strong contribution to this work programme. Emily and Barry Fox presented to the members of the HWBB on community safety and young people.

Matters associated with the development of the community infrastructure needs of the estate will form an integral part of these discussions.

Appendix 2

Precis: Space to Thrive: The role of community spaces in supporting the mental health and wellbeing of children and young people, Locality and partners.

This document of 29 pages, starts with an Executive Summary. and is then divided into five sections, two appendices, and a page of end notes/references.

The 3 pages of the Executive Summary describe the reason for the study,

Community spaces play a vital role in supporting the mental health and wellbeing of children and young people (CYP). There is growing evidence that loneliness, isolation and weakened social networks are decreasing life satisfaction in this group.

How the study was conducted,

We undertook a literature review, a survey of community organisations, in-depth interviews with community leaders, and roundtables with VCSE and public sector partners. We also sense-checked our research with young people involved in community provision.

More specifically they explored how community spaces support the mental health and wellbeing of young people in three areas,

- The role of community spaces and what they offer.
- The impact of community spaces, activities, and provision of CYP mental health and wellbeing.
- The challenges facing community organisations as they provide spaces and services for CYP.

They claim six key findings were discovered,

1. *Community spaces which support CYP mental health and wellbeing come in all shapes and sizes.*
2. *Community spaces are critical in supporting the mental health and wellbeing of CYP and communities.*
3. *Demand for both “open access” and “specialist provision” is increasing.*
4. *Community spaces offer a low or no cost, depressurised, safe. and relaxed “third space” for CYP away from school and home life.*
5. *Community spaces create positive impact.*
6. *Despite the benefits, community organisations are facing challenges on many fronts in sustaining community spaces.*

And make ten key recommendations under three headings,

Resourcing community organisations, 5 recommendations

Workforce development, 4 recommendations, and

National policy priorities and development, one recommendation

Nine of the recommendations are for the attention of Local Authorities, seven of which are also for the attention of the local ICS, two also for the attention of the PCN and two for the attention of the VCSE. Two are also for the attention of national infrastructure.

The rest of the main document is divided into one page Introduction, followed by a one page on the Research Methodology, 10 pages on the Research Findings, one page on Conclusion and 4 pages on Recommendations.

Two appendices follow, one relating to the Research Methodology and the other providing a most useful diagrammatic representation of Risk Factors and Protective Factors and titled Influences on CYP's mental health and wellbeing.

Finally, a page of End Notes provides references and their websites for additional reading.

CV comments: There is considerable value to local practitioners in this paper, indeed it is difficult to see where there could be any issue with the establishment of community spaces appropriate to the needs of the local CYP and specifically their mental health and wellbeing.

Adapting this research and its finding in the local context at community level is undoubtedly how infrastructure should be developed through local partnerships with full involvement of local communities. In fact it is essential.

Precis: Designing Out the most severe forms of Hardship in Local Areas; A learning report from New Local and Joseph Rowntree Foundation.

This is a 38-page report comprising of five sections; Executive Summary, Introduction, What We Learnt, Conclusion and Acknowledgements.

The Executive Summary is a short two pages pointing out the urgent need for addressing deepening poverty and a focus on 'designing out' its most severe forms in local areas.

It is based on research carried out in the Summer and Autumn of 2022.

It reports four areas where work was undertaken,

- Community-led activity, community participation and efforts to build capacity in communities.
- The network of local support and services
- The convening of local partners
- Data and insight

- ***These are the areas recognised by the CVF-RG and which RG are focusing their aims and efforts in assisting the development of locally-led plans and programmes.***

The report identifies six key areas for action, arranged in three groups.

- a. Building a strategy and coalition.
 - i Build learning and into the heart of local action
 - ii Develop a galvanising shared agendas to connect and grow local action on the root cause of poverty.

- b. Shifting power and redesigning the system
 - i Shift power to people and communities with experience of poverty
 - ii Redesign services and support to make sure people get the right help at the right time.
- c. Creating the conditions for sustainable local change
 - i Unlock more stable and long-term funding that incentivises collaboration and coordinated action on poverty.
 - ii Seek to inform and influence the national policy conversation on poverty.

This is then followed by a 4-page Introduction under four headings:

1. **The need for action.** Here data on deep poverty and destitution is shown to be continuing to rise.

2. **The purpose of this project.** Here the key statement,

'In this project we set out to understand what would be needed to galvanise and deliver on a mission to 'design out' the most severe forms of hardship in a local area. 'Designing out' is a statement of intent – asking what it would look like for a local area to do everything it can to ensure no one experiences the most severe forms of hardship.'

makes the reader fully aware of the direction of the study.

3. **What we did.** Sets out the work programme.

4. **People and communities with experience of poverty.** This section sets out the limited scope of the study and as it relates to communities, working 'ground up' but is frank and bold enough to set this out.

'This project engaged with organisations working across the UK to tackle poverty locally. While the project did not engage directly with communities there was a strong focus on understanding how local partners are working with people and communities.

It then argues how this can be rectified.

'A critical finding explored in the report is that any approach seeking to design out the most severe forms of hardship in a local area should ensure there is a commitment to shift power to people and communities with an experience of poverty.'

Finally, it discusses what is key to success.

'Any approach focused on shifting power to communities also needs to recognise and work with the complex, overlapping and diverse range of communities in a place -paying attention to both place-based communities and other groups or communities formed around an issue of shared experience'.

Author's note: Underlining above is not part of the original document.

The main section of the report, 'what we learnt'. It comprises 26 pages in two sections with a further subdivision into four bullet points in the first section and six in the second.

The first section comprising six pages under a heading, 'Partners across local areas are working tenaciously and creatively to mitigate and tackle poverty', is subdivided into.

1. Community-led activity, community participation and efforts to build capacity in communities.
2. The network of local support and services
3. The convening of local partners
4. Data and insight

Key statements that stand out are

'At the scale of a local authority area, the ability to convene partners to take action on the root causes of poverty is a critical lever'.

'Some individuals, teams and organisations are championing ways to shift power to and work with communities with experience of poverty. Equally, some people and communities are leading local action themselves. But there is often a gap between the ambition and the reality – with a lack of time, resources and strategic alignment all proving barriers. An additional barrier is the mismatch between ambitions to work more deeply with communities and incentives that funding processes, and performance and performance and accountability measures drive'.

'For local areas to make significant progress towards this ambition there needs to be a shift towards collaboration and partnership between national government, councils, and other key local partners. This shift in relationships would help enable mature dialogue on the resources and powers that local areas need to tackle severe hardship and where national action is required'.

The second section, comprising 20 pages and under a heading, 'A framework to help local areas make progress towards designing out the most severe forms of hardship, and a sub-heading Building a strategy and coalition, is subdivided into,

1. Build learning and reflection into the heart of local action.
2. Develop a galvanising shared agenda to connect and grow local action on the root causes of poverty.
3. Shift power to people and communities with experience of poverty
4. Redesign services and support to make sure people get the right help at the right time.
5. Unlock more stable and long-term funding that incentivises collaborative and coordinated action on poverty.
6. Seek to inform and influence the national policy conversation on poverty.

Reference Papers to the CVF Reference Group Update Report to the HWBB July 2023

- Space to thrive. The role of community spaces in supporting the mental health and wellbeing of children and young people, Locality, Power to Change and VCSE Health and Wellbeing Alliance, March 2023.
- Going further together. The role of VCSE organisations in neighbourhood health ecosystems, Locality, Power to Change and VCSE Health and Wellbeing Alliance, June 2023.
- Community Ownership Fund prospectus, Policy paper, Department for Levelling Up, Housing & Communities, Ministry of Housing, Communities & Local Government, 25 May 2023.
- Designing out the Most Severe Forms of Hardship in Local Areas, A learning report. New Local and Joseph Roundtree Foundation, 2023.
- Actions to Support Partnership, addressing barriers to working with the VCSE sector in integrated care systems, The Kings Fund, April 2023
- We've assembled a rebel alliance, but their ideas should be mainstream, New Local, June 2023.
- "Soft light, not the spotlight": How to make a community-powered leader. New Local, June 2023
- The Social Value Model. Government Commercial Function, 03.12.2020
- Guide to Using the Social Value Model, Government Commercial Function, 03.12.2020
- True Value, Towards Ethical Public Service Commissioning, Localis, 2021
- A Catalyst for Change, What COVID-19 has taught us about the future of local government, Upstream Collaborative, Nesta, September 2020.
- Changing Local Systems, Practical guidance for people working to improve local response to homelessness, Homeless Link
- Meaningful Measurement, how a new mindset around measurement can support a culture of continuous learning, Upstream Collaborative, Nesta, September 2020.
- Introducing New Operating Models for Local Government, Upstream Collaborative, Nesta, September 2020
- Building Strong Integrated Care Systems Everywhere, ICS implementation guidance on working with people and communities NHS 02.09.2021
- Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector. May 2016

- Commissioner perspectives on working with the voluntary, community and social enterprise sector. The Kings Fund, 02. 2018
- Integrating Care, Next steps to building strong and effective integrated care systems across England, NHS, 2020.
- Strategic Commissioning Framework 2018-2020: Wellbeing Hubs, NHS, Northern, Eastern and Western Devon CCG
- Keep it Local, Principles Policy Campaign.
- WBC, Community wealth Building Strategy 2020-2025
- Local Trust, trusting local people, Community Hubs, Understanding Survival and Success. 06.2019.
- Community Hubs, how to set up, run and sustain a community hub to transform local service provision. My Community, Locality.
- Improving Commissioning Through a VCSE Single Point of Contact, Navca, 05. 2017
- Improving Access to Greenspace, A new review for 2020. Public Health England. 03.2020.
- Briefing: The government's levelling up agenda; An opportunity to improve health in England. The Health Foundation, 07.2021
- What a difference a place makes, The growing impact of health and wellbeing boards. Local Government Association, 06.2019.
- Collaboration at place and system: a snapshot of Health and Wellbeing Boards in the Integrated Care Landscape, LGA, 11.2021.
- Defining Co-production, Centre for Innovation in Health Management, 2014
- Community Mental Health Transformation and Building VCSE Alliances. Rethink Mental Illness, 03.2017
- Digging deeper, going further: creating health in communities, what works in community development? The Health Creation Alliance 02, 2021.
- Integrated care partnership (ICP) engagement documentation: Integrated care system (ICS) implementation. 20.2021.
- Addressing national health inequalities priorities by taking a health creating approach. The Health Creation Alliance. 08.2021
- Building healthier communities: the role of the NHS as an anchor institution. The Health Foundation. 2019.
- Community Calling: People want more influence. New Local Aug 2022.
- Repairing our society; A social justice manifesto for a thriving Britain, July 2022.
- Working in Partnership with People and Communities, NHS England, Statutory Guidance, B1762, July 2022.
- Next steps for integrating primary care: Fuller Stocktake report, May 2022
- Principles in practice; lessons and examples from the Keep it Local Network, Locality, August 2022.
- Families and inequalities, Institute of Fiscal Studies Deaton Review, June 2022.
- The Community paradigm, New Local, March 2021.
- Building strong integrated care systems everywhere. ICS implementation guidance on partnerships with the voluntary. Community and Social Enterprise sector 02.08.2021
- A Community Powered NHS, New local, August 2022
- The Community Hub Handbook, Locality, January 2020.
- A policy Toolkit, Recovery and Renewal on the Kent High Street; Localis, 2022.
- The impact of community anchor organisations on the wider determinants of health, Locality, Power to Change and VCSE Health and Wellbeing Alliance, March 2022



HEALTH AND WELLBEING BOARD

THURSDAY 20 JULY 2023

REPORT TITLE:	HEALTH AND WELLBEING WORK PROGRAMME
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

The Health and Wellbeing Board, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual Committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee. It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Health and Wellbeing Committee is attached as Appendix 1 to this report.

Following the adoption of a revised Constitution by Council on 25 May 2022, the Terms of Reference for Committees were updated so that the agenda of any Committee or Sub-Committee shall only include those items of business that require a decision, relate to budget or performance monitoring or which are necessary to discharge their overview and scrutiny function. The Committee is therefore asked to consider whether any items for future consideration on its work programme need to be reviewed to comply with the revised Constitution. It is proposed that issues on the existing work programme that are for information purposes only can be considered via other means, such as briefing notes or workshops.

RECOMMENDATION

The Health and Wellbeing Board is recommended to note the proposed Health and Wellbeing Board work programme for the remainder of the 2023/24 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Social Care and Health Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

Terms of Reference

- 3.2 The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- (a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place

- (e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- (f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- (g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- (h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- (i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- (j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

FINANCIAL IMPLICATIONS

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

4.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no direct implications to Staffing, ICT or Assets.

6.0 RELEVANT RISKS

- 7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

7.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable.

8.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact

Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 This report is for information to Members and there are no direct environment and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report is for information to Members and there are no direct community wealth implications.

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APPENDICES

Appendix 1: Health and Wellbeing Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

HEALTH AND WELLBEING BOARD**AGENDA PLANNING 2023-24****WORK PROGRAMME 2023/24**

Item	Approximate timescale	Lead Departmental Officer
Integration & Better Care Fund	Sept 2023	Bridget Hollingsworth, Head of Integrated Services
Integrating Family Hubs, Emotional/Mental Wellbeing Work, Young People's Risk Model (Workshop - to be reviewed)	TBC	Children's Services & Public Health - TBC
Education White Paper to reduce impact of educational inequalities (linking curriculum/skills development to emerging employment landscape) (Title TBC)	TBC	Children's Services & Public Health – TBC
Qualitative Insight Programme	TBC. Linked with JSNA	Nikki Jones, Senior Public Health Manager, Wirral Council
Environment & Climate Emergency Update	TBC	Mike Cockburn, Assistant Director, Parks and Environment
Community Safety Initiatives	TBC	Mark Camborne/ Dave Bradburn with input from Matthew Moscrop
Healthy Housing (Title TBC)	TBC	Lisa Newman, Head of Housing, Wirral Council (Nikki Jones working on report too)
Role of Anchor Institutions	TBC	Public Health – TBC
Partnership Approach to School Readiness	TBC	Children's Services & Public Health - TBC
Active Travel Update (Title TBC)	TBC	Julie Barnes, Strategic Transport Infrastructure Lead, Wirral Council
Breaking the Cycle Programme	TBC	Children's Services & Public Health - TBC
Built Environment & Health Impacts	TBC	Keith Keeley, Head of Regeneration Strategy, Wirral Council & Public Health
Cost of Living Report	TBC	Rose/Dave Bradburn
Housing Support Fund update	TBC	Michael Fisher
Neighbourhood Working Developments	TBC	

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Health and Wellbeing Board – Terms of Reference

The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- (a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place
- (e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- (f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- (g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- (h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- (i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- (j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

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