



Health and Wellbeing Board

Date:	Thursday, 18 July 2024
Time:	2.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Christine Morley
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Website: <http://www.wirral.gov.uk>

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This meeting will be [webcast](#)

AGENDA

1. WELCOME AND INTRODUCTION
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 - 6)

To approve the accuracy of the minutes of the meeting held on 14 March 2024.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, 15 July 2024 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, 15 July 2024 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 12 noon, 15 July 2024, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minutes) 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 UPDATE REPORT FOR PRIORITY AREA 3: ENSURE THE BEST START IN LIFE FOR ALL CHILDREN AND YOUNG PEOPLE (Pages 7 - 26)**

This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact

juliegraham2@wirral.gov.uk if you would like this document in an accessible format.

7. SEND IMPROVEMENT (Pages 27 - 78)

8. ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME (Pages 79 - 120)

This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact tracyflute@wirral.gov.uk if you would like this document in an accessible format.

9. DELIVERY OF WIRRAL HEALTH AND CARE PLAN (Pages 121 - 138)

This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact julian.eyre@nhs.net if you would like this document in an accessible format.

10. BETTER CARE FUND (BCF) PLAN 2024/25 (Pages 139 - 146)

11. WORK PROGRAMME (Pages 147 - 152)

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, 14 March 2024

PRESENT:

Councillor Jean Robinson	Chair
Abel Adegoke	Primary Care
Simon Banks	Director of Place (Wirral), NHS Cheshire and Merseyside
Dave Bradburn	Director of Public Health Wirral Council
Libby Eastleigh	Magenta Living
Councillor Phil Gilchrist	Wirral Council
Councillor Jeff Green	Wirral Council
David Hammond	Wirral Community Health and Care
Elizabeth Hartley	Children's Services, Wirral Council
Graham Hodgkinson	Director of Adults and Care, Wirral Council
David Morgan	Merseyside Police
Councillor Amanda Onwuemene	Wirral Council
Matthew Swanborough	Wirral University Teaching Hospital
Councillor Sue Powell-Wilde	Wirral Council
Kirsteen Sheppard	Healthwatch Wirral
Mark Thomas	Merseyside Fire and Rescue

37 WELCOME AND INTRODUCTION

The Chair welcomed everyone and read the webcast notice.

38 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Paula Basnett, Wirral Chamber of Commerce
- Louise Healey and Adrian Jones, Department for Work and Pensions
- Sir David Henshaw, Chair of Wirral University Teaching Hospital
- Janelle Holmes, Wirral University Teaching Hospital
- Karen Howell, Chief Executive Wirral Community Health and Care
- David Hughes, Director of Regeneration and Place, Wirral Council
- Paul Satoor, CEO, Wirral Council
- Isla Wilson, Cheshire and Wirral Partnership

39 DECLARATIONS OF INTERESTS

There were no declarations of interests.

40 MINUTES

Resolved: That the minutes of the meeting of the Health and Wellbeing Board on 7 December 2023 be agreed as a correct record.

41 **PUBLIC AND MEMBER QUESTIONS**

No questions, statements or petitions were received.

42 **HEALTH AND WELLBEING STRATEGY UPDATE REPORT FOR PRIORITY AREA 2:**

The Senior Public Health Manager and a Wirral Community Health and Care NHS Foundation Trust representative presented the report of the Director of Public Health which was the 2nd report in the rolling quarterly 'deeper dive' session for each of the priority areas. Priority 2 focussed on strengthening health and care action to address differences in health outcomes against the priority's game changer 'cardiovascular disease (CVD) prevention'. It was emphasised that the actions were adaptable over time depending on changing circumstances and outcomes, and the focus was on actions with the greatest impact. It aligned with the NHS prevention pledge to avoid admissions and illness by focussing on issues such as a healthy living environment and engaging in publicity and engagement campaigns.

Members asked about the methods of engaging different sectors including those less digitally accessible.

Resolved: That

- 1. the implementation plan for the Priority 2 and the associated 'game changer' CVD Prevention be acknowledged.**
- 2. the strategic direction of this game changer be supported.**

43 **INTERIM CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY**

The Director of Place at NHS Cheshire and Merseyside presented the report of the Director of Public Health which set out the latest position on NHS Planning Guidance 2024/25 and the refresh of Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy and NHS Cheshire and Merseyside's Joint Forward Plan. It also set out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24 for the 2024-25 operational planning year. It was noted that the NHS guidance for 24/25 had not been received.

Members questioned the involvement of elected Members in the processes.

Resolved: That

- 1. the progress made on the refresh of Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy and NHS Cheshire and Merseyside's Joint Forward Plan as set out in paragraphs 3.2.1 to 3.2.8 of this report be noted.**
- 2. the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25, which is being overseen by the Wirral Place Based Partnership Board as set out in paragraphs 3.3.1 to 3.3.4 of this report be supported.**

44 **BCF QUARTER 3 AND END OF YEAR REPORTS**

The Head of Integrated Services presented the report of the Director of Public Health which summarised the mandatory Quarter 3 (Q3) report submitted to National Health Service England (NHSE) on 7 February 2024. It provided data to demonstrate that there have been no changes to the capacity and demand assumptions as set out in Wirral's 2023/25 Better Care Fund (BCF) plan. It demonstrated continued compliance with the requirements of the BCF fund and that the NHSE outcomes for 2023/25 had been met. It was noted that workshops were to take place to examine the data in more detail.

Members questioned the information for them to sign off and the difficulty of achieving sign off with Committee and Government timescales was discussed.

The Chair proposed an amendment for recommendation (4) to state: that delegated authority be given to the Director of Care and Health to approve the year-end BCF report in consultation with chair of the Health and Wellbeing Board.

This was seconded by Councillor Jeff Green.

Resolved: That

- 1. it be noted that there is continued compliance with the requirements of the BCF fund and that (NHSE) outcomes for 2023/25 have been met.**
- 2. it be noted that there are no changes to the capacity and demand assumptions included in the 2023/25 BCF plan.**
- 3. the mandatory joint (with NHS Wirral Integrated Care Board (ICB)) Q3 BCF submission be approved.**
- 4. delegated authority be given to the Director of Care and Health to approve the year-end BCF report in consultation with chair of the Health and Wellbeing Board.**
- 5. the information provided enable the Health and Wellbeing Board to influence the deployment of BCF services within the lifespan of this plan (2023/25) and future plans.**
- 6. it be noted that the current position does not pose a risk to the Section 75 Agreement.**

45 **HEALTHWATCH WIRRAL UPDATE MARCH 2024**

The representative of Healthwatch Wirral presented the report of the Director of Public Health which shared emerging trends and themes gathered from public views and personal experiences relating to health and care. The information was sourced from the people who had contacted Healthwatch via email, phone or by using the Feedback Centre, or during community engagement work. It was noted that the content was shared with service providers and that sample sizes were relatively small but the content of them was the focus. Common themes included communication challenges and concerns about ADHD medication.

Resolved: That the report be noted.

46 **DELIVERY OF WIRRAL HEALTH AND CARE PLAN**

The Director of Place at NHS Cheshire and Merseyside presented the report of the Director of Public Health which presented the delivery dashboard for the programmes within the Wirral Place Health and Care Plan which provided an oversight of the whole programme portfolio, provides a monthly narrative update and Red Amber Green rating of overall programme delivery, benefits, risks, and issues.

Resolved: That the overview of the delivery and oversight of the Health and Care Plan programmes to the Wirral Place Based Partnership Board as set out in this report be noted.

47 **WORKWELL BID**

The report of the Director of Public Health was considered which detailed the bid to fund the WorkWell programme which was an early-intervention work and health support and assessment service, providing holistic support to overcome health-related barriers to employment, and a single, joined-up gateway to other support services.

Wirral Place had been supported by Cheshire and Merseyside Integrated Care Board (ICB) to submit a bid in partnership with Knowsley Place. This is in recognition of the specific economic and population challenges faced by each borough, but also of their work in creating effective partnerships across all sectors. The outcome of the grant application would be known in early April 2024 with a delivery plan required by 31st June 2024 and an aim to have mobilised the service by October 2024.

Resolved: That this report be noted.

48 **HEALTH AND WELLBEING BOARD MEMBERSHIP**

The Head of Legal Services presented the report of the Director of Law and Governance which provided an update of the review of the Board's formal membership as contained within the Wirral Council Constitution

Any amendments were to be recommended to Wirral Council's Constitution and Standards Committee and then to Wirral Council before implementation. Organisations which had not attended 50% of meetings had been written to and a variety of responses had been received. Some were yet to respond.

Members indicated that those who had not responded be removed from the membership but could be co-opted in the future.

Resolved: That the amendments to the Constitution detailed in Appendix 2 to the report be recommended to Constitution and Standards Committee.

49 **WORK PROGRAMME**

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

It was noted that the revised Health and Care Plan would be submitted.

The Chair and Members then took the opportunity to thank the outgoing Director of Care and Health for his service and support as this was his last meeting of the Board before his retirement.

Resolved: That, subject to an additional item on the Wirral Plan, the Health and Wellbeing Board work programme for the remainder of the 2023/24 municipal year be noted.

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HEALTH AND WELLBEING BOARD

18th July 2024

REPORT TITLE:	HEALTH AND WELLBEING STRATEGY UPDATE REPORT FOR PRIORITY AREA 3: ENSURE THE BEST START IN LIFE FOR ALL CHILDREN AND YOUNG PEOPLE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

As requested by Members at the Health & Wellbeing Board this is the 3rd report in the rolling quarterly ‘deeper dive’ session for each of the priority areas. Priority 3 focuses on ensuring the best start in life for all children and young people through the priority’s game changers ‘Best Start/Early Help and Family Help’.

The priorities of the Health and Wellbeing Strategy are aligned to the ambitions of the Wirral Plan, particularly:

- Working for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes and raising the aspirations of every child in Wirral.
- Working for safe and pleasant communities where our residents feel safe, and where they want to live and raise their families.

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

RECOMMENDATION

1. The Health and Wellbeing Board is recommended to endorse the implementation plan for the Priority Area 3 ‘Ensure the Best Start in Life for all Children and Young People and the associated ‘game changers’ Best Start/Early Help and Family Help’.
2. Support, influence and shape the strategic direction of these game changers.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure that there is a robust plan to implement the key components that underpin the game changers and the opportunities to maximise their impact by working across the other gamechangers/priorities within the strategy.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered as these game changers link to a range of strategic priorities and future developments that promote efficient use of resources and improved outcomes for children and families.

3.0 BACKGROUND INFORMATION

- 3.1 Priority 3 of the Health and Wellbeing Strategy sets out the ambition to ensure the best start in life for all children and young people. The 'game changers' that have been identified as the focus for this priority are Best Start/Early Help and Family Help. This report provides a highlight of the key programmes of work that are currently operating in Wirral. It should be acknowledged that this is a dynamic and evolving programme and some of the work requires further development across the system. Wherever possible, the activity is reinforced by evidence and local intelligence/insight.
- 3.2 Appendix 1 provides a slide deck summary of examples of key activities that are currently operating and impacting on children, young people and their families.
- 3.3 Slides 3-4 focuses on the Best Start in Life, describing the offer specifically focused on the first 1001 days programme and work to date to further expand on this area.
- 3.4 Slides 5-6 provides information on Family Hubs and the extensive consultation that informed their development.
- 3.5 Slides 7-10 outlines the Family Help offer, using examples of specific elements of the offer to illustrate the breadth of support available.
- 3.6 Slides 11-12 highlights recent key developments for children and young people around emotional health and wellbeing and 'risk and resilience'.
- 3.7 Slides 13-15 illustrates the links between the game changers from the other priority areas in the Health and Wellbeing Strategy, with examples focused on 'Widening Participation and Access to Employment'.
- 3.8 The final slide outlines key actions going forward to build on work to date, and further development of the game changers. These actions include the implementation of new programmes/services and gaining further insight to inform future direction.
- 3.9 There are several programmes of work that are currently in the early stages of implementation that provide exciting opportunities in Wirral, such as the Families

First for Children Pathfinder. Considerable change/development also presents challenges. Strong leadership is in place to drive these programmes strategically, maximising their potential and preventing silo working.

- 3.10 Board members are invited to influence and shape the strategic direction of these game changers.

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.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 7.1 There is a need for ongoing commitment from council officers along with a wide range of partners to deliver Priority 3 within the Health and Wellbeing Strategy.

7.0 RELEVANT RISKS

- 7.1 Any risks related to the implementation of Priority 3 'game changers' 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 A programme of engagement with local people in order to ensure that this strategy remains relevant and impactful is ongoing. The strategy is being delivered in partnership with representatives across the Wirral system, including residents.

9.0 EQUALITY IMPLICATIONS

- 9.1 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 Community Wealth Building is a people-centred approach to economic growth which reorganises local economies to be fairer and stops wealth flowing out of communities, towns, and cities, and instead places control of this wealth into the hands of local people, communities, businesses, and organisations. The Priority 3 ‘game changers’ will support several of the key outcomes within the strategy.

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 Public Health Principal
 Wirral Council
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APPENDIX

Attachment 1: Components of Priority 3 implementation

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 Committee in accordance with Section (b) of the Terms of Reference.

(b) to seek to meet those needs through leading on the ongoing development of a Health and Wellbeing Strategy.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	14 March 2024 7 December 2023 20 July 2023 23 March 2023

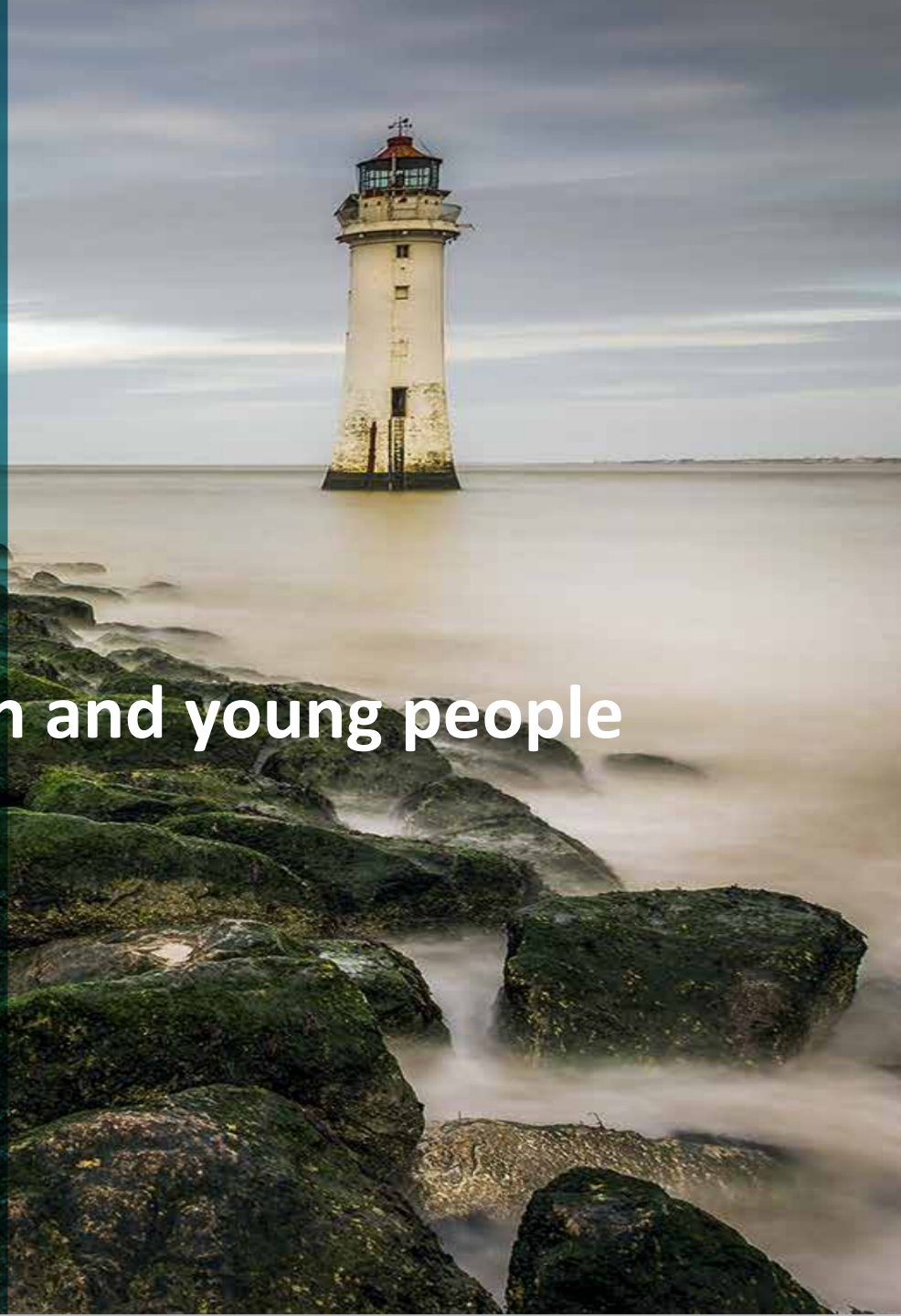
Wirral Health and Wellbeing Strategy 2022-2027

Starting Well. Living Well. Ageing Well.

Priority 3:

Ensure the best start in life for all children and young people

System Lead – Kerry Mehta
Public Health Lead – Julie Graham



Short to medium term actions:

- Establishment of further Family Hub settings and satellites, with integration of Early Help Alliance and 3rd sector
- Early Help Advisors as single point of contact for Early Help for families in 4 locality areas
- New Emotional Mental Health & Wellbeing model to begin April 2024
- Commission new 'Risk/resilience' model to launch September 2024
- Midwifery Continuity of Care evaluation to be repeated (on births between July and December 23) and further teams rolled out Spring 24
- Systemic Practice training to be rolled out and embedded across the whole system
- Explore options for Early Childhood Services co-locating with Children's Centres.
- ICB and LA Neighbourhood working models to develop effective working relationship to drive outcomes

Overseen by:

- Children, Young People & Education Committee
- Partnership for Children, Young People and Families

Impact evidenced by:

- Increase in successful resolutions of Early help to families
- Case studies evidencing the benefits for families
- Reduction of safeguarding escalation
- Reduction of young people presenting to hospital with mental health/substance misuse

Longer-term actions:

- Further integration of health, care and wellbeing support streams within local communities
- C2C evaluated, informing roll out of elements of programme where greatest impact could be
- Greater alignment of education curricula and skills training with emerging business/industry needs
- Family Hubs and satellites continue to evolve and strengthen links with other neighbourhood/locality approaches (eg ICB-led neighbourhood groups)
- Early Help Alliance and 3rd sector become an integral part of the Family Help/Family Hubs localities
- Partners to develop a strong 'Team Around the School' Approach

P3 Game Changers: Best Start/ Early Help & Family help

Impact evidenced by:

- Targeted support tailored to the needs of communities is informed through insight and evident in delivery and uptake of support
- Reduction in families accessing support for the first time at higher levels as needs are being met earlier on
- Young people have appropriate training/skills for available vacancies resulting in improved EET

Best Start in Life

- Early Childhood Service is at the centre of our Best Start for Life Offer with the Early Years Strategy being delivered in partnership with maternity, 0-19 Health Services and third sector organisations Koala NW and Foundation Years Trust.
- Currently 6 midwifery continuity of carer teams across Wirral; with more than 60% of pregnant women booked onto a midwifery continuity of carer pathway for antenatal intrapartum and postnatal care
- Through the development of Family Hubs- there is now an increased amount of access points in the community for the health services
- As a pilot to trialling more collaborative working: we have concluded the 2 year delivery of the First 1001 Days programme, with 3795 of the 3719 families referred engaging. The First 1001 Days programme offers bespoke packages of support including: breastfeeding support; Video Interaction Guidance; Womb to World; Baby Incredible Years; Reflective Parenting for Dads; Stay & Play; Baby Yoga; Baby Massage
- Engagement in the Dolly Parton Imagination Library has increased from 118 to 930 and is supplemented by a programme that includes: Story Explorers; Baby Babble; Rhyme Time; Chatter Tots
- Speech and Language interventions in F1 and F2 provisions has shown an increased number of children able to score green (age expected) at the end of the intervention
- An updated Start For Life offer is being updated and co-produced with parents and partners (published June 2024)

The 'Start for Life' offer is part of the Family Hub model which provides support to parents and carers to enable the best start for their child.

It includes support and services from pregnancy until the child is two years of age, to ensure families can access the support they need when they need it.

Families can access universal services such as:

- Midwifery
- Health Visiting Services
- Mental Health Support
- Infant Feeding Support
- Services relating to special educational needs and disabilities (SEND)
- Safeguarding

Additional services include:

- Welfare and debt advice
- Relationship changes and support
- Stop smoking support

Childcare Extended Offer from April 2024

Eligible working parents of two year olds can access 15 hours childcare support. By September 2025, most working families with children aged between nine months and five years old will be entitled to 30 hours of childcare support.

Wirral's Family Hubs



- | | | |
|---|---|---|
| Birkenhead | The Bungalow | West Wirral |
| 1 Brassey Gardens
CH41 8DA
Tel: 0151 666 3323 | 9 Grove Street Primary School
CH62 5BA
Tel: 0151 645 2170 | 10 Gunneys Meadow School and Family Hub
CH49 6HB
Tel: 0151 677 9255 |
| 2 Equilibrium
CH41 3HX
Tel: 0151 647 6044 | 11 Eastway Primary School
CH48 9TA
Tel: 0151 677 1235 | 11 Pensby Primary and Stanley School
CH81 5UE
Tel: 0151 342 6741 |
| 3 Koala North West
CH42 5PH
Tel: 0151 608 8288 | 12 Seacombe
CH44 7AN
Tel: 0151 666 3350 | 12 For more information on Family Hubs and Satellite Family Hubs please visit wirral.gov.uk/familyhubs |
| 4 St James Centre
CH41 2AL
Tel: 0151 670 9974 | 13 Wirral Development Trust
Leasowe Millennium Centre
CH46 1PQ
Tel: 0151 638 9599 | |
| South Wirral | | |
| 5 Bramborough
CH62 7BW
Tel: 0151 666 3246 | | |

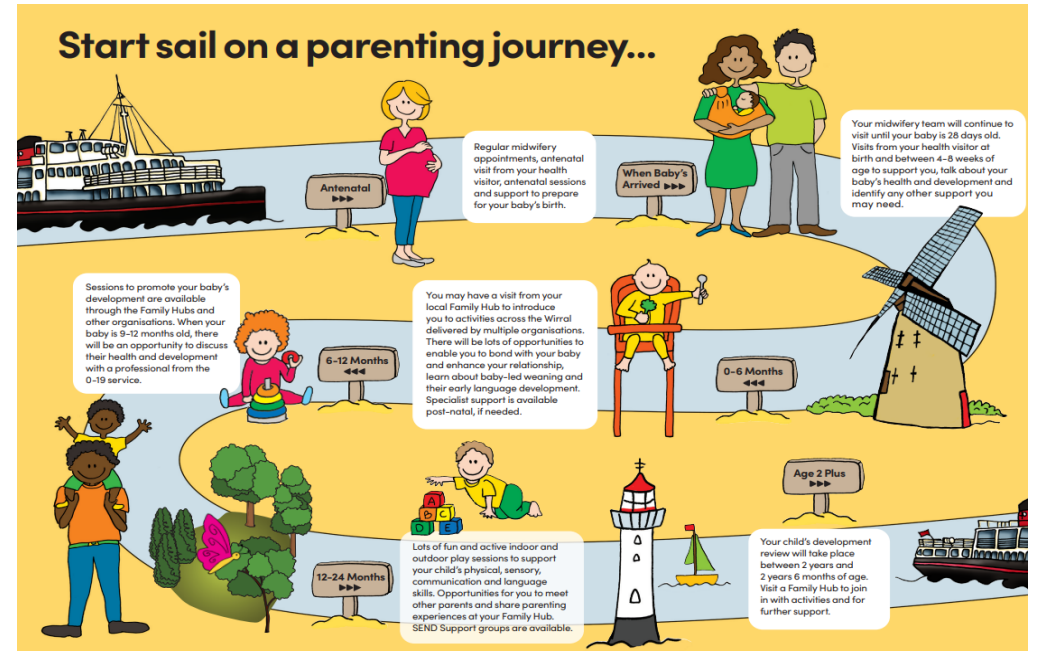
Give your child the best possible start in life.

wirral.gov.uk/familyhubs

SENDLO



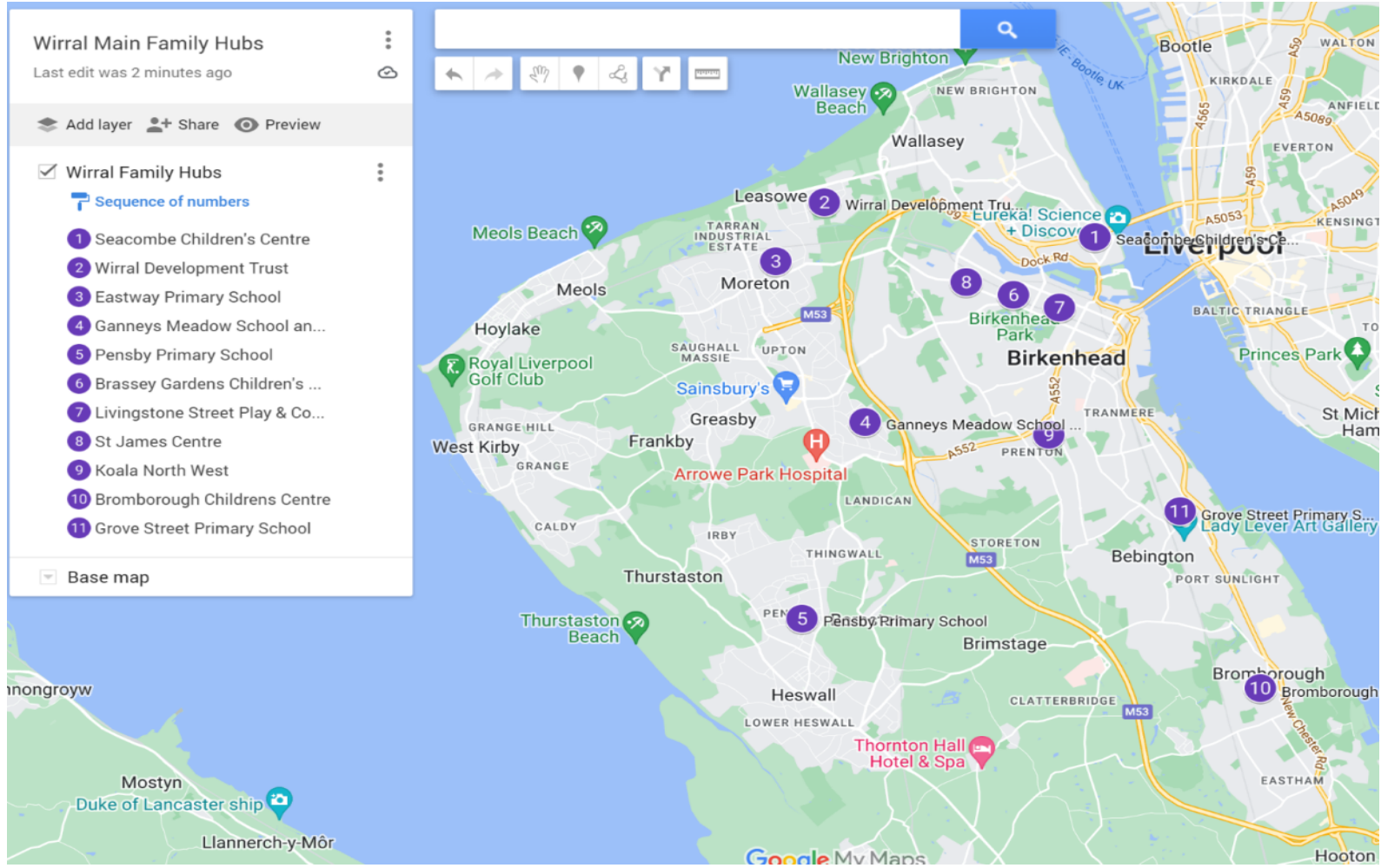
Family Hubs and Start for Life



Across the last year....

- After attending baby massage 84% parents said they had increased bonding with their baby (472/563)
- After attending Baby Babble 98% of parents said their baby was making more sounds saying more words (220/225)
- After attending Sensory sessions for children with SEND 98% of parents said they had increased confidence in supporting development (63/64)
- After completing WellComm screenings, Early Childhood Service have been able to support 80% within Family Hubs (839/1059)

Family Hubs



Family Hubs - parent's feedback to shape the Hubs

Emotional Health and Wellbeing

" We want places we can just come to breathe, to talk and support each other"

Parents asked for informal meeting spaces to enable peer support

" what do we do whilst we are waiting?"

Parents referenced whilst they were on pathways it would be helpful to still access 'drop in' support even if it's for a cup of tea

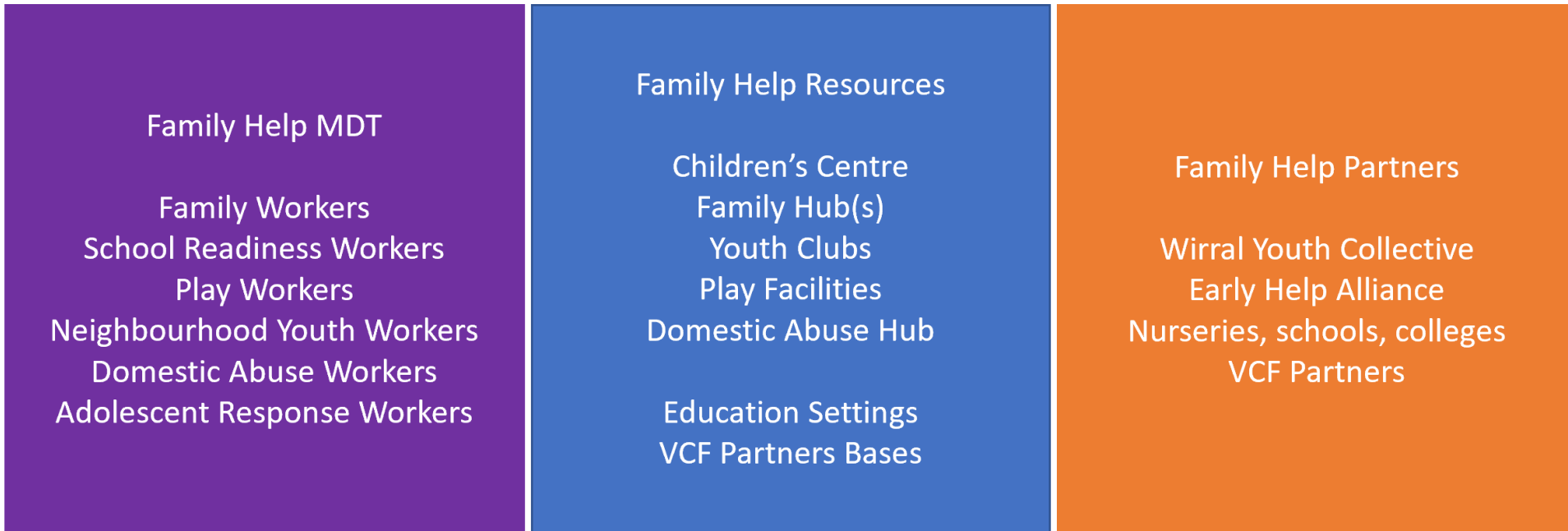
"I used to be scared about asking for help, but now I've had support, I'll never be scared again"

Parents wanted to just be able to ask for help and said they wanted 'consistency' from the people they see

" the best places to go break things down for you, they make it understandable and empower me as a mum"

Parents talked passionately about wanting to do the best for their children , and just wanted to be supported with the tools to do this

Family Help



Each Family Help MDT will be overseen by a Operational Manager, who ensures co-ordination of the offer in their area. This is a co-ordination role, not line management.

Each Operational Manager will retain responsibility for their thematic area across the borough: Domestic Abuse, Children's Centres, Family Matters and Youth & Play Services.

Family Help

Example: Early Help Advisors

- On average there are 47 new consultations each month across the team
- In the first year (from Jan 23) Early Help Advisors have completed **965** individual consultations with education partners
- **709** consultations have opened as a full consultation on Early Help Matters
- 94.44% have received ongoing support from an advisor for 0-6 months
- 5.38% have received ongoing support for 6-12 months

Feedback:

“It was valuable having an advisor available to provide guidance with specific cases – They had so much experience and insight and knowledge about what agencies are available. They can read between the lines when listening to parents, hearing what is not being said so to speak”.

Family Help

Example: Early Help Alliance

- Early Help Alliance - . In the first year of operation services were delivered to 7854 parents/carers and children
- In the first year the Early Help Alliance engaged 83 new members through the Family Toolbox membership, thereby extending reach to organisations delivering thereby extending reach to organisations delivering community-led earliest help to families. In addition to this, the Early Help Alliance secured an additional £963,655 of funding from external sources
- The Early Help Alliance invested £100,000 in grants for grassroots organisations- supporting males with parenting roles, parents with LD, and those with mental health issues
- The Early Help Alliance have been nominated for a Centre for Social Justice Award 2023
- 27% reduction in contacts to children’s services teams, with considerable positive qualitative information showing impact:
- *“It’s great to have a single point of reliable info for parents.”* Parent
- *“It’s great to have something all in one place, that I can go to when I am struggling with being a parent. As dads we are often forgotten about, and it’s so good that I can have a look at what is out there to help me if and when I may need it.”* Parent
- *“Sophisticated, Brave and Innovative”* – JTAI Jan 2023

Cradle to Career



- Despite few escalations, the rate of step downs remained almost twice as high as Wirral by the end of year 3 (43 per 10,000 vs 24 per 10,000) There were more step downs for every referral within C2C team than across Wirral
- Compared to other areas of Wirral, a child in North Birkenhead **is no longer more likely to be re-referred into social care** and they are **more likely to be stepped down from a Child Protection plan. Between April 2023 – April 2024, the Cradle to Career Team attended ICPC's with 3 families and stepped down 3 sets of children from CP Plans.**
- Between April 2023 – April 2024, the Cradle to Career team engaged with 270 children within Level 4 services and closed 254 children from social care within the same period, 72 of these children was stepped down to Level 3/Early Help services. For children living in North Birkenhead, **the rate of closures remained higher than it was across the Wirral.**
- Improved the school attendance of the children in the Schools within the Birkenhead North area. We followed 10 children who had very poor school attendance, 20 – 30% and worked with these young people differently, the impact after 3 months evidenced the impact as the young people's attendance increased to 80 – 90 %

Families First for Children Pathfinder

Pathfinder areas are required to test and learn from the reforms which fall into four broad areas:

- System wide multi-agency safeguarding arrangements – including the establishment and testing of education as the 4th statutory partner
- Family Help – developing multi-disciplinary locality-based teams to deliver an integrated early help and prevention and child in need (children's social care) service
- Child Protection – establishing a specialist social care led multi-agency child protection team
- Family Networks – utilising family network support packages (FNSP) and family group conferences (FGC) to support family networks to be able to support families to keep children and young people living at home

Exciting new offers for children and young people

Emotional Health and Wellbeing Model

- Digital portal 'Branch' - a wealth of information about emotional wellbeing, offering a range of self-help resources and a route through to more specialist help if needed
- This will be supported by a small team of people ready to ensure children, young people, their families and professionals have the information they need and are matched to the right service for them
- Real time data to provide insight into the needs of children and young people, and how these needs are being met

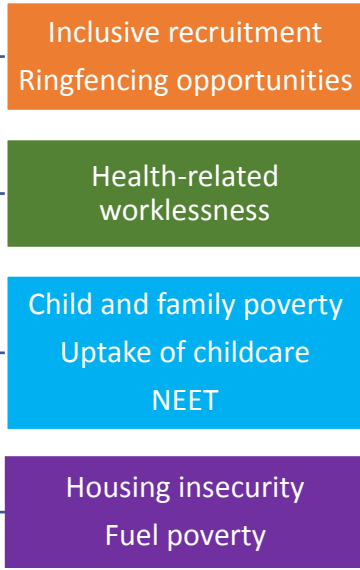
'Risk and Resilience' Offer

- This new holistic offer (to be launched in September 24) includes a range of support, including one-to-one sessions, groupwork, workshops and digital provision to meet the needs of local populations and work to reduce inequalities in both access and health outcomes
- Training and support will also be provided for parents/carers/professionals and education settings
- The offer will be agile to meet needs from emerging risks/behaviours and challenges



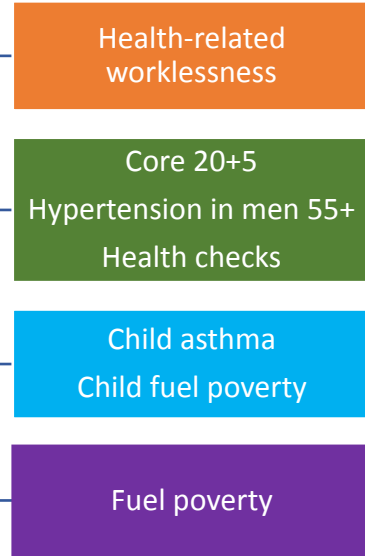
Priority 1

Worklessness



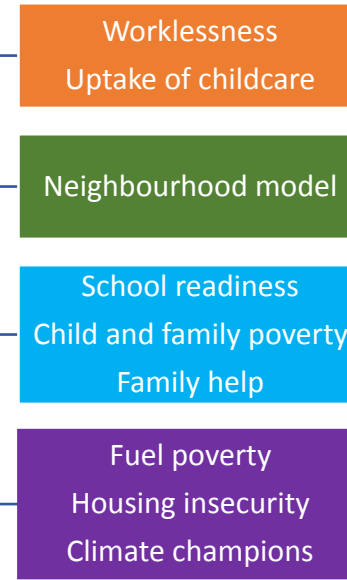
Priority 2

CVD Prevention and Asthma



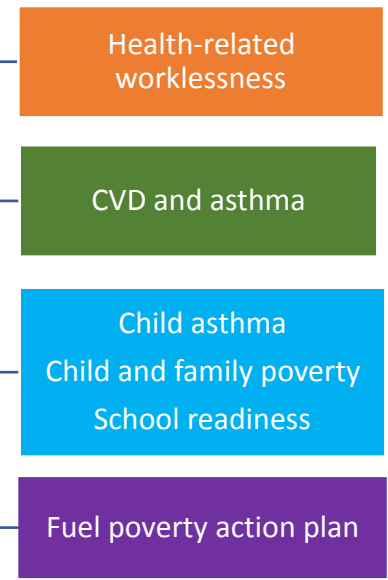
Priority 3

Early Years/ Best Start

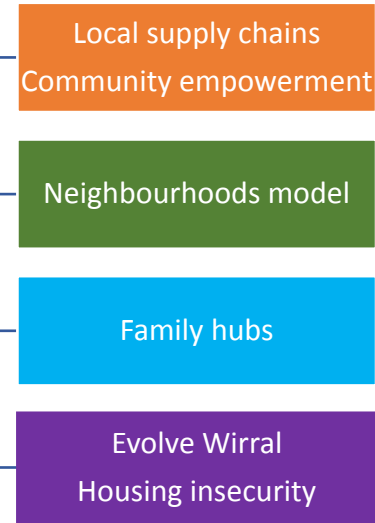


Priority 4

Fuel Poverty



Neighbourhoods



Housing Insecurity



Links between the Game Changers

- Priority 1
- Priority 2
- Priority 3
- Priority 4

Early Years and support for working parents

Government announced increase in early years entitlements to support working parents.

- A working group has been set up to include data intelligence, digital transformation, marketing and communications workstreams
- April 24 – 15 hours for 2-year-olds – DfE estimated we would need 1910 places, 1486 (79%) families received a code, with 1257 85% confirming a place. The national average for gaining a code is 65% so Wirral has seen a good number of families access the entitlement

Government announced all schools to have wrap around provision by Sept 2026

- The DfE have now announced capital funding to support this, along with funding for LA's to implement
- Supply and demand mapping in Wirral completed

Recruitment and retention work:

- Links between early years providers and further / higher education settings have been strengthened
- Multi-disciplinary working party, including Department Work & Pensions, Career connect, 14-19 team, Wirral Chamber, Wirral Met, Liverpool City Region, training providers and early years. The group are currently mapping support available to both employees and employers
- Wirral has been selected to participate in the early years financial incentive pilot and is in the treatment group of the randomised control trial

Life Long Learning

- Health and Wellbeing Curriculum pathway piloted. Further work underway to build on this to delivery short practical wellbeing courses in the community to act as a catalyst and stepping stone to further learning and preparation for employment
- To reach isolated parents of children partners include, SEND schools, Tomorrows Women, St Caths Mental Health Team (individual referrals) and Journey Men
- Delivery is flexible, formed into short chunks of learning and explicit wellbeing outcomes are delivered . There are three options available to meet learner needs: 1) A new course, Learn Well to Keep Well, is delivered by a team of specialist tutors to include the 5 ways to wellbeing; 2) Practical creative courses are embedding agreed wellbeing outcomes; 3) Positive Emotional Resilience for Parents. All courses are non-accredited, and learners may progress to the new entry level wellbeing qualifications.
- All options have positive impact, learners feel more empowered and supported, with a greater sense of purpose, to make small changes. New skills are being developed , turn taking, timekeeping, following instructions, reflective thinking
- Total number of adults engaged year to date are 109+ (51% over age 50, 79% economically inactive, 70% top 10% IMD)

Going Forward

- Families First for Children Pathfinder
- Foundations Changemaker
- Build on current insight: School readiness; NEET; Child and family poverty
- Co-produce and agree a clear approach to Child and Family Poverty
- Repeat audits of attendances at A+E for yp (substance misuse and mental health)
- Develop a Core20+5 action plan for children and young people priority areas
- Further develop the links across the Game Changers



Health and Wellbeing Board

18th July 2024

REPORT TITLE:	SEND IMPROVEMENT
REPORT OF:	ELIZABETH HARTLEY, DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

This report introduces members of the Health and Wellbeing Board to the improvement programme for Special Educational Needs and Disabilities (SEND) for the Local Area in Wirral. The Local Authority, Cheshire and Merseyside Integrated Care Board, education settings, parent carer forum, and other relevant stakeholders are considered members of the Local Area in relation to SEND.

A Local Area SEND Partnership Board, representing those stakeholders, was established in April 2024, which is accountable to the Health and Wellbeing Board for delivery of the Written Statement of Action (WSOA) and SEND Improvement Plan as agreed following the Improvement Notice for SEND, which was issued to Wirral Council by the Minister for Children, Families and Wellbeing on 15th May 2024.

The Local Area SEND Partnership Board will report to the Health and Wellbeing Board via the Director for Children, Families and Education, who is the Senior Responsible Officer for the improvement programme. This first report explains the rationale for establishing the Local Area SEND Improvement Board, its purpose, how that is delivered, and provides an update on activity and progress to date.

RECOMMENDATION/S

The Health and Wellbeing Board is requested to exercise oversight of SEND improvement work delivered through the Local Area SEND Partnership Board.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It has been agreed with Department for Education (DfE) and NHS England through the revised Terms of Reference for the Local Area SEND Partnership Board that the Health and Wellbeing Board is the appropriate forum to provide oversight of SEND improvement activity in Wirral, ensuring that the Written Statement of Action (WSOA) is fully delivered by October 2025.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered. The Local Area SEND Partnership Board will provide updates for information to Wirral Place Based Partnership Board, the Children, Young People and Education Committee, the Adult Social Care and Public Health Committee, and Wirral Safeguarding Children Partnership.

3.0 BACKGROUND INFORMATION

- 3.1 In December 2021, findings of the Local Area SEND Inspection for Wirral were published identifying ten areas for priority action. The Local Area's Written Statement of Action (WSOA) was published in March 2022, responding to each of the priority areas, with the SEND Transformation Board being established to oversee delivery of the WSoA.
- 3.2 In January 2024, the governance arrangements for the WSoA went under review. Working in partnership with the Department for Education (DfE) and NHS England, Local Area representatives agreed new governance arrangements to strengthen the oversight of improvement work and ensure accountability of stakeholders. The refreshed arrangements were implemented in April 2024 with the introduction of the Local Area SEND Partnership Board (LASPB) with its revised Terms of Reference (Appendix 2).
- 3.3 On 15th May 2024, the Minister for Children, Families and Wellbeing issued Wirral Council with an Improvement Notice for SEND due to poor progress against the WSoA. The Improvement Notice (Appendix 1) outlines the Minister's expectations for improvement across all ten Written Statement of Action areas, which must be delivered by October 2025 at the latest. It lists the parameters to be put in place including, continued monthly monitoring by DfE and NHS England Officials, six-monthly progress reviews, refreshing the improvement plan, and robust scrutiny arrangements.
- 3.4 The Department for Education agreed that the refreshed governance arrangements for the Local Area SEND Partnership Board, which included Wirral Council Chief Executive as Chair, membership of the Leader of the Council, Lead Member for Children's Services, and Chair of the Health and Wellbeing Board, met the expectations of the Improvement Notice. It was agreed that the Director for Children, Families and Education, as Senior Responsible Officer for SEND, would Chair the

WSoA Impact Group and report to the Health and Wellbeing Board on behalf of the LASPB.

- 3.5 The LASPB has met on a monthly basis, with DfE and NHS England Advisers in attendance at each meeting to monitor progress. Meetings have taken place on 29th April 2024, 21st May 2024, and 25th June 2024. All members of the LASPB have benefitted from an induction to the Board and to SEND.
- 3.6 In accordance with the Improvement Notice, the Local Area submitted a revised SEND Improvement Plan to DfE, addressing the ten areas for priority action (Appendix 3).
- 3.7 The WSoA Impact Group is monitoring progress of the SEND Improvement Plan through monthly meetings using the WSoA Impact Group Tracker (Appendix 4) to highlight performance, update on progress and make necessary recommendations to LASPB for further action or decisions.
- 3.8 Since its first meeting in April 2024, the LASPB has:
 - Approved an Education, Health and Care Plan (EHCP) Recovery Plan
 - Approved the Delivering Better Value in SEND Plan 2024-25
 - Approved the Educational Psychology Service re-design
 - Approved the SEND Sufficiency 2-Year Plan
 - Agreed to co-produce a local Continuing Care Protocol
 - Agreed to co-produce a new SEND Strategy for Wirral
- 3.9 LASPB members have participated in a Deep Dive for EHCPs on 18th June 2024 and a Neurodevelopmental Pathway Event on 10th June 2024. These workshop sessions have brought key stakeholders together to increase understanding of barriers in key parts of the SEND system, with the aim to agreeing means for improvement.
- 3.10 The LASPB holds a Risk and Issues log which is reviewed at each meeting and is closely monitoring its Action Log, keeping account of decisions reached, action taken, and items successfully completed within the agreed timescales. These records are demonstrating the effectiveness of the board, which will be reviewed in partnership with DfE and NHS England in October 2024.
- 3.11 Over recent months, all stakeholders for the LASPB have been working together to form a Local Area SEND self-assessment, which will inform the new SEND Strategy. The self-assessment is a key document for the partnership and is required for the upcoming Local Area SEND and Alternative Provision inspection. The DfE SEND Adviser has been working alongside services to develop it.
- 3.12 The LASPB is committed to ensuring that there is transparency on all activity and improvement work. The local offer website, SENDLO, is publishing all documentation for the meetings to ensure that the parent carer community, stakeholders, and residents are fully informed.

3.13 The WSoA Impact Group Tracker (Appendix 4) will be among those documents published on a monthly basis. It provides an account of progress, performance data and recommendations to the LASPB.

3.14 The WSoA Impact Group Tracker for May 2024 highlights the following:

3.14.a Strengthening EHCP quality and timeliness continues, as anticipated, to be an area of significant pressure. With timeliness slightly increasing from 14% to 17% this remains significantly below the target level. It should be noted that the volume of EHC Plans being issued is very high, with 260 plans completed since January 2024. The rate of EHC Plans per 10,000 in Wirral is 117.2 putting the borough well above the regional average of 62.1 per 10,000 population. Wirral is at the top of the regional group, with Knowsley following at a rate of 84.2 per 10,000.

3.14.b Parent carer satisfaction rates remain low, measured through surveys, complaints and tribunals. Established work to improve EHCP quality and timeliness, SaLT waiting times and provision, Neurodevelopmental Offer, and development of more resource provision will improve parental satisfaction rates, however, it is anticipated that it will be several more months before the impact of this work will be evident in performance data.

3.14.c Communication can be considered in two forms, that from the Local Area on improvement work and within case work. Communication between the Local 37 Area and stakeholders is improving. There are more updates, communications, and publications being made through SENDLO, newsletters, and briefings. This will be further improved through the SEND Improvement Communication Strategy to be presented to LASPB on 25th June 2024. Communication within case work continues to be poor and is highlighted through PCPW, complaints, informal contacts, and in meetings. A specific set of issues has been highlighted in the Tracker for action to be taken by the Head of SEND, Director for Children, Families and Education, and Organisational Development at Wirral Council.

3.14.d Co-production and engagement to develop a parent-led SEND Offer through Wirral's Family Hubs is noted as a strength. Working with PCPW, VCF Reference Group, Positivitree, SENDIASS, Koala NW, and individual parents, the Local Authority Lead for Family Hubs has established an initial SEND Offer across the hubs.

3.14.e The local offer website, SENDLO, continues to strengthen its profile and engagement with stakeholders. News updates and content have significantly increased, as has the number of people using the site which is now regularly above 12-13,000 per month. Compared against the average monthly figure of 2-3,000 per month, this is a significant improvement. Data shows that a substantial number of users are from the Wirral area and they are taking advantage of the 'Get in Touch' feature to request further information and give feedback.

3.15 The LASPB has noted the WSoA Impact Group Tracker report, agreeing its recommendations for further improvement activity.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct resource implications arising from this report. The LASPB have considered those arising from improvement work on an individual basis and have agreed the necessary arrangements, as is documented in the board's minutes and action log.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council, working with the Integrated Care Board (ICB) and its other partner agencies must comply with the Improvement Notice and the actions it contains, as set out in Section 28 (2) of the Children and Families Act 2014. Failure to comply would lead to further intervention from the Minister for Children, Families and Wellbeing.
- 5.2 Provision of Education, Health and Care Needs assessments and plans are statutory responsibilities under the Children and Families Act 2014.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT, ASSETS

- 6.1 There are no direct resource implications arising from this report. The LASPB have considered those arising from improvement work on an individual basis and have agreed the necessary arrangements, as is documented in the board's minutes and action log.

7.0 RELEVANT RISKS

- 7.1 A risk and issues log is maintained and reviewed by the LASPB at each meeting. The LASPB Executive Group meets twice monthly to add additional oversight to risk management.
- 7.2 Should the Local Area SEND Partnership Board not deliver the improvement required as set out in the notice and Written Statement of Action further intervention under Section 497A of the Education Act 1996 would be invoked, thereby directing the Council to take further action to improve SEND services.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Department for Education funds, via third sector organisation Contact, a parent carer forum for the local area. In Wirral, Parent Carer Participation Wirral (PCPW) are the designated group to represent the voice and experience of local families. PCPW are represented at the LASPB and its subgroups. The Participation & Engagement subgroup of the LASPB is Chaired by the Chair of PCPW.
- 8.2 On 17th May 2024, the Council Leader, Council Chief Executive and Director for Children, Families and Education met with the PCPW Steering Group to discuss parent experience, the LASPB and SEND improvement. The Chair of the Health & Wellbeing Board and Lead Member for Children's Services will be meeting with PCPW Steering Group post-purdah.

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 work in partnership with local and regional partners to develop arrangements necessary to deliver improved outcomes in population health by tackling health inequality which are pertinent to special educational needs and disabilities.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside and partners are committed to carrying out their work in an environmentally responsible manner.

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: **Name** **Elizabeth Hartley**
Director for Children, Families and Education
Telephone: 0151 666 4330
Email: elizabethhartley@wirral.gov.uk

APPENDICES

Appendix 1- Improvement Notice (15th May 2024)
Appendix 2- Local Area SEND Partnership Board Terms of Reference
Appendix 3- SEND Improvement Plan
Appendix 4- WSoA Impact Group Tracker May 2024

BACKGROUND PAPERS

The Local Area SEND and Alternative Provision Framework [Area SEND inspections: framework and handbook - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/area-send-inspections-framework-and-handbook)

TERMS OF REFERENCE

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

(c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Not applicable	Not applicable

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Improvement Notice

To: Wirral Metropolitan Borough Council ('the council')
2 Alice Ker Square
Birkenhead
Wirral
CH41 2AB

This Improvement Notice is issued to Wirral Metropolitan Borough Council on 15 May 2024 as a result of poor progress against the actions and deliverables in the Special Educational Needs and Disability Written Statement of Action (WSoA) produced by Wirral local area SEND partnership in response to the Ofsted and CQC SEND inspection published on 9 December 2021.

1. This notice is given to address the ten areas of significant concern identified in the report of the inspection published on 9 December 2021.
2. To comply with this notice, the following actions are required of the Council, working with the Integrated Care Board (ICB) and its other partner agencies ("partners"), as set out in section 28(2) of the Children and Families Act 2014.

Improvement plan

3. The Council's revised improvement plans should deliver appropriate and sustainable improvement, taking account of the views of parents, children and young people, school and education leaders and wherever possible, putting co-production at the centre of improvement activity. These revised plans must cover the areas of significant concern identified in the Ofsted and CQC inspection report of 9 December 2021, including revised activity to:
 - strengthen the quality and timeliness of EHC assessments and annual reviews,
 - embed meaningful co-production with parents and carers,
 - increase parent satisfaction with the area's provision,
 - improve the use and utility of the published local offer,
 - improve communication with parents and carers across the area,
 - improve the relationship between the Local Area Partnership and the Parent Carer Partnership Wirral,
 - increase joint commissioning of services in the area,
 - embed effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account,
 - address the lack of accurate, up-to-date and useful information informing the area's plans and the impact of these actions,
 - embed the graduated response consistently across all schools and settings.
4. The Secretary of State has chosen to appoint a Specialist SEND Adviser ("DfE Adviser") to provide advice to the Department and the council. The

council will work with the DfE Adviser until some such time that the Secretary of State is satisfied this is no longer required.

5. To ensure there is clear evidence of progression:
 - a. the Council must ensure there is an Improvement Board, which the partnership are responsible for. The Chair is to be agreed by the Department and the Board attended by key leaders across Education, Health and Care services, including the Chief Executives of the Council and the ICB, the Children Services Accountable Officer, the ICB Accountable Officer and appropriate Elected Members of the Council to a timetable agreed with the Department;
 - b. the Improvement Board must have clearly assigned accountabilities for all actions agreed, along with clear and measurable targets covering the areas of significant concern identified in the Ofsted and CQC report;
 - c. those accountable for the actions in the improvement plans must keep the content up to date, with a risk register and mitigation plan updated in line with the meeting cycle and provided to the Improvement Board in advance;
 - d. reports to the Improvement Board should include data, analysis and evidence of the impact of improvements on the lived experience of children and families;
 - e. the Improvement Board should maintain an action and impact log which is updated at each meeting, highlighting objectives which are slow to progress and where contributions need to be strengthened.
6. Invitations to Improvement Board meetings must be sent on each occasion to the appointed DfE Adviser, NHS England Adviser and to the Department's case lead.

Improvement against the above measures will be assessed as follows:

7. The DfE Adviser and NHS Advisers will provide regular updates to the Department of progress or concern against the areas set out in this notice; improvement against the Ofsted and CQC requirements; and any other such information relevant to the improvement journey.

Department for Education Stocktake Reviews

8. Officials or advisers from the Department will undertake reviews of progress against the improvement agenda at least every six months and more regularly where appropriate.
9. Reviews, including areas of priority action deep dives, may cover but are not exclusive to: leadership; governance; co-production; quality of workforce training and support; multi-agency arrangements including joint

commissioning, Education, Health, and Social Care provision; the timeliness and quality of EHC plans and engagement with children, young people, families and carers.

10. Prior to any reviews, the Council should provide to the Department its own assessment of improvement. This may include, but is not limited to:
 - a. progress against improvement plan objectives;
 - b. feedback from parents and carers;
 - c. clear information about local accountability and governance structure;
 - d. the documentary evidence used to plan, track and evaluate the impact of actions. This may include:
 - I. A progress update against each area of priority action and improvement area;
 - II. A dashboard of performance measures showing whether targets and milestones are being met in a timely manner; any slippage; evidence of impact and whether the local area is on track to meet the next set of milestones.
 - III. Evidence that key partners, including children and young people, families and schools are playing an active role in improving services.
11. From time to time, the Department may require that a diagnostic review or assessment is undertaken by a party agreed with the Department.
12. For any review or assessment, the Council must provide the person(s) conducting it with:
 - a. access to, and time with, staff and leadership;
 - b. accurate and up to date data on performance and quality;
 - c. facilities to carry out the reviews; and
 - d. access to minutes of meetings or any other relevant information.

Timescales:

13. The Council should aim for the impact measures set out in the Improvement Plan to be evidenced by the agreed target dates. The Council should also aim for actions included in the improvement plan to be delivered by the end of October 2025 or sooner. However, the Improvement Notice will not be stepped down until sufficient progress has been evidenced, and the Minister agrees.

Failure to comply with this Improvement Notice by the assessment dates or poor progress:

14. Should the Council be unwilling or unable to comply with this Improvement Notice or should the Secretary of State not be satisfied with the Council's progress at any stage, they may choose to invoke their statutory powers of intervention (s497A Education Act 1996) to direct the Council to take any

further actions deemed necessary to secure the improvements required in SEND services.

Signed:

A handwritten signature in black ink, consisting of several loops and a long, sweeping tail that extends upwards and to the right.

Date: 07/05/2024

Mark Taylor

Senior Civil Servant in Department for Education

Local Area SEND Partnership Board

Terms of Reference

April 2024

Purpose

The Local Area SEND Partnership Board is responsible for:

- setting the strategic vision for the delivery of support to children and young people with special educational needs and disabilities (SEND).
- driving improvement that addresses areas of significant concern identified in the Local Area SEND Inspection report (December 2021) and delivery of the related Written Statement of Action
- ensuring oversight and compliance with the requirements of the SEND Improvement Notice (May 2024).

Chairing Arrangements

Chief Executive of Wirral Council, Paul Satoor,

In the absence of the Chair, the Board will appoint a Chair for the duration of the meeting.

Membership

Members of the Local Area SEND Partnership Board will remain accountable to their employing organisations; however, they will be Senior Decision Makers able to act on behalf of their organisations to facilitate effective partnership working.

Chair: Chief Executive, Wirral Council
Place Director for Wirral ICB, Cheshire and Merseyside ICB
Leader of the Council, Wirral Council
Lead Member for Children, Wirral Council
Chair of the Health & Wellbeing Board
Director for Children, Families and Education, Wirral Council
Associate Director Quality & Patient Safety*, Cheshire and Merseyside ICB
Assistant Director Education, Wirral Council
Assistant Director All Age Independence/Provider Services Wirral Council
Parent Carer Forum Chair
Parent Carer Forum Representative
Assistant Director Public Health, Wirral Council
Joint Strategic Commissioner for Children and Young People, Wirral Council
Head of SEND, Wirral Council
Head of SEND, Cheshire and Merseyside ICB
Programme Manager, Wirral Council
Head of Legal Services, Wirral Council
Headteacher Representative
Headteacher representative

Headteacher representative- Special
Early Years Sector Representative
Post-16 Sector Representative
SENCO Representative
SENDIASS Representative

Local Area SEND Partnership Board Non-Members/In Attendance Only

NHS England Representative(s)
Department for Education Representative(s)

**Denotes Members of Executive Group*

Named Deputies

Where appropriate, Board Members are requested to provide a named deputy. It is expected that the Deputy would be one named person with the appropriate subject and organisational knowledge to represent the member adequately.

Frequency of Meetings

Board meetings will be held monthly.

In addition to the monthly meetings of the Board, at the request of the Chair, members will be required to attend and contribute to deep dives, reviews, or diagnostic assessment as agreed with the Department for Education and/or NHS England.

Specific Aims

- To provide clear governance and accountability for SEND and alternative provision.
- To enable senior leaders across the local area to know who our children and young people with SEND are.
- To understand the needs of the more vulnerable cohorts of children with SEND, that this is shared and understood across the system.
- To understand the difference we are making for children and young people with SEND and where there are gaps in provision or outcomes that need focused attention.
- To ensure the voices and views of children and young people, parents and carers are shaping individual plans and support the strategic ambition of the local area.
- To build on best practice, thereby enabling schools and setting to support children with SEN and SEND effectively.
- To understand the quality of delivery and outcomes for children in alternative provision.
- To enable successful preparation for and transition to adulthood.

- To oversee a quality assurance framework that supports the whole system to understand their roles and what 'good' looks like.
- To promote positive communications across and within the local system.

Accountability and Reporting

Accountability

The Local Area SEND Partnership Board is accountable to the Health & Well Being Board. This decision was made following an options appraisal whereby it was felt that the board had representation across the Council and health services and therefore was the most appropriate option.

On behalf of the Board, the Director for Children, Families and Education will provide updates to the relevant Council Committees and Place Based Partnership Board as required.

SEND Executive Group

The Local Area SEND Partnership Board will have a SEND Executive Group, which includes the Place Director for ICB, Associate Director for Quality and Patient Safety ICB, Director for Children, Families and Education, and Director for Adult Social Care and Public Health. These four senior leaders will meet following each board meeting to, where necessary, deploy resource/activity to implement the agreed actions of the Local Area SEND Partnership Board. Council leadership, including the Chief Executive and Elected Members, may attend the SEND Executive Group meetings as they see appropriate and necessary.

Reporting lines

As suggested, the Local Area SEND Partnership Board will be held accountable to the Health and Wellbeing Board, however, the Board will be required to report into other Boards and Committees upon request. These include:

- Children, Young People and Education Committee
- Cheshire and Merseyside ICB
- Adult Social Care and Public Health Committee
- All Age Disability Partnership Board
- Partnership for Children Young People and Families
- Multi Agency Safeguarding Arrangements (MASA) Executive
- Joint Health Care Commissioning Executive Group

Subgroups

Reporting into the Local Area SEND Partnership Board will be 5 subgroups:

Subgroup 1: SEND Strategic Performance Group

- To collate, interpret and analysis performance data across the partnership.
- To report to the SEND Partnership Board on performance data to drive performance, evidence progress or identify gaps.

- To monitor quality assurance, using analysis to inform operational improvements.
- To monitor the implementation of the SEND Sufficiency strategy.
- To evaluate SEND sufficiency outcomes, evidencing impact of this.

Subgroup 2: SEND Continuous Improvement Group

- To co-ordinate inspection readiness activities, providing assurance to the board on this.
- To co-ordinate service improvement for Home-to-School Travel.
- To scope and deliver improvements within Preparation for Adulthood.
- To manage the development of the SEND and Alternative Provision Strategy, reporting into the SEND Partnership Board on agreed milestones throughout development.
- To manage developments within the neurodevelopmental offer, Speech and Language Therapy offer and other specialist provisions.

Subgroup 3: SEND Participation and Engagement Group

- To plan and facilitate SEND youth voice activities.
- To plan and facilitate the Parent Carer Forum.
- To forward plan, scope and co-ordinate all engagement events.
- To ensure timely, effective communications are circulated through the appropriate means on a regular basis.
- The management and administration of SENDLO, ensuring pages are up to date with current news stories, local events, service updates and SEND Partnership Board papers and subsequent documentation.

Subgroup 4: Delivering Better Value in SEND Project Board

- To oversee delivery of the 12-month DBV programme as agreed with the DfE Memorandum of Understanding
- To provide the Local Area SEND Partnership Board with quarterly progress reports.
- To escalate risks and issues for strategic leadership direction.

Subgroup 5: Written Statement of Action Impact Group

- To monitor progress against the Written Statement of Action and refreshed Improvement Plan
- To ensure that evidence of impact is being monitored and collated.
- To evaluate impact and provide assurance that actions are resulting in a positive impact for children and young people.

Accountability

Each Subgroup will be accountable to the Local Area SEND Partnership Board. Subgroups will provide progress reports demonstrating progress against their

agenda, highlighting areas of concern where necessary and evidencing high quality outcomes into the board on a monthly basis.

Subgroup 4, the Delivering Better Value in SEND Project Board, will report on a quarterly basis, aligned with reporting to the DfE.

The Subgroup structure can be found in Appendix 1.

Enabling Groups

There are a number of enabling groups that monitor, steer or facilitate business and improvements within the SEND Governance Structure. These groups will report into the Local Area SEND Partnership Board by exception.

Member Induction and Annual Appraisal

All members of the Local Area SEND Partnership Board will receive a half-day induction.

All members of the Local Area SEND Partnership Board will receive an annual appraisal with a member of the SEND Executive Group. This will provide an opportunity to reflect on the Board's strengths and areas for development, as well as identifying any ongoing training/learning/support needs for individual members.

Review

Terms of reference, membership and subgroups will be reviewed annually, with the first renewal taking place in March 2025, to be implemented in April 2025

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Local Area SEND Improvement Plan Wirral, May 2024

On 15th May 2024, the Minister for Children, Families and Wellbeing issued Wirral Council with an improvement notice due to poor progress in addressing each of the areas of significant weakness detailed in the Local Area SEND Inspection of September 2021.

This Improvement Plan, which will be monitored by Department for Education and NHS England, will focus specifically on the ten areas of weakness set out in the inspection findings:

- strengthen the quality and timeliness of EHC assessments and annual reviews,
- embed meaningful co-production with parents and carers,
- increase parent satisfaction with the area's provision,
- improve the use and utility of the published local offer,
- improve communication with parents and carers across the area,
- improve the relationship between the Local Area Partnership and the Parent Carer Partnership Wirral,
- increase joint commissioning of services in the area,
- embed effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account,
- address the lack of accurate, up-to-date and useful information informing the area's plans and the impact of these actions,
- embed the graduated response consistently across all schools and settings.

In April 2024, Wirral Council revised the governance arrangements for SEND, establishing a Local Area SEND Partnership Board served by five key subgroups: SEND Strategic Performance Group, SEND Continuous Improvement Group, Delivering Better Value (DBV) Project Board, Participation and Engagement (P&E) Subgroup, and the Written Statement of Action (WSOA) Impact Group. The Local Area SEND Partnership Board is accountable to the Health and Wellbeing Board, with additional regular reporting to key committees and partnership meetings.

The Minister for Children, Families and Wellbeing has set clear expectation for accelerated improvement, indicating that this plan needs to be fully delivered by October 2025 at the very latest.

This revised plan has been developed to address outstanding actions from the Written Statement of Action (March 2022) and to deliver improved outcomes for children and young people with SEND and their families, based on the feedback they have provided independently and through Wirral's parent carer forum.

WSOA Success Statement 1: Strengthen the quality and timeliness of EHC assessments and Annual Reviews

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
EHC 20-week compliance for new plans	29%	38%	33%	75%	15%	26%	37%	49%	57%	67%	75%
Annual Review 4-week compliance				90%			30%	45%	60%	75%	90%
Annual Review 12-week compliance				90%			30%	45%	60%	75%	90%
% of quality assurance reviews 'good' or better				75%		30%	40%	50%	60%	70%	75%
Number of tribunals lodged	4	8	5	N/A	Monthly record to demonstrate trend						

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
2.1.q	Implement 5-day response to all communications	SEND Manager	07/2024	SEND Strategic Performance Group
2.2.a	Develop and implement a clear multi agency approach for Annual Reviews, with effective means of communication	SEND manager	09/2024	SEND Strategic Performance Group
2.2.c		Head of SEND	12/2024	SEND Strategic Performance Group
2.3.b	Implement prioritised approach for Annual Reviews	Head of SEND	12/2024	SEND Strategic Performance Group
2.3.d	Evaluate impact of specialist services through Annual Review process	Head of SEND	Quarterly	SEND Strategic Performance Group

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP1	Deliver the EHCP Recovery Plan as approved by LASPB	Head of SEND	10/2025	SEND Continuous Improvement Group
AIP2	Deliver the Educational Psychology Service restructure as approved by LASPB	Head of SEND	10/2025	SEND Continuous Improvement Group
AIP3	Complete SENDSTART Service restructure as approved by LASPB	Head of SEND	10/2024	SEND Continuous Improvement Group

Business As Usual Assurance Activity Expectations
Service Scorecard performance monitoring, 4-weekly cycle
SEND Quality Assurance Framework, 4-week cycle
Quality assurance of SEND Workforce Development Plan- 4 week cycle
Completion of Satisfaction Surveys

WSOA Success Statement 2: Embed meaningful co-production with parents and carers

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
Number of monthly co-production activities				Higher	5	>6	>6	>6	>6	>6	>6
% Children’s staff trained in co-production				95%	10.2%	20%	35%	50%	65%	80%	95%
% of parent carers who ‘agree’ or ‘strongly agree’ that they have been involved in EHCP process				80%		30%	40%	50%	60%	70%	80%

Outstanding WSoA Action

Ref	Action	Responsible	Delivery Date	Monitoring by
3.1.c	Deliver mandated induction training for new employees in children’s services on good coproduction practice, based on the Wirral Coproduction Charter	Stakeholder Manager	Monthly	P&E Subgroup
3.2.b	Information exchanges on key SEND matters are shared regularly	Stakeholder Manager	Monthly	P&E Subgroup
3.3.g	Increased communication with parents and carers following all decisions	SEND Manager	Daily	SEND Strategic Performance Group

New Action

Ref	Action	Responsible	Delivery Date	Monitoring by
AIP4	Co-produce the SEND Strategy 2024-27	Principle EP	03/2025	SEND Continuous Improvement Group
AIP5	Deliver the Co-production pilot as part of the EHCP Recovery Plan approved by LASPB	Head of SEND	03/2025	SEND Strategic Performance Group
AIP6	Deliver the SEND Offer via Family Hubs	Op. Manager	10/2024	P&E Subgroup

Business As Usual Assurance Activity Expectations

Learning from complaints (3.3.f) and tribunals (3.2.f) 4-weekly cycle
Training on Co-Production, Working with Parents, and Working with Professionals, 8-weekly cycle
Monthly co-production case study

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WSOA Success Statement 3: Increase parent satisfaction with the area’s provision

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
Number of complaints (LA)	10	3	15	6	14	13	12	10	9	6	6
Number of tribunals lodged	4	8	5	N/A	Monthly record to demonstrate trend						
% feedback surveys ‘satisfied’ or better (LA)				80%		30%	40%	50%	60%	70%	80%
% feedback surveys ‘satisfied’ or better (health)				80%		30%	40%	50%	60%	70%	80%

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
4.1.d	Complete an analysis of school demography based on SEND cohorts.	Head of Improvement	07/2024	SEND Strategic Performance Group
4.1.e	Further training for wider partners across education, health and social care in relation to the revised SEND Code of Practice (2015) and SEND Reforms (2014)	Head of SEND	04/2025	DBV Project Board
4.1.f	Develop a clear network of professionals across the local area to support early interventions and therapeutic approaches	Principle EP	11/2024	DBV Project Board

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP7	Deliver the SEND Sufficiency Strategy 2024-26	AD Education	10/2025	SEND Continuous Improvement Group
AIP8	Deliver the SaLT Recovery Plan	Head of SEND ICB		SEND Strategic Performance Group
AIP9	Implement the new neurodevelopmental offer	Head of SEND ICB	09/2024	SEND Continuous Improvement Group

Business As Usual Assurance Activity Expectations
Family and Friends surveys daily
Mediation activity weekly
EHCP Satisfaction surveys daily
SEND Quality Assurance Framework 4-weekly cycle

WSOA Success Statement 4: Improve the use and utility of the published local offer

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
Number of hits (monthly)			3212	Higher	Monthly record to demonstrate trend						
Number of new articles (monthly)				>8	>8	>8	>8	>8	>8	>8	>8
Number of new content features (monthly)				>8	>8	>8	>8	>8	>8	>8	>8
% of users 'satisfied' with local offer website				85%	55%	60%	65%	70%	75%	80%	85%

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
6.2.b	A named local offer lead takes responsibility for requesting relevant data, ensuring that information on the site is up to date and functioning effectively	SEND Manger	08/2024	P&E Subgroup

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

Business As Usual Assurance Activity Expectations				
SENDLO activity report monthly				

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WSOA Success Statement 5: Improve communication with parents and carers across the area

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
Number of complaints due to communication			6	Lower	<6	<6	<6	<6	<6	<6	<6
Number of formal communications to parents and carers			3	Higher	>8	>8	>8	>8	>8	>8	>8
Number of local area engagements with parents and carers			4	Higher	>4	>4	>4	>4	>4	>4	>4

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
2.1.q	Implement 5-day response to all communications	Head of SEND	09/2024	SEND Strategic Performance Group

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP10	Deliver the SEND Improvement Communication Strategy	SEND Stakeholder Manager	04/2025	P&E Subgroup
AIP11	Recruit a Communications Lead for SEND Improvement/DBV	Assistant Director Education	07/2024	DBV Project Board

Business As Usual Assurance Activity Expectations
Annual SEND Survey SEND Quality Assurance Framework 4-weekly cycle EHCP Satisfaction surveys daily

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WSOA Success Statement 6: Improve the relationship between the Local Area Partnership and the Parent Carer Participation Wirral

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
% of PCPW meeting requests met- LA				100%	100%	100%	100%	100%	100%	100%	100%
% of PCPW meeting requests met- health				100%	100%	100%	100%	100%	100%	100%	100%
% of PCPW meeting requests met- social care				100%	100%	100%	100%	100%	100%	100%	100%
% of Local Area meetings attended by PCPW				100%	100%	100%	100%	100%	100%	100%	100%
Number of formal escalations made by PCPW				N/A	Monthly record to demonstrate trends						

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP12	PCPW to lead the Preparation for Adulthood event, with support from the Local Area	PCPW Chair	10/2024	P&E Subgroup
AIP13	PCPW to Chair the Participation & Engagement Subgroup	PCPW Chair	10/2024	WSOA Impact Group

Business As Usual Assurance Activity Expectations
Survey to demonstrate how well-embedded PCPW is in the Local Area SEND system
Survey to demonstrate understanding of how well Local Area staff understand the role of the parent carer forum
Monthly action log for PCPW and Local Area report

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WSOA Success Statement 7: Increase joint commissioning of services in the area

METRICS	HISTORIC			TARGET	TRAJECTORY					
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25
Number of jointly commissioned services			4	Higher	Monthly figure to demonstrate trend					
Number of children and young people with a jointly commissioned package of care			5	Higher	Monthly figure to demonstrate trend					

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
1.2.g	Develop a clear programme of joint commissioning activity including short term objectives and longer-term strategic aims, using data to drive decision making	Joint Commissioning Lead	10/2024	Joint Commissioning Forum

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP14	Co-produce a local Continuing Care protocol	Commissioning Lead	08/2024	Joint Commissioning Forum
AIP15	Implement the local Continuing Care protocol	Commissioning Lead	09/2024	Joint Commissioning Forum
AIP16	Introduce a joint-funded placement panel	Director of Finance	09/2024	Joint Health & Care Commissioning Executive Group

Business As Usual Assurance Activity Expectations
Meeting minutes demonstrate Joint Commissioning Forum meetings optimise joint commissioning opportunities

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WSOA Success Statement 8: Embed effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
LASPB meetings delivered (in line with TORs)				19	1	4	7	10	13	16	19
% LASPB actions delivered (within timescale set)				100%	100%	100%	100%	100%	100%	100%	100%
Number of LASPB decisions made				Monthly record to demonstrate trend							
Reports made to HWBB				7	0	1	2	3	4	6	7

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AP17	Review LASPB effectiveness	Director of Law & Corporate Services	10/2024	DfE and NHS England Review

Business As Usual Assurance Activity Expectations
SEND Exec Meetings twice monthly LASPB Meeting monthly WSOA Impact Group monthly DfE and NHS England 6-monthly reviews

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WSOA Success Statement 9: Address the lack of accurate, up-to-date and useful information informing the area's plans and impact of these actions

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
% of service scorecards completed monthly				100%	21%	100%	100%	100%	100%	100%	100%
% SEND Dashboard completed monthly				100%	87%	100%	100%	100%	100%	100%	100%
Annual publication of SEND Joint Strategic Needs Assessment			1	2	0	1	1	1	1	2	2

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP18	Review the SEND Dashboard effectiveness	Director of Law & Corporate Services	10/2024	DfE and NHS England Review

Business As Usual Assurance Activity Expectations
SEND Strategic Performance Group monthly Service Scorecard performance monitoring, 4-weekly cycle WSOA Impact Group monthly report

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WSOA Success Statement 10: Embed the graduated response consistently across all schools and settings

METRICS	HISTORIC			TARGET	TRAJECTORY						
	10/21	10/22	10/23		04/24	07/24	10/24	01/25	04/25	07/25	10/25
Reduction in EHC Needs Assessment requests	75	105	113	Lower	76	Monthly record to demonstrate trend					
Increase % of children with an EHCP in mainstream settings			19%	40%	20%	20%	25%	30%	35%	40%	40%
Reduction in children with SEND becoming EHE				Lower	138	<138	<138	<138	<138	<138	<138
Number of children with EHCP persistently absent				Lower	1055	950	850	720	600	500	400

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
4.1.c	Learn from case studies in settings that have been commended for their inclusive practice to drive improvement across all schools and settings.	Principle EP	03/2025	DBV Project Board

New Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
AIP19	Develop a parent carer guide to the graduated approach	Head of Inclusion	01/2025	DBV Project Board
AIP20	Deliver the workplan for DBV Workstream 1- Quality Assurance Framework for Graduated Approach- Early Years to Post-16	Head of Inclusion	03/2025	DBV Project Board
AIP21	Deliver the workplan for DBV Workstream 2- Training, best practice and capacity to embed the Graduated Approach	Principle EP	03/2025	DBV Project Board
AIP22	Deliver the workplan for DBV Workstream 3- Evidence review of health therapies within the Graduated Approach	Commissioning Lead	03/2025	DBV Project Board

Business As Usual Assurance Activity Expectations
Minutes of DBV in SEND Project Board Meetings Graduated Approach Quality Assurance Activity quarterly

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01 MAY 2024

WSOA IMPACT GROUP

WSOA Success Statement 1: Strengthen the quality and timeliness of EHC assessments and Annual Reviews

METRICS	TARGET	TRAJECTORY								
		04/24	05/24	06/24	07/24	07/47	08/24	09/24	10/24	10/24
EHC 20-week compliance for new plans	75%	14%	17%		26%					37%
Annual Review 4-week compliance	90%									30%
Annual Review 12-week compliance	90%									30%
% of quality assurance reviews 'good' or better	75%	22%	24%		30%					40%
Number of tribunals lodged	N/A	10	13							

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
2.1.q	Implement 5-day response to all communications	DS	Due July	Tracking performance	Expectations to be issued by DCS.
2.3.a 2.3.c	Develop and implement a clear multi agency approach for Annual Reviews, with effective means of communication	DS	Due Sept	Consistency across settings and SENCOs	Additional capacity for training EHC CO-ordinators and Annual Review Officers. SENCO training session required for September.
2.3.b	Implement prioritised approach for Annual Reviews	DS	Due Oct	Current capacity	Immediate focus on Annual Reviews for those accessing Willowtree. Year 9 transitions to follow as part of Prep for Adulthood joint working.
2.3.d	Evaluate impact of specialist services through Annual Review process	AL	Due Oct	None identified	External partners to evaluate Annual Reviews and produce a regular quarterly report.

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP1	Deliver the EHCP Recovery Plan as approved by LASPB	AL	Yes	No barriers identified	Phase 1 of the Recovery Plan has been implemented.
AIP2	Deliver the Educational Psychology Service restructure as approved by LASPB	AL	Yes	National shortage of EPs	Phase 1 of the restructure implemented.
AIP3	Complete SENDSTART Service restructure as approved by LASPB	AL	Yes	Potential for negative impact on existing staff performance	Consultation period closed with all staff and service feedback collated. Move to implementation.

Business As Usual Assurance Activity Expectations	Complete	Impact
Service Scorecard performance monitoring, 4-weekly cycle	Y	Increase in timeliness from 14% to 17%
SEND Quality Assurance Framework, 4-week cycle	N	First cycle due July 2024
Quarterly assurance of SEND Workforce Development Plan	N	First cycle due July 2024
Completion of Satisfaction Surveys	Y	24% of parents are not satisfied with their EHC Needs Assessment process (24% good or better, 52% satisfied. 37 responses)

Narrative

Between Jan 24 – May 24, 260 plans have been finalised with 43 of them being issue within 20 weeks.

Waiting time for EHC plans is being developed in a new report, due to go live within the next month. Young person / parent & carer experience is being developed in a new report, due to go live within the next month. This will support improved tracking of timeliness for casework.

The NWADCS regional data for quarter 4 of 2023-24 (Jan-March 2024) shows Wirral to have the highest rate of EHCPs issued, at 117.2 per 10,000 population. This is significantly higher than the next LA (Knowsley) at 84.2, with the average rate at 62.1

Additional capacity for EHC plans over 30 weeks has been sourced.

Capacity has been increased from across Children’s Services to enable SEND data cleansing and migration to EYES system. The EYES system will significantly improve case recording, monitoring, and performance reporting. It should enable improved co-ordination across Children’s Services with education, SEND and Children’s Social Care all having access to records and information.

Core EP team focused on statutory advice and reallocation of “priority cases”.

Recruitment process for vacant EP posts and 4X assistant Educational Psychologists is underway. Wirral Council SLT session to support recruitment held 19/06/24

Recommendation for decision or direction

Deploy support from the Council’s Organisational Development Team required to successfully implement a 5-day response to all communications.

WSOA Success Statement 2: Embed meaningful co-production with parents and carers

METRICS	TARGET	TRAJECTORY									
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24	
Number of monthly co-production activities	Higher	5	7		>6					>6	
% Children’s staff trained in co-production	95%	10.2%	10.2%		20%					35%	
% of parent carers who ‘agree’ or ‘strongly agree’ that they have been involved in EHCP process	80%		60%		30%					40%	

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
3.1.c	Deliver mandated induction training for new employees in children’s services on good coproduction practice, based on the Wirral Coproduction Charter	ST	Y	None identified	New FLO training module on Co-production, awaiting release.
3.3.b	Information exchanges on key SEND matters are shared regularly	ST	Y	Consistency across platforms	SENDLO being used well to convey messages-website and in-person sessions.
3.3.g	Increased communication with parents and carers following all decisions	DS	Y	Recording system	EYES system to improve recording and evidencing that decisions have been shared.

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP4	Co-produce the SEND Strategy 2024-27	COC	Due Mar 2025	None identified	Proposal to co-produce the new SEND Strategy is being presented to LASPB on 25.06.2024
AIP5	Deliver the Co-production pilot as part of the EHCP Recovery Plan approved by LASPB	AL	Due Mar 2025	None identified	Pilot to commence in September 2024.
AIP6	Deliver the SEND Offer via Family Hubs	JS	Due Oct	None identified	SEND Offer for Family Hubs has been mapped out and is active.

Business As Usual Assurance Activity Expectations	Complete	Impact
Learning from complaints (3.3.f) and tribunals (3.2.f) 4-weekly cycle	Partial	Report on SEND Complaints provided to SEND Managers, Head of SEND and Children’s Departmental Management Team on a weekly basis. In May 0 Stage 1 complaints were late, this has immediately reduced Stage 2 complaints. Similar system to be established for tribunals.
Quarterly report on Co-Production, Working with Parents, and Working with Professionals, 8-weekly cycle	Due July	Report due in July to set out the calendar for trained. Masterkey have provided evaluation feedback from Working with Parents and Working with Professionals training.
Monthly co-production case study	Y	<div data-bbox="1921 550 1982 609" data-label="Image"> </div> <div data-bbox="1854 619 2065 667" data-label="Text"> <p>SEND%20and%20Family%20Hubs%20M</p> </div> <p>Co-production case study produced for Family Hubs SEND Offer</p>

Narrative
<p>The 60% of parent carers who agree or strongly agree that they have been involved in the EHCP process is from a small sample (37)</p> <p>Greater grip on responding to SEND complaints has been achieved through the weekly reporting to managers and Departmental Management Team.</p> <p>Through the Family Hubs initiative, all members of the multi-disciplinary Family Help Teams have been receiving training on SEND, commissioned through the Positivitree. This aims to ensure that those public-facing staff have a consistent understanding of SEND, processes for EHC Needs Assessment, EHCP plans and Annual Reviews. Feedback from multi-disciplinary staff is positive.</p> <p>A Family Help Operational Manager, leading on Family Hubs development, has led on co-production of a SEND Offer. Co-production has involved staff from across the Local Area, PCPW, VCF Reference Group, parent carers, and other third sector organisations such as Positivitree, SENDIASS, and Koala NW. The ambition for the Family Hubs SEND Offer is that it becomes parent-led and owned.</p>

Recommendation for decision or direction
<p>Deploy support from Council’s Organisational Development Team required to successfully implement the mandated co-production training for all new staff.</p> <p>Wirral Council’s Legal Services to provide a monthly report on tribunals- reasons for tribunal and learning points.</p>

WSOA Success Statement 3: Increase parent satisfaction with the area's provision

METRICS	TARGET	TRAJECTORY									
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24	
Number of complaints (LA)	6	8	9		13					12	
Number of tribunals lodged	N/A	10	13								
% feedback surveys 'satisfied' or better (LA)	80%		60%		30%					40%	
% feedback surveys 'satisfied' or better (health)	80%				30%					40%	

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
4.1.d	Complete an analysis of school demography based on SEND cohorts.	TT	At risk of delay	Capacity due to EYES implementation	Additional capacity required in data analysis. SEN2 data available for use.
4.1.i	Further training for wider partners across education, health and social care in relation to the revised SEND Code of Practice (2015) and SEND Reforms (2014)	AL	Y	None identified	Training programme to commence September 24
4.1.l	Develop a clear network of professionals across the local area to support early interventions and therapeutic approaches	COC	Due Nov 24	None identified	Therapist identified to lead on creating a pool of associates.

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP7	Deliver the SEND Sufficiency Strategy 2024-26	JB	Y	None identified	SEND Sufficiency 2-Year Plan to be presented to LASPB on 25.06.2024
AIP8	Deliver the SaLT Recovery Plan	JBR	-	Identified in risk register	Awaiting implementation plan.
AIP9	Implement the new neurodevelopmental offer	JBR	Y	Identified in risk register	Implementation workshop held on 10.06.24 with Briefing Note circulated to LASPB members.

Business As Usual Assurance Activity Expectations	Complete	Impact
Family and Friends surveys daily	N	First cycle due in July 2024
Mediation activity weekly	Y	Feedback from parent carers on SENDIASS is positive. Weekly meetings between SENDIASS and SEND Service reinstated and achieving resolution for families.
EHCP Satisfaction surveys daily	Y	Difficult to qualify as number of satisfaction surveys completed is low. Approximately 10% of parent carers/young people asked complete. Means to collect needs revising.
SEND Quality Assurance Framework 4-weekly cycle	N	First cycle due in July 2024

Narrative

With long waiting times continuing, parental dissatisfaction remains high. Following agreement of the SaLT and Neurodevelopmental Offer implementation plans, a communication for parents will need to be issued to help them to understand the change being made and impact this will have on their provision. Dissatisfaction with provision remains a common reason for formal complaints and informal escalations. An Associate Therapist has been identified to work with the Local Area in developing a pool of associates who will be able to provide therapies and assessments.

Recommendation for decision or direction

Internally commission capacity to undertake the analysis of school demography based on SEND cohorts.

WSOA Success Statement 4: Improve the use and utility of the published local offer

METRICS	TARGET	TRAJECTORY								
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24
Number of hits (monthly)	> 3212	13103	13735							
Number of new articles (monthly)	> 8	7	18		> 8				> 8	
Number of new content features (monthly)	> 8	2	8		> 8				> 8	
% of users 'satisfied' with local offer website	85%				60%				65%	

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
6.2.b	A named local offer lead takes responsibility for requesting relevant data, ensuring that information on the site is up to date and functioning effectively	ST	Y	None identified	Maintenance of SENDLO is working well as demonstrated by the increased number of content and articles.

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
NOT APPLICABLE					

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Business As Usual Assurance Activity Expectations	Complete	Impact
Monthly SENDLO activity report	Y	SENDLO team have been able to highlight specific content based upon searches and page hits. More parent carers will be finding the information they need because of this.

Narrative
<p>Means to record user satisfaction with SENDLO in development. Since SENDLO launch:</p> <p>332,717 Direct visits i.e., not from a search engine- this indicates that the marketing of SENDLO has been successful 137,874 Wirral Users 189,081 Wider UK users 9,523 from search engines 231 forms completed through the 'Get in Touch' feature. Case study example- Parent submits form, looking to establish a parent voice group and is put in touch with PCPW, becoming a PCPW member and now linked in with forum and SEND community.</p>

Recommendation for decision or direction
None required- continue with existing approach and plans.

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WSOA Success Statement 5: Improve communication with parents and carers across the area

METRICS	TARGET	TRAJECTORY								
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24
Number of complaints due to communication	Lower	4	5		<6					<6
Number of formal communications to parents and carers	Higher	6	10		>8					>8
Number of local area engagements with parents and carers	Higher	7	11		>4					>4

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
2.1.q	Implement 5-day response to all communications	AL	Due July	Tracking performance	Expectations to be issued by DCS

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP10	Deliver the SEND Improvement Communication Strategy	ST	Y	None identified	Communications plan to be presented to LASPB on 25.06.2024.
AIP11	Recruit a Communications Lead for SEND Improvement/DBV	JB	Y	None identified	DBV Project Group overseeing recruitment aligned with Council Communications Team.

Parents

Business As Usual Assurance Activity Expectations	Complete	Impact
Annual SEND Survey	N	Annual survey.
SEND Quality Assurance Framework 4-weekly cycle	N	First cycle due in July 2024.
EHCP Satisfaction surveys daily	Y	24% of parents are not satisfied with their EHC Needs Assessment process (24% good or better, 52% satisfied. 37 responses)

Narrative

Since April 2024, there has been an improvement in communication from the Local Area to parent carers on work to improve SEND services, this will be further improved by the appointment of the Communications Lead and implementation of the SEND Communications Strategy.

At case level, communications with parent carers have not improved at the same rate. Feedback from parents identifies the following areas which need addressing:

- Parent carers not being informed when their case worker changes
- Inappropriate use of out-of-office auto-response messages
- Personalised messages about staff being 'busy' leading to frustration rather than providing context, as was intended
- Lack of access to workers via phone calls

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Recommendation for decision or direction

Head of SEND to address specific communication issues raised by parent carers with the SEND Team.

WSOA Success Statement 6: Improve the relationship between the Local Area Partnership and the Parent Carer Participation Wirral

METRICS	TARGET	TRAJECTORY								
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24
% of PCPW meeting requests met- LA	100%	100%	100%							
% of PCPW meeting requests met- health	100%	TBC	TBC							
% of PCPW meeting requests met- social care	100%	N/A	N/A							
% of Local Area meetings attended by PCPW	100%	TBC	67%							
Number of formal escalations made by PCPW	N/A	0	0							

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP12	PCPW to lead the Preparation for Adulthood event, with support from the Local Area	CG	Y	None identified	Preparation for Adulthood event on track for 8 th October 2024
AIP13	PCPW to Chair the Participation & Engagement Subgroup	CG	Y	None identified	PCPW Chair in place as Participation & Engagement Subgroup Chair, with Vice Chair from LA supporting.

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Business As Usual Assurance Activity Expectations	Complete	Impact
Survey to demonstrate how well-embedded PCPW is in the Local Area SEND system	Due August	Baseline survey to be completed across the Local Area by August 2024
Survey to demonstrate understanding of how well Local Area staff understand the role of the parent carer forum	Due August	Baseline survey to be completed across the Local Area by August 2024
Monthly action log for PCPW and Local Area report	Due July	New action log being held and populated by PCPW Steering Group

Narrative
<p>PCPW Steering Group has met regularly with Local Area representatives attending in April and May. In May 2024 this included the Leader of the Council, Cllr Paul Stuart, Chief Executive, Paul Sator, and Director for Children, Families and Education, Elizabeth Hartley. A comms on this engagement featured on SENDLO and PCPW issued an update through their network, giving the parent carer community an overview of their discussions and agreements.</p> <p>Lead Member for Children and Chair of the Health & Wellbeing Board will meet with PCPW Steering Group in July, post-election.</p> <p>Membership of the LASPB and its subgroups has been established with PCPW.</p> <p>The Memorandum of Understanding between the Local Area and PCPW has been signed and agreed through Contact for the 2024-25 financial year.</p>

Recommendation for decision or direction
None required- continue with existing approach and plans.

WSOA Success Statement 7: Increase joint commissioning of services in the area

METRICS	TARGET	TRAJECTORY									
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24	
Number of jointly commissioned services	Higher	5	5								
Number of children and young people with a jointly commissioned package of care	Higher	23	23								

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
1.2.g	Develop a clear programme of joint commissioning activity including short term objectives and longer-term strategic aims, using data to drive decision making	CR	Due Oct 2024	None identified	Co-production activity continues to develop the short-term objectives and long-term plan. Work with the Place Partnership is informing developemnts.

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP14	Co-produce a local Continuing Care protocol	CR	Y	None identified	Proposal is to be presented to LASPB on 25.06.2024
AIP15	Implement the local Continuing Care protocol	CR	Y	None identified	Following co-production of the protocol.
AIP16	Introduce a joint-funded placement panel	MB	Y	None identified	Director Health, Care and Strategic Commissioning (DASS) in post and work to commence in July. Director of Finance has confirmed lead.

Business As Usual Assurance Activity Expectations	Complete	Impact
Minutes of Joint Commissioning Forum meetings optimise joint commissioning opportunities	Y	Increased funding invested in the jointly commissioned services.

Narrative
<p>Whilst the number of jointly commissioned services has not increased, the value of those services has.</p> <p>Update on 'Branch'- the joint commissioned emotional health and wellbeing digital portal and Alliance:</p> <p>Kaleidoscope gave an in-depth demonstration of the Branch website/digital portal, its functionality and the algorithm that works behind the scenes, to the wider group of stakeholders through the Future in Mind meeting. The Alliance Manager and the wider team who will be running the website and the services behind it attended. An additional meeting at Ganneys Meadow for stakeholders was held on 15th May 2024. Go live dates are on track.</p>

Recommendation for decision or direction
None required- continue with existing approach and plans.

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WSOA Success Statement 8: Embed effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account

METRICS	TARGET	TRAJECTORY									
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24	
LASPB meetings delivered (in line with TORs)	19	1	1		4					7	
% LASPB actions delivered (within timescale set)	100%	100%	100%		100%					100%	
Number of LASPB decisions made		4	3								
Reports made to HWBB	7	N/A	N/A		2					2	

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP17	Review LASPB effectiveness	JT	Due Sept 2024	None identified	Director for Law & Corporate Services has agreed lead and identified team to undertake.

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Business As Usual Assurance Activity Expectations	Complete	Impact
SEND Exec Meetings twice monthly	Y	Packs distributed in advance of meetings with all papers included, thereby enabling effective meetings to take place.
LASPB Meeting monthly	Y	Decisions are made, actions agreed, and progress can already be evidenced.
WSoA Impact Group monthly	Y	First performance report completed identifying progress and areas for recommendation and/or resolution.
DfE and NHS England 6-monthly reviews	N	First review due September/October 2024.

Narrative
<p>Feedback from a range of sources indicates growing confidence that the revised governance arrangements.</p> <p>Local Area representative- <i>“Much more grip than the previous board!”</i></p> <p>PCPW forum, from their comms to parent carer community- <i>“PCPW are also a member of the newly formed Local Area SEND Partnership Board (LASPB), the second meeting was held today (21/05/24), as Chair for PCPW I attended this meeting and the initial meeting on the 29/04/24.</i></p> <p><i>Having attended the previous meetings of the SEND Transformation Board I can say that the ‘feeling’ in the new Board meeting is a stark contrast.</i></p> <p><i>I have found the LASPB is providing the Local Area with definite challenge and scrutiny, the action log is being maintained and actions carried out, for example I attended in the April meeting that the LASPB ensure all board papers are published on SENDLO to enable parent carers to view them, that has been actioned and both sets of papers have been published.”</i></p> <p>Education rep- <i>“I’ve been reassured by the board. Previously we didn’t know much about what the board did or what impact it was having but now being on the board I can see the difference it will make and how I can link between it and education leaders.”</i></p> <p>All board packs, minutes, and briefing notes have been published on SENDLO website. Several parent carers and Elected Members who have made contact to Local Area representatives about SEND services and the improvement work have been directed to SENDLO website and the section on SEND improvement.</p> <p>LASPB inductions have taken place (10.05.2024 and 11.06.2024). This included a menti survey on the effectiveness of the LASPB and Local Area arrangements. This survey will be repeated in September 2024 to measure any improvement.</p>

Recommendation for decision or direction
None required- continue with existing approach and plans.

WSOA Success Statement 9: Address the lack of accurate, up-to-date and useful information informing the area’s plans and impact of these actions

METRICS	TARGET	TRAJECTORY								
		04/24	05/24	06/24	07/24	07/24	08/24	09/24	10/24	10/24
% of service scorecards completed monthly	100%	21%	61.9%		100%				100%	
% SEND Dashboard completed monthly	100%	87%	87.9%		100%				100%	
Annual publication of SEND Joint Strategic Needs Assessment	2	N/A	N/A		1				1	

Outstanding WSoA Action				
Ref	Action	Responsible	Delivery Date	Monitoring by
NOT APPLICABLE				

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP18	Review the SEND Dashboard effectiveness	PS	Due Oct 2024	None identified	Arrangements for the review have been established via Corporate Services team.

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Business As Usual Assurance Activity Expectations	Complete	Impact
SEND Strategic Performance Group monthly	Y	Performance Dashboard and report to LASPB from Chair identifying area of improvement and recommendations.
Service Scorecard performance monitoring, 4-weekly cycle	Y	All LASPB members fully aware of areas of improvement and performance.
WSoA Impact Group monthly	Y	Evidence of improvement captured, recommendations and directions identified.

Narrative

Information and data have been used to inform the SEND Sufficiency 2-Year Plan, as presented to LASPB on 25.06.2024 and the Family Hubs SEND Offer.

Information and data is being used to direct resource and activity to areas where it is required, such as deployment of staff within the SEND service and prioritisation of activity to prepare data system migration.

Recommendation for decision or direction

None required- continue with existing approach and plans.

WSOA Success Statement 10: Embed the graduated response consistently across all schools and settings

METRICS	TARGET	TRAJECTORY								
		04/24	05/24	06/24	07/24	07/27	08/24	09/24	10/24	10/24
Reduction in EHC Needs Assessment requests	Lower	76	39							
Increase % of children with an EHCP in mainstream settings	40%	20%	38.4%		20%				25%	
Reduction in children with SEND becoming EHE	Lower	138	TBC		<138				<138	
Number of children with EHCP persistently absent	Lower	1255	1249		950				850	

Outstanding WSoA Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
1.c	Learn from case studies in settings that have been commended for their inclusive practice to drive improvement across all schools and settings.	COC	Y	None identified	Review of all resource base provision has been completed by external consultant. Report to LASPB July 2024.

New Action					
Ref	Action	Lead	On track	Barriers/Risks	Narrative
AIP19	Develop a parent carer guide to the graduated approach	CK	Due Jan 25	None identified	Parent carers are asking for this to be made available sooner to help them engage.
AIP20	Deliver the workplan for DBV Workstream 1- Quality Assurance Framework for Graduated Approach-	CK	Due Mar 25	None identified	All progressing as planned.
AIP21	Deliver the workplan for DBV Workstream 2- Training, best practice and capacity to embed the Graduated Approach	COC	Due Mar 25	None identified	All progressing as planned. SENCO engagements have been positive. EBSA making good progress with pilot preparations and whole-school training.
AIP22	Deliver the workplan for DBV Workstream 3- Evidence review of health therapies within the Graduated Approach	CR	Due Mar 25	None identified	All progressing as planned. Workshops on ND Offer and SaLT provision have been well-attended and productive.

Business As Usual Assurance Activity Expectations	Complete	Impact
Minutes of DBV in SEND Project Board Meetings	Y	All activity on track to progress.
Graduated Approach Quality Assurance Activity- quarterly	N/A	First quality assurance report due July 2025

Narrative

The number of EHC Needs Assessment requests has significantly reduced in April and May 2025 against previous months, where they were routinely over 100. Work is underway to ensure that all requests have been logged and dated on the information system appropriately. While there is an expectation that full roll out of the Graduated Approach would lead to a reduction in requests for needs assessments, this significant decline was not expected.

Recommendation for decision or direction

Priority needs to be given to producing the parent carer guide to the Graduated Approach so that parents can understand the approach to be taken by settings and engage more productively with their child’s school, nursery or college. This document needs to be co-produced and made available via SENDLO.
Recommendation to bring forward the deadline of January 2025 to October 2024 for completion of the parent carer guide to the Graduated Approach.

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HEALTH AND WELLBEING BOARD

18th July 2024

REPORT TITLE:	ANNUAL REPORT ON THE JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

It is a mandatory requirement for Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment (JSNA). The JSNA provides a high-level overview on a wide range of factors known to impact on health and wellbeing. The process of undertaking a JSNA helps to identify current and future health and wellbeing needs and helps inform future service planning and strategic priorities.

A comprehensive JSNA programme for Wirral has been in place since 2008. Findings from the JSNA were used to inform the development of the current Health and Wellbeing Strategy. All JSNA content, once completed and approved, is made available on the JSNA website.

This report provides an overview of the work undertaken on the JSNA programme over the past year. Findings from an overarching annual assessment of key population health metrics are presented along with plans describing how this annual statistical summary will be enhanced.

The report also provides an overview of other work undertaken as part of the JSNA programme over the past year and describes some of the work prioritised as part of the 2024/25 programme.

The report, and the JSNA programme underpins and informs the Health and Wellbeing Strategy, and the work described, supports the central vision of the Wirral Working Together Plan 2023-2027 to promote fairness and opportunity for people and communities in Wirral.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Review and endorse the report.

2. Support the ongoing JSNA programme as a collaborative, cross-system endeavour which provides the strategic intelligence to inform system-wide priority-setting and action to improve health and reduce inequalities.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure there is a robust overview of the strategic intelligence in place to inform priority-setting.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as the report is for information purposes only.

3.0 BACKGROUND INFORMATION

- 3.1 It is a mandatory requirement for Health and Wellbeing Boards to produce a JSNA. A comprehensive JSNA programme for Wirral has been in place since 2008. Work was undertaken with Health and Wellbeing Board Members in 2023 to raise awareness of the JSNA programme and agree on some areas of development for the programme.
- 3.2 Work across a number of strands of the JSNA programme has been progressed since the workshop development session with Health and Wellbeing Board Members in September 2023. An overview of this work, and proposals for the 2024/25 programme are provided in this report.
- 3.3 **JSNA Programme 2023/24** – A range of work has been undertaken as part of the JSNA work programme over the past year, including:
 - 3.3.1 **JSNA Oversight Group** – To ensure effective on-going collaboration on the Wirral JSNA, the terms of reference, governance and membership of the Health and Wellbeing Strategy Implementation Group (HWSIG) have been reviewed and updated to include strategic oversight of the JSNA programme. This will ensure that there is a multi-agency group that will oversee the programme and help foster collective ownership across the system.
 - 3.3.2 **JSNA Website** – The website through which the JSNA content is managed has been refreshed. The Public Health Intelligence Team and the JSNA Programme Manager engaged with website users to seek views and understand how the website might be improved. In response to feedback, work has been undertaken to ensure the website continues to be fit for purpose and easy to navigate.

- 3.3.3 **JSNA Processes** - Linked to re-establishing a JSNA oversight group, work is continuing to review the process for prioritising JSNA topics to ensure that the comprehensive intelligence produced meets system needs, and there is a collaborative approach to developing comprehensive strategic needs assessments. Work on-going will also help ensure that there is an accessible and succinct overview of the annual programme outputs.
- 3.4 **Annual Statistical Reports** – In addition to ensuring the interactive State of the Borough tool on the website is kept up to date, a number of further needs assessments and analytical reports have been produced during 2023/24, including:
- 3.4.1 **JSNA Annual Statistical Summary – All Together Fairer in Wirral Annual Beacon Indicator Overview:** This high-level overview report (Appendix 1) has been collated as the first iteration of the JSNA Annual Statistical Summary. It aims to summarise the position for Wirral against the All Together Fairer (ATF) Marmot Beacon Indicators. The Marmot indicators are a suite of high-level metrics which together provide a comparative overview of population health. It is intended that this report will provide a baseline on which to monitor progress over the longer term.
- 3.4.2 **Expanding the Annual Statistical Summary:** Work is on-going with partners to agree how we build on and enhance the All Together Fairer Annual Statistical Summary with a broader compendium of indicators and analyses which provides a richer picture of the state of health and wellbeing in Wirral. The aim is to also present analyses of the ATF indicators at a sub-borough level (where data allows). It is important that this work is a collaborative effort and that partners are involved in the co-production of the annual statistical core summary. This work is on-going through the Health and Wellbeing Strategy Implementation Group (HWSIG) and the proposed additional indicators and analyses are presented in Appendix 2.
- 3.4.3 **Strategic Needs Assessments** – A number of deep-dive needs assessments were undertaken as part of the 2023/24 JSNA programme. Reports available on the JSNA website include:
- [Wirral Life Expectancy 2019-2021](#) summary analyses (June 2024)
 - [Wirral Learning Disability & Autistic Spectrum Disorder Profile](#) (March 2024)
 - [Wirral Population and Demographics](#) (January 2024)
 - [Supplementary Carers Briefing](#) (January 2024)
 - [Oral Health Briefing Paper](#) (November 2023)
 - [Health Protection Interactive Report](#) (October 2023)
 - [CVD – A Wirral Picture: Identifying and supporting people most at risk of dying early](#) (October 2023)
 - [Census 2021: Unpaid Carers Briefing](#) (September 2023)
 - [Wirral Suicide Audit 2019-21](#) (June 2023)

- [Drug Related Deaths \(2019-21\) Summary Report](#) (June 2023)
- [Infant Mortality 2019-21 report](#) (May 2023)
- [Sexual and Reproductive Health JSNA](#) (May 2023)

3.5 Community Research – The intelligence and insight gained through the JSNA consists of both data and statistics and insight gathered from our communities. A range of in-depth pieces of work have been undertaken with our communities. The insight gathered forms part of the strategic intelligence used to inform action. Qualitative insight and engagement work undertaken by Healthwatch, the local authority and other partners is available on the JSNA website <https://www.wirralintelligenceservice.org/local-voice/>.

3.5.1 Meaningful engagement with residents is crucial to truly understanding needs, expectations, and experiences and to helping ensure that services and initiatives planned and in place meet needs. Gaining real insight into our communities, gaining trust, and ensuring their involvement in key decisions about Wirral is key in bringing about real improvements in health and reducing inequalities.

3.5.2 Work has been undertaken to increase capacity for meaningful engagement with residents. A qualitative research toolkit has been developed and is being rolled out with partners. The toolkit will help expand the reach of our community researchers and ensure we do not duplicate effort and can make the most of all of our interactions with our community.

3.6 JSNA Programme 2024/25 – The work programme for 2024/25 is underway. Linked to the point on processes above, work is underway with partners to ensure there is a collaborative approach to prioritising the Strategic Needs Assessments undertaken as part of the programme. To date, the following is included on the workplan for 2024/25:

- Wirral Pharmaceutical Needs Assessment (PNA) 2025 – 2028: It is a statutory requirement for HWBB to publish an updated PNA every 3 years to understand local community pharmacy provision in order to help inform ICB pharmacy-related commissioning decisions. (*Paper to come to HWBB in Autumn outlining project plan for this work*)
- JSNA Deep-Dive on Child and Family Poverty
- JSNA Deep-Dive on Special Educational Needs and Disabilities (SEND)
- JSNA Deep-Dive on Substance Misuse
- JSNA Deep-Dive on Healthy Ageing in Wirral: follow on work from the Wirral Ageing population demographic profile produced and the OHID NW Healthy Ageing report.
- JSNA Long Term Conditions: Analyses to understand trends and impact and inequalities across Wirral.
- Wirral Life Expectancy 2020-2022: Regular review of key metrics and trends.

- Wirral Population: refreshing population profiles to ensure up to date overview of key demographic trends.
- Anchor Institutions Workforce Insight: Widening access to employment with a focus on those furthest from the labour market.
- Health and Wellbeing Strategy Evaluation Framework.
- Wirral Suicide Audit 2021-23: review of coroner recorded verdicts.

3.7 In addition to the strategic needs assessments planned and in development, work is continuing on other strands:

- **JSNA Knowledge and skills sharing** – Across partners there is a wealth of knowledge and experience in relation to use of information and evidence to inform strategic planning. Work within the Public Health team is planned to help ensure that people can access the intelligence available and use the interactive tools and the qualitative research toolkit that has been developed. Further work is planned to raise awareness and roll out seminar sessions.
- **Addressing intelligence gaps** – Whilst there is a wealth of intelligence and insight available locally through the JSNA and associated work programmes, there are opportunities to look at how we address any gaps in our local knowledge and ensure we have the right systems and processes in place to enable us to robustly track progress on our priorities over the long-term.

3.8 **Consideration/ Next steps** – Work on the JSNA programme will continue. Governance and oversight will be provided by the Health and Wellbeing Strategy Implementation Group, and regular update reports will come to the Health and Wellbeing Board.

4.0 FINANCIAL IMPLICATIONS

4.1 The report is for information purposes only and there are no financial implications. Any costs arising as a result of the JSNA programme (such as website maintenance or data costs) are met through the ring-fenced Public Health grant.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report. There is a statutory duty for Health and Wellbeing Boards to have a JSNA in place and pay due regard to findings when developing the Health and Wellbeing Strategy.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The JSNA programme is overseen by the Director of Public Health as part of his statutory duty, and the programme is managed by Public Health staff. Any costs

arising as a result of the programme are met through the ring-fenced Public Health grant.

7.0 RELEVANT RISKS

7.1 There are no direct relevant risks arising from this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 Consultation and engagement with partners and key stakeholders is undertaken as part of the on-going JSNA programme.

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. Assessment of inequalities is an integral component of work undertaken as part of the JSNA programme.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate implications that will be generated by any recommendations included in this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Understanding and addressing the determinants of health and health inequalities is in keeping with underpinning principles in the Community Wealth Building Strategy. Robust, reliable and accessible statistical information is key to both understanding the challenges and opportunities within Wirral, and to encouraging and justifying investment into the area.

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APPENDICES

Appendix 1 – JSNA Annual Summary – All Together Fairer Beacon Indicators 2024

Appendix 2 – JSNA Annual Summary – Enhanced Scope Draft

BACKGROUND PAPERS

N/A

TERMS OF REFERENCE

The report is being considered by the Health and Wellbeing Board in accordance with its terms of reference.

- (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 and Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Appendix 1

Wirral JSNA: Annual Statistical Summary – All Together Fairer in Wirral, Annual Beacon Indicator Overview

Background

The All Together Fairer report, written by Sir Michael Marmot in partnership with Cheshire and Merseyside's local authorities, set out measurable actions to address the social determinants of health, the social, economic, and environmental conditions in which people are born, grow, live, work and age, and to create a fairer, more equitable society.

Recommendations were set out across the Marmot key themes:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle discrimination and their outcome.
8. Tackle climate change and health equity in unison.

As part of the work, and following extensive engagement across Cheshire and Merseyside, a set of local Marmot Beacon indicators were developed. These indicators are collated and monitored at Cheshire and Merseyside level through the Combined Intelligence for Population Health Action (CIPHA) tool.

Introduction

This report summarises the position for Wirral on these Beacon indicators using data from the Public Health Outcomes Framework (PHOF). The report enables benchmarking against the England average and allows comparison with neighbouring boroughs across Cheshire and Merseyside.

Strategic Context

The 8 Marmot Principles align closely with the priorities set out in the Wirral Health and Wellbeing Strategy and the wealth of evidence underpinning the Marmot report provided the robust evidence-based foundation for the development of the Health and Wellbeing Strategy. In-keeping with the Marmot approach, the Wirral Health and Wellbeing Strategy focusses heavily on addressing social determinants and acting on the drivers of ill health. Analyses of the Beacon Indicators highlights the local context and the need for this approach.

Monitoring Progress

Evidence is clear that it will take many years to see marked improvement in high-level outcomes such as these, and that action is required at local and national policy level to deliver sustainable change. Having a consistent set of indicators that are tracked over time will help to both focus

local action and understand progress. Analyses of these Beacon Indicators will be a core component of the Wirral JSNA Annual Statistical Summary going forward.

Next Steps

This Beacon Indicator summary analyses uses routinely available data to provide a high-level overview of how Wirral, as a whole, fares against these metrics. Given the stark variation in health determinants and health outcomes within Wirral, further work is underway through the JSNA programme to enable a sub-borough analysis of these indicators and other related metrics. This will provide a rich picture and will help evidence and target areas for local action.

Appendix 1A provides further notes and definitions on the Marmot Beacon indicators.

Appendix 2 provides an overview of the proposed scope for the expanded document.

Overview of Marmot All Together Fairer Beacon Indicators - Wirral


Key: Wirral's statistical significance compared to England:



Better	Similar	Worse	Missing
---------------	----------------	--------------	----------------


Change compared to Wirral's previous year:

Improving	No change	Getting worse
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Overarching Indicators

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
Page 89	1a Life Expectancy at birth (males)	Worse		77.0 yrs	<p>In 2020-22 life expectancy (LEx) at birth for men in Wirral was 77.0 years. This is lower than the North West (NW) average of 77.3 years and lower than the England figure of 78.9 years.</p> <p>Although LEx had been steadily increasing in previous years, in-keeping with many other areas, the latest figure for Wirral represents a reduction from 2019-21 average (77.3 years).</p> <p>LEx continues to be lower than the average for England of 78.9 years. The gap between England and Wirral has increased since 2018-20 and is now 1.9 years; this is the widest gap since 1995-97 (the period we started reporting).</p> <p>Cheshire East and Cheshire West and Chester are the only boroughs in C&M with longer LEx than the England average.</p>

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
1b	Life Expectancy at birth (females)	Worse		81.5 yrs	<p>Latest LEx for Wirral women is 81.5 years. This is higher than the NW average (81.3 years), but lower than the average for England (82.9 years).</p> <p>Despite previous years showing a gradual increase, improvements have stalled, and latest figures for Wirral are unchanged from 2019/21 and continue to be lower than the average for England of 82.8 years. The gap between England and Wirral has decreased since 2018-20 and is now 1.4 years. The gap in 2018-20 was the highest since 1995-97 (the period we started reporting).</p> <p>LEx for females in Wirral is the 4th highest in C&M and highest in LCR.</p> <p>As for males, Cheshire East and Cheshire West and Chester are the only boroughs in C&M with longer LEx than the England average.</p>
2a	Healthy Life Expectancy (males)	Worse		60.8 yrs	<p>In 2018-20 healthy life expectancy (HLEx) for males in Wirral was 60.8 years. This is lower than NW (61.5 years) and England (63.1 years) averages.</p> <p>Trend data suggests that, over time, improvements in HLEx have not kept pace with gains in LEx, and in 2018-20, males in Wirral were spending a greater proportion of their lives in ill-health (approximately 21.9% or 17.0 years) and this compared to 21%, or 16.3 years, in 2009-11).</p> <p>Wirral ranks 6th out of the 9 boroughs in C&M and is the 3rd best performing borough in LCR.</p>

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
					Cheshire East, Warrington, Sefton and Cheshire West and Chester are the only boroughs with HLEx similar or greater than the England national average.
	Healthy Life Expectancy (females)	Worse		63.1 yrs	<p>HLEx for females in Wirral in 2018-20 was 63.1 years. This is higher than NW (62.4 years) and lower than England (63.9 years).</p> <p>In contrast to males, trend data for females suggest that to 2018-20, the gains in HLEx kept pace with the gains in LE. However, as is the picture nationally, females still spend more years in ill health (22.7% or 18.5 years) compared to males.</p> <p>Wirral ranks 5th out of the 9 boroughs in C&M and is the 2nd best performing borough in LCR.</p> <p>Across C&M, Cheshire West and Chester, Cheshire East, and Warrington are the only boroughs with HLEx similar or greater than the England national average.</p>





Give every child the best start in life



	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
3	Percentage of children achieving a good level of development (age 2-2.5 years)	Better		83.2%	<p>Significant improvement has been made locally on this indicator over recent years, with Wirral moving from being the worst performing borough across C&M, North West and England with only 56.4% of children achieving a good level of development in 2017/18, to performing better than NW and England averages in 2020/21 with 86.3% of 2-2.5 year olds achieving a good level of development.</p> <p>However, in-keeping with NW and England, performance has dipped slightly since 2020/21, although Wirral continues to be better than England average (79.2%). Locally only Cheshire East, Liverpool and Sefton boroughs improved on previous years value (PHOF data up to 2022/23).</p>
4a	School readiness: Percentage of children achieving a good level of development EYFS (age 4-5 years, reception)	Worse		65.2%	<p>Wirral is 4th best performing borough in C&M and best in LCR for the overall measure. This is higher than NW (64.3%) but lower than the England average (67.2%).</p> <p>Although the trend has been upward over recent years, the very latest data (2022-23) suggests performance has dipped, but this is also the case regionally and nationally. All areas are still yet to achieve the levels observed in 2019.</p> <p>Across C&M, only Warrington (70.3%), Cheshire East (69%) and Cheshire West and Chester (67.9%) achieved a higher performance than Wirral overall.</p>





	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
					In Wirral, females perform better than males; females 73.3% achievement compared to males 57.9%.
4b	School readiness: Percentage of children achieving a good level of development EYFS (age 4-5, reception) – Free School Meals (FSM)	Similar	↑	49.8%	Wirral is 3rd best performing borough in C&M and LCR. This is higher than NW (49.7%) and lower than the England average (51.6%). Liverpool (46.4%), Sefton (47.1%) and St Helens (43.8%) had a lower performance than Wirral. As with the overarching measure, females perform better than males; females 57.6% achievement compared to males 43%.

Enable all children, young people, and adults to maximise their capabilities and have control over their lives

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
5a	Average Progress 8 score*	Better	↑	-0.08	Wirral is 4 th best performing borough in C&M, Warrington is the only area that is in a positive position (0.01). Wirral had seen a year-on-year improvement since 2018, however there is minimal change in performance from previous reporting year (2019 - the last reporting year prior to Covid-19) and this is the case across the whole of C&M (Latest data 2022).



	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
5b	Average Progress 8 score – FSM*	Worse		-0.70	<p>Wirral is 2nd highest performing borough in C&M on this measure for children in receipt of FSM, however performance across the board is very similar in many areas.</p> <p>Halton is the best performing borough (-0.56) and is the only area to observe a year-on-year improvement since 2018.</p> <p>Wirral performance has deteriorated since 2017, similar to other areas in C&M, NW, and England (Latest data 2022). However, performance has remained unchanged since 2019 (the last reporting year prior to Covid-19).</p>
5c	Average Progress 8 score – not eligible for FSM*	Better		0.20	<p>Wirral is the best performing area in C&M, for pupils not eligible for FSM, performing better than NW and England (0.01 and 0.11). Wirral has consistently been in a positive position with year-on-year improvement since 2016 (0.07), (Latest data 2022).</p>
6a	Average Attainment 8 score*	Better		48.7	<p>Wirral is 3rd best performing in C&M, performing better than NW and England (47.1). However, although Wirral has improved over recent years, latest performance (2022) has deteriorated in terms of average achievement (-3.2), but this is the case regionally and nationally.</p>
6b	Average Attainment 8 score – FSM*	Better		53.8	<p>Wirral is the best performing area in C&M, performing better than NW and England averages (50.7 & 51.9). Similar to overall indicator, Wirral has improved year on year. However latest performance (2022) has seen a</p>

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
					reduction (-1.8), and this is the case regionally and nationally.
6c	Average Attainment 8 score – not eligible for FSM*	Better		34.2	Wirral ranks 5 th out of the 9 boroughs in C&M, for pupils not eligible for FSM, performing worse than NW and England averages (35.5 and 36.9). Only two areas (Halton and Warrington) observed an improvement on previous year's performance. Wirral observed the largest decrease in performance from previous year of all boroughs in 2022 (-4.3).
7	Self-harm hospital admission (15-19 years): Rate per 100k	Worse		864.11	Wirral is the 2 nd best performing borough in C&M but performing worse than NW and England (663.95 & 641.67). Although overall trend is improving, this is masking a difference between young males and females. Admission rates for young males have improved, but improvements in rates amongst females has stalled. Females are more than 5 times more likely to be admitted to hospital as a result of self-harm than males (Latest data 2021/22).

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
8	Percentage not in education, employment, or training (NEET) or whose activity is not known (16-17 years)	Better		4.5%	Wirral is ranked 5 th out of the 9 boroughs in C&M, performing better than NW and England averages (5.3% & 5.2%). Latest data from PHOF (2022/23) shows trend increasing and getting worse, with CW&C the only area in C&M whose performance remains unchanged from the previous year. In Wirral, although the proportion of females who are NEET has increased slightly (3.8%), males are still almost 1.5 times more likely to be NEET than females (males 5.1%).
9a	Percentage Level 2 qualifications (age 19)	Better		82.3%	Wirral is ranked 5 th out of 9 boroughs in C&M, performing better than NW and England (80.7% & 81.6%). Only Warrington, Sefton and CW&C have seen a slight improvement from previous year (Latest data 2021).
9b	Percentage Level 2 qualifications (age 19) - FSM	Better		65.6%	Wirral is the best performing area in C&M, performing better than NW and England (61.3% & 62.5%). Wirral also observed the biggest improvement increase from previous year (+4.2%), (Latest data 2021)
9c	Percentage Level 2 qualifications (age 19) – not eligible for FSM	Better		85.3%	Wirral is the 4 th best performing area in C&M, performing better than NW & England. However, Wirral has observed a continued decrease in performance since 2017 (88.8%). Liverpool is the only area in LCR to see an increase from previous years value (+0.5 to 83.2%), (Latest data 2021).

	Metric	Compared to England	Change from previous year's value	Latest year value	Narrative
<p>* Both the Progress 8 and Attainment 8 scores are included (5 & 6). This compares pupils' achievement to pupils nationally who had a similar starting point. Progress 8 scores at LA level demonstrate that schools with a negative average score require systematic intervention. Attainment 8 shows the percentage achievement of school-leavers and is a more sensitive measure of annual change within schools.</p>					

Create fairer employment and good work for all


	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
10	Percentage Unemployment (age 16-64)	Worse		4.7%	Wirral has the highest percentage unemployment in C&M, performing worse than NW and England (4.3% & 3.8%). Wirral and Sefton are the only areas in C&M observing an increase in percentage unemployment from previous years value, Wirral experienced the highest increase (+1.1%). Female unemployment doubled from 2.4% in 2020 to 5% in 2021, males observed a smaller increase from 1.7% in 2020 to 2.2% in 2021.
11a	Percentage of the working population that are <i>employees</i> (16yrs and over)			86.3%	Wirral has the 2 nd lowest number of employees, lower than the NW (88%) and similar to England (86.2%). Halton had the highest numbers (93.1%) and CW&C the lowest (85.2%). Wirral also experienced the highest reduction from the previous year (-3.6). Only two other areas observed a reduction from previous year, Liverpool (-1.4)

	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
					and CW&C (-0.4), (Latest data 2022).
11b	Percentage of the working population that are <i>self-employed</i> (16yrs and over)		↑	13.4%	Wirral has the 2 nd highest number of self-employed employees in C&M, higher than NW (11.6%) and similar to England (13.4%). In 2022, Wirral experienced the highest increase in self-employed employees, a 3.8% increase from previous year. Whilst self-employees make up a smaller share of all employment in Wirral, there are still many self-employed residents, compared to LCR, NW & England, making significant contribution to the economy (Wirral quarterly economic update, Jan 2024).
11c	Percentage of the working population that are in non-permanent employment (16yrs and over)		↑	3.9%	Wirral has the 6 th lowest number of non-permanent employees, lower than NW and England (4.3% & 4.5%). All C&M areas experienced an increase from previous year except for Cheshire East who experienced a -0.9 reduction from previous year but had the highest number of non-permanent employees in 2021 (latest data). Job vacancies in Wirral remain high by pre-pandemic levels, growing faster than the national average
13	Percentage employees earning below real living wage	Worse	↓	13.1%	Wirral is ranked 4th out of 9 boroughs in C&M for the percentage of employees earning below a living wage. This is worse than NW and England averages (both 12.5%). Although all areas observed a reduction in value from the previous year, Wirral observed the highest reduction (-


	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
					9.3%) bringing them closer to the NW and England averages.

Ensure a healthy standard of living for all

	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
14a	Proportion of children in workless households (U16)	Worse	↓	15.5	In 2021, Wirral has the 3 rd highest proportion of children in workless households of all boroughs in C&M, worse than NW average (12.4) and England average (9.9). St Helens has the highest proportion (21.9), CW&C 2 nd highest (16.9), both of which have seen a significant increase from previous year, unlike Wirral who has experienced a 1.8 decrease from previous year. However, this is still some way from pre pandemic years where performance was around 9.4 (2019).
14b	Proportion of children in workless households (Dependent children)	Worse	↓	14.5	In 2021, Wirral has the 3 rd highest proportion of dependent children in workless households in C&M, worse than NW (12.5) and England (9.7). St Helens has the highest proportion (22.6), CW&C 2 nd highest (18.5), both of which have seen a significant increase from previous year. Unlike Wirral who has experienced a 2.3 decrease from previous

	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
					year. However, this is still some way from pre pandemic years where performance was around 9.9 (2019).
16	Percentage households in fuel poverty	Worse		15.3%	In 2021 (PHOF), Wirral had the 2 nd highest percentage of households in fuel poverty across C&M, higher than NW (14.6%) and England average (13.1%). Liverpool had the highest percentage (18.0%) and Warrington the lowest (10.7%). All areas observed an improvement in performance or remained unchanged from the previous year value apart from Cheshire East and Wirral (14.4%).

create and develop healthy, sustainable places and communities

	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
17	Households in temporary accommodation: Rate per 1,000 households	Better		0.50	Wirral and Sefton are 3 rd best performing areas in C&M for households in temporary accommodation (PHOF), performing better than NW (2.0) and England (4.2). In-keeping with NW and England averages, Wirral, along with many boroughs across C&M, observed an increase from previous reporting year (2020/21). (Latest data 2022/23, PHOF, CIPHA latest data 2020/21)

Strengthen the role and impact of ill health prevention

	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
18a	Overall Activity levels – active**	Better	↓	59.6	Wirral is 6 th best performing area across C&M. In 2020/21, Wirral experienced a slight decrease from the previous year (-1.34) when other areas saw much bigger decreases, for example Knowsley, decrease -8.04, value 47.9.
18b	Overall Activity levels – fairly active**	Better	↓	12.8	Wirral is 3 rd best performing area across C&M. In 2020/21, Wirral did experience a slight decrease from the previous year (-1.16). For other areas across C&M it was a mixed picture in terms of increase/decrease, for example Knowsley, who was the best performing in Merseyside observed an increase of 1.6, value 15.1.
18c	Overall Activity levels – inactive**	Better	↑	27.61	Wirral is 4 th best performing area in C&M. In 2020/21, Wirral did experience an increase from the previous year (2.49), and this is the case across all of C&M except for Halton who observed a slight decrease-0.21, value 27.9.
19	Percentage of adults who feel lonely often/always or some of the time**	Better	—	20.8%	Wirral ranks 5 th out of the 9 boroughs in C&M, performing better than NW and England averages (22.9% and 22.3%). Sefton had the lowest percentage of adults overall who said they felt lonely (16.2%), Halton had the highest numbers (29.1%), (Latest data 2019/20).
<p>** These indicators are based on Active Lives Survey. Things to consider are the lower response numbers (Wirral 517 respondents), although Sport England consider a minimum of 400 respondents to each question by LA deemed to be robust enough.</p>					

Tackle climate change and health equity in unison

	Metric	Compared to England	Change from previous year's value	Last year value	Narrative
22a	Percentage of adults walking for travel at least 3 days per week	Worse	↓	13.9%	Wirral is 4 th highest performing area in C&M, performing better than NW (13.4%) but worse than England (15.1%). All C&M areas, NW and England experienced a reduction from previous years value however, Wirral observed the lowest reduction (-2.02%). (Latest data 2019/20).
22b	% adults cycling for travel at least 3 days per week	Worse	↓	0.4%	Wirral is the worst performing area in C&M, performing worse than NW and England (1.8% & 2.3%). Wirral saw a significant reduction from previous years value (-2.8%) with 2019/20 performance being the lowest across the last 5 reporting years (2015/16 to 2019/20).

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Note: Missing indicators 12,15,20,21 are still in development across Cheshire and Merseyside and will be added at a later date

12	Proportion of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter**
15	Individuals in absolute poverty, after housing costs
20	Percentage of employees who are from ethnic minority background and band/level**
21	Percentage (£) spent in local supply chain through contracts**
<p><i>** These indicators will require the NHS and local authorities to establish new data recording and collection methods. Social value indicators have been factored in to the 2022/23 work programme to align with the rollout of the Anchor Institute Charter. It will also require definitions of 'local' in both the local supply chain and employment. All contracts, direct and subcontracted, should be analysed, and included. This should be reviewed after the first year of implementation. Collecting ethnicity data related to employment should also be reviewed after the first year of implementation.</i></p>	

Appendix 1A

Definitions from C&M All Together Fairer Beacon Indicators dashboard, CIPHA

Data sourced from C&M All Together Fairer Beacon indicators dashboard. However, where indicator definitions match, and there is more up to date data available in the Public Health Outcomes Framework, this has been used as the source to ensure a timelier update.

Note: 'check definition' means this indicator currently appears on [Wirral State of the Borough report](#) but measures activity in a different way or requires further clarification due to different results.

Indicator	Definition	Data Source	Currently on Wirral SoTB
1. Life Expectancy at birth	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.	Fingertips	Yes
2. Healthy Life Expectancy at birth	A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health	Fingertips	No
3. Percentage of children achieving a good level of development at 2-2.5 years	Percentage of children who received a 2-2½ year review who were at or above the expected level in the in all five Ages and Stages Questionnaire-3 (ASQ-3) domains	Fingertips	Yes check definition
4. Percentage of children achieving a good level of development at the end of Early Years Foundation Stage	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children	DfE	Yes

5. Average Progress 8 Score	The average progress 8 score compares pupils' achievement, their Attainment 8 score with the average Attainment 8 score of all pupils nationally who had a similar starting point (or prior attainment), calculated using assessment results from the end of primary school. Progress 8 is a relative measure, therefore the national average Progress 8 score for mainstream schools is zero. When including pupils at special schools the national average is not zero as Progress 8 scores for special schools are calculated using Attainment 8 estimates based on pupils in mainstream schools.	DfE	No
6. Average Attainment 8 Score	This is the average Attainment 8 score per pupil. Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English (double weighted if the combined English qualification, or both language and literature are taken), maths (double weighted), three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.	DfE	Yes
7. Hospital admissions as a result of self-harm (15-19 years)	Crude rate of finished admission episodes for self-harm per 100,000 population.	Fingertips	Yes (10-24yrs)
8. 16-17 year olds not in education, employment, or training (NEET) or whose activity is not known	Proportion of 16-17 year olds not in education, employment, or training (NEET) or whose activity is not known.	Fingertips	Yes
9. Pupils who go on to achieve a level 2 qualification at 19	This is the percentage of people studying in a local authority at the age of 16 (academic age 15) who attain a Level 2 qualification by the age of 19. Attainment of Level 2 equates to achievement of 5 or more GCSEs at grades A*-C or equivalent qualifications.	DfE	No
10. Percentage unemployed	This is the proportion of the population (16+) who are unemployed as a percentage of the economically active population. Economically active are people aged 16 and over who are employed or unemployed. Unemployed refers to people without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained.	LFS via Nomis	Yes check definition

11. Employment Status (Employees, Non-Permanent, Self Employed)	The proportion of the population that are either employees, in non-permanent employment or are self-employed	LFS via Nomis	No
13. Percentage of employees earning below Real Living Wage	The proportion of people who are employed who are earning below real living wage	ONS	No
14. Proportion of children in workless households	This is the number of children in an area living in workless households. A household is defined as: a single person, or a group of people living at the same address who have the address as their only or main residence and either share one main meal a day or share living accommodation (or both). Children aged under 16 and those aged 16 to 18 who have never married and are in full-time education (Dependent children).	ONS	No
16. Percentage of households in fuel poverty	The estimated proportion of households in an area that experience fuel poverty based on the "Low Income Low Energy Efficiency" (LILEE) methodology	Fingertips	Yes check definition
17. Households in temporary accommodation	Households in temporary accommodation, crude rate per 1,000 estimated total households	Fingertips	No
18. Activity Levels (Active, Fairly Active, Inactive)	This is calculated based on the number of respondents aged 19 and over, with valid responses to questions on physical activity. To be categorised as 'Active' you must be doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more. To be categorised as 'Fairly Active' you must be doing at least 30-149 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more. To be categorised as 'Inactive' you are doing less than 30 minutes of moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more.	Active Lives Survey	Yes check definition
19. Percentage of adults who feel lonely often / always or some of the time	The percentage of adults (aged 16+) that responded to the question "How often do you feel lonely?" with "Always / often" or "Some of the time"	Active Lives Survey	No
22. Percentage of adults walking/cycling for travel at least three days per week	The number of respondents aged 16 and over, with valid responses to questions on walking/cycling, walking/cycling for travel in bouts of 10 minutes or more on at least twelve days in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.	Fingertips	Yes check definition

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Appendix 2

Wirral JSNA: Expanding the Annual Statistical Summary – Scoping Document

BACKGROUND AND AIMS

The current Wirral JSNA consists of a suite of documents available through the JSNA website. There are a range of in-depth reports and strategic needs analysis, along with various interactive tools which enable end-users to ‘self-serve’ to access specific data sets.

On request of the Health and Wellbeing Board, work has begun to pull together a core set of data to be analysed and presented annually to provide a high-level overview in one summary document, which can be used to better understand and describe the picture of health and wellbeing in Wirral. This first iteration of this annual summary analyses summarises the position for Wirral against the All Together Fairer (ATF) Marmot Beacon Indicators. The Marmot indicators are a suite of high-level metrics which together provide a comparative overview of population health. It is intended that this report will provide a baseline on which to monitor progress over the longer term.

It is not intended that this ‘core’ summary document will replace the broad range of other quantitative and qualitative reports that are produced as part of the JSNA programme. Rather, the intention is that it will complement the other work and help inform the scoping of further research or ‘deep dive’ analyses in order to shape and agree the JSNA work programme.

PROPOSED CONTENT

The aspiration is to build on this first iteration of the report and enhance the All Together Fairer Annual Statistical Summary with a broader compendium of indicators and analyses which provide a richer picture of the state of health and wellbeing in Wirral.

This first ‘All Together Fairer’ summary analyses routinely available data to provide a high-level overview of how Wirral, as a whole, fares against these metrics. Given the stark variation in health determinants and health outcomes within Wirral, it is crucial to undertake a sub-borough analysis of these indicators (where data allows), and other related metrics.

This will provide a richer picture, and a succinct but broad overview of some of the main factors we know impact on health and wellbeing. Presenting that analyses at the most appropriate geographical/sub-borough level possible will help us to better

understand any key challenges for focus and will help evidence and target areas for local action.

In order to help ensure that there can be a robust and meaningful analysis and interpretation of the data included it is important that the data included is validated and of high quality. The proposal is to include nationally collated indicators so that external benchmarking and comparison can be undertaken, but also, where possible, to replicate the data definition using local data so that a robust sub-Wirral analysis can be undertaken. It is proposed that the first stage of this work will be a sub-Wirral analysis of the All Together Fairer Beacon Indicators.

ENGAGEMENT

It is important that this work is a collaborative effort and that partners are involved in the co-production of the annual core document. The following tables present proposed content, along with a rationale for inclusion and proposed or possible level of analysis. Feedback is sought on both the proposed content and the specific indicators.

DRAFT

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible	
CHAPTER: PEOPLE					
Rationale: Reliable population denominators, knowledge of population numbers, trends, projections, and key characteristics is crucial to all analysis.					
Population Projections	Underpins all robust strategic intelligence	Office for National Statistics (ONS)	National Regional Sub Regional Statistical Neighbours	Wirral	
Current Population		2021 Census			Wirral Electoral Wards Deprivation Quintile Neighbourhoods Middle Layer Super Output Areas (MSOA) Lower Layer Super Output Areas (LSOA)
Population Density					
Ethnicity					
LGBTIQ+ Community (Sexual Orientation and Gender Identity)					
Disability					
Carers					

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Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
<p>CHAPTER: PLACE & ENVIRONMENT</p> <p>Marmot Key Themes: Tackle climate change and health equity in unison</p> <p>Ensure a healthy standard of living for all</p>				
<p>Rationale: The IMD provides a nationally comparable overview of socio-economic deprivation and forms the basis for most analysis of geographical inequalities. The wider environmental factors in this section are major contributors to the overall life expectancy gap within Wirral, and inequalities are evident in relation to exposure to risk factors (such as smoking, air pollution, poor housing, and occupational hazards).</p>				
<p>Deprivation Indices of Multiple Deprivation (IMD)</p>	<p>Underpins all robust strategic intelligence, and provides a measure which encompasses many of the social determinants of health included in Marmot</p>	<p>Ministry of Housing, Communities & Local Government</p>	<p>National Regional Sub Regional Statistical Neighbours</p>	<p>Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA LSOA</p>
<p>Air Quality: COPD Emergency Hospital Admissions</p>	<p>Aligns to HWBS Priority 4</p>	<p>HES (Hospital Episode Statistics)</p>		
<p>Climate and Health: Deaths from heat/cold exposure Flood vulnerability/resilience</p>	<p>Aligns to HWBS Priority 4</p>	<p>Institute for Health Metrics and Evaluation (IHME)</p>	<p>National Regional Sub Regional Statistical Neighbours</p>	<p>Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA LSOA</p>
<p>Adults walking for travel Adults cycling for travel</p>	<p>Aligns to HWBS Priority 4</p> <p>Aligns to Marmot: Tackle climate change and health equity in unison</p>	<p>Active Lives Adult Survey, Sport England</p>		<p>Wirral Deprivation Quintile</p>

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Access to the Natural Environment: Green and Blue Space	Aligns to HWBS Priority 4	Consumer Data Research Centre (CDRC)		Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA LSOA
Housing Tenure		2021 Census		
Housing Condition		Wirral Housing Team	Wirral LA only	Wirral Electoral Wards
Housing Affordability		Land Registry/ONS	National Regional Sub Regional Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA
Homelessness	Aligns to HWBS Priority 4	Wirral Housing Team	Wirral LA only	Wirral LA only
Fuel Poverty	Aligns to HWBS Priority 4 Aligns to Marmot: Ensure a healthy standard of living for all.	Department for Business, Energy & Industrial Strategy (BEIS)	National Regional Sub Regional Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA
Food Insecurity: Foodbank Usage	Aligns to HWBS Priority 4	Wirral Foodbank	Wirral LA only	Wirral Electoral Wards Deprivation Quintile Neighbourhoods
Crime: Recorded offences	Aligns to HWBS Priority 4	Data.Police.UK	National Regional Police force area	MSOA LSOA

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
CHAPTER: STARTING WELL				
Marmot Key Themes: Give every child the best start in life				
Enable all children, young people, and adults to maximise their capabilities and have control over their lives				
Rationale: Giving every child the best start in life is key to reducing health inequalities across the life course. What happens during the early years and in education can impact on many aspects of health and wellbeing throughout their life, from risk taking behaviours, impact on mental health, to educational attainment which in turn influences income, housing and other material resources.				
Births: Number of Births Page 112 Low Birth Weight	Aligns to HWBS Priority 3	Office for National Statistics (ONS)	National Regional	Wirral Electoral Wards Deprivation Quintile
Infant mortality	Aligns to HWBS Priority 3	Office for Health Improvement & Disparities (OHID)	Sub-Regional Statistical Neighbours	Neighbourhoods (using local data) MSOA
Child Poverty: Children Living in Low Income Families Children Living in Poverty	Aligns to HWBS Priority 3	Department for Work & Pensions (DWP)	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA
Childhood Vaccinations: 6 in 1 Vaccine MMR Pre School-Booster	Aligns to HWBS Priority 2	UK Health Security Agency (UKHSA)	National Regional Sub-Regional Statistical Neighbours	Wirral Primary Care Networks (PCNs) GP Practice
Healthy Weight	Aligns to HWBS Priority 3	Office for Health Improvement & Disparities (OHID)	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral Wards

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Vulnerable Children: Children in Need Child Protection Plans Children Looked After	Aligns to HWBS Priority 3	Department for Education		Wirral
School Readiness: Good Level of Development	Aligns to HWBS Priority 3 Aligns to Marmot: Give every child the best start in life	Office for Health Improvement & Disparities (OHID)/ Department for Education	National Regional Sub-Regional Statistical Neighbours	Wirral
Educational Attainment: Average Progress 8 Score Average Attainment 8 Score	Aligns to HWBS Priority 3 Aligns to Marmot: Enable all children, young people, and adults to maximise their capabilities and have control over their lives	Department for Education		Wirral Parliamentary Constituencies
Healthcare Use: Emergency Hospital Admissions 5 year olds and under	Aligns to HWBS Priority 2 & 3	Office for Health Improvement & Disparities (OHID)		Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA
Dentistry: Oral Health Survey 5 year olds Dentist Visits and Urgent Dental Treatment <18 years	Aligns to HWBS Priority 2 & 3 Aligns to Core20PLUS5 for C&YP	Office for Health Improvement & Disparities (OHID)/NHS Dental Statistics for England		Wirral Electoral Wards

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Not in Education, Employment or Training (NEET)	Aligns to HWBS Priority 3	Department for Education	National Regional Sub-Regional Statistical Neighbours	Wirral
Level 2 Qualifications (Aged 19)	Aligns to Marmot: Enable all children, young people, and adults to maximise their capabilities and have control over their lives			Wirral

CHAPTER: LIVING & WORKING WELL

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Marmot Key Themes: Create fairer employment and good work for all

Ensure a healthy standard of living for all

Strengthen the role and impact of ill health prevention

Create and develop health, sustainable places and communities

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Rationale: Long term unemployment can have long term negative effects on health and wellbeing and is a significant driver of inequalities in physical and mental health. Poor quality and stressful work is just as damaging for health; increased insecurity in non-permanent, short term contracts, low pay and lack of benefits creates in-work poverty and the ability to keep up with increased housing costs such as rent, fuel, food, heating and other costs.

The outcome of managing and treating ill health not only comes at a great cost to the public purse but also the individual who can spend a large proportion of their lives in poor health and potentially premature death. The evidence shows the burden of health is greater on people in more deprived areas however, some conditions and avoidable mortality has increased regardless of income. The focus on quality and equitable access to healthcare to reduce inequalities is a national and system approach, however primary prevention focussed on the causes of those behaviours is a key driver for All Together Fairer: Marmot Review.

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Employment: Economic Inactivity Employment Status by Employment Type	Aligns to HWBS Priority 1 Aligns to Marmot: Create fairer employment and good work for all.	2021 Census & NOMIS	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOA LSOA
Household Income: Employees Earning Below Real Living Wage Children in Workless Households	Aligns to HWBS Priority 1 Aligns to Marmot: Ensure a healthy standard of living for all.	Annual Survey of Hours and Earnings via NOMIS	National Regional Sub-Regional Statistical Neighbours	Wirral Parliamentary Constituencies
Temporary Accommodation	Aligns to HWBS Priority 1 Aligns to Marmot: Create and develop healthy, sustainable places and communities	Ministry of Housing, Communities & Local Government	National Regional Sub-Regional Statistical Neighbours	Wirral
Behavioural risk factors: Physical Activity* Obesity Smoking and Vaping Drugs Alcohol	Aligns to HWBS Priority 2 *Aligns to Marmot: Strengthen the role and impact of ill-health prevention Aligns to Core20PLUS5 for Adults (smoking cessation)	Office for Health Improvement & Disparities (OHID)	National Regional Sub-Regional Statistical Neighbours	Wirral (Obesity, Drugs & Smoking Cessation only) Electoral Wards Deprivation Quintile Neighbourhoods MSOA LSOA

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Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Neurodiversity	Aligns to HWBS Priority 2 & 3	GP Quality & Outcomes Framework (QOF) & NHS Digital	National Regional Integrated Care Boards (ICBs) Sub-ICBs Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Primary Care Networks GP practice
Page 116 Long-term conditions	Aligns to HWBS Priority 1, 2 & 4 Aligns to Marmot: Strengthen the role and impact of ill-health prevention. Aligns to Core20PLUS5 for Adults (COPD & Hypertension)	NHS Digital/GP Quality & Outcomes Framework (QOF)	National Regional ICBs Sub-ICBs Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Neighbourhoods (using local data) PCNs GP practice MSOA LSOA
Cancer: New Cases by Cancer Type Cancers Diagnosed at Stage 1 & 2 Cancer Screening Coverage	Aligns to HWBS Priority 2 Aligns to Core20PLUS5 for Adults	GP Quality & Outcomes Framework (QOF) & CancerData.nhs.uk		Wirral PCNs GP Practice
Mental Health: Common Mental Health Conditions (CMD) Severe Mental Illness ¹ Self-harm and suicide* Access to NHS Talking Therapies (formerly IAPT)	Aligns to HWBS Priority 2 *Aligns to Marmot: Enable all children, young people, and adults to maximise their capabilities and have control over their lives Aligns to Core20PLUS5 for C&YP ¹ Aligns to Core20PLUS5 for Adults	Office for Health Improvement & Disparities (OHID)	National Regional ICBs Sub-ICBs Statistical Neighbours	Wirral PCN Deprivation Quintile GP Practice

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Sexual Health: Chlamydia detection STI testing (excluding chlamydia aged under 25) HIV testing coverage Total abortions Under 18's conception	Aligns to HWBS Priority 2	Office for Health Improvement & Disparities (OHID)	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile GP Practice
Hospital Waiting Times: Waiting for treatment	Aligns to HWBS Priority 2 Aligns to Core20PLUS5 for C&YP and Adults	NHS Digital	National Regional ICBs Sub-ICBs Statistical Neighbours Hospital Trusts	Wirral
CHAPTER: AGEING WELL Marmot Key Themes: Ensure a healthy standard of living for all Strengthen the role and impact of ill health prevention Marmot overarching indicators				
<p>Rationale: People are living longer, and although a great majority live active lives, for some ageing means ill health, frailty and social isolation. Improving the quality of life can be linked to primary prevention and focussing on conditions that are avoidable or reduce ill health. For others it is adapting the environment and living as independent and improved quality of life as possible</p> <p>Wirral has an ageing population, and a significant proportion of people experience poor health for many years, in addition to experiencing premature mortality. Primary prevention to reduce risk factors for disease and secondary prevention to slow down disease progression are both important. The inequality in the rate of health deterioration associated with ageing is mostly preventable, and those most adversely affected are living in poverty and experiencing multiple aspects of social deprivation.</p>				
Income Deprivation and Poverty	Aligns to HWBS Priority 1 Aligns to Marmot: Ensure a healthy standard of living for all.	Ministry of Housing, Communities & Local Government	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral wards Deprivation Quintile Neighbourhoods

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
				MSOAs LSOAs
Social Isolation and Loneliness: Pensioner Household Living Alone Adults who say they feel lonely	Aligns to HWBS Priority 1-5 Aligns to Marmot: Strengthen the role and impact of ill health prevention	2021 Census	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral Wards Deprivation Quintile Neighbourhoods MSOAs LSOAs
Adult Social Care: Requests for Social Care Support People Receiving Short Term Support	Aligns to HWBS Priority 2 & 4	Kings Fund using Adult Social Care Activity and Finance Report, NHS Digital	National Regional Statistical Neighbours	Wirral
Vaccination: Pneumococcal (PPV) Influenza	Aligns to HWBS Priority 2	ImmForm	National Regional Integrated Care Boards (ICBs) Sub-ICBs Statistical Neighbours	Wirral PCN Deprivation Quintile GP Practice
Falls: Emergency Hospital Admissions Hospital Admissions for Hip Fractures	Aligns to HWBS Priority 2 & 4	Office for Health Improvement & Disparities (OHID)	National Regional Sub-Regional Statistical Neighbours	Local data to analyse by; Electoral Wards Deprivation Quintiles Neighbourhoods MSOAs LSOAs

Theme & Measures	Strategic Links	Data/Sources	Comparability	Level of analysis possible
Dementia: Estimated prevalence People Diagnosed	Aligns to HWBS Priority 2 & 4	Office for Health Improvement & Disparities (OHID)	National Regional Sub-Regional Statistical Neighbours	Wirral Electoral wards Deprivation Quintile Neighbourhoods MSOAs LSOAs
Life expectancy (LEx)	Overarching Measure Aligns to Marmot Overarching Indicators	Office for National Statistics (ONS)		Wirral Electoral wards Deprivation Quintile
Healthy Life Expectancy (HLEx)	Overarching Measure Aligns to Marmot Overarching Indicators	Office for National Statistics (ONS)		Wirral
Mortality: All-Cause Mortality Premature Mortality (Under 75 years)	Overarching Measure	Office for Health Improvement & Disparities (OHID) & Primary Care Mortality Database (PCMD)		Wirral Electoral wards Deprivation Quintile Neighbourhoods MSOAs

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HEALTH AND WELLBEING BOARD

18th July 2024

REPORT TITLE:	DELIVERY OF WIRRAL HEALTH AND CARE PLAN
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The Wirral Health and Care Plan is a collective plan on Wirral, for how the health and care organisations across Wirral will work together to progress with agreed priorities and areas of work. These priorities are cognisant of, and support the delivery of, several key national and Wirral Place level strategic aims, including the NHS 2024/25 priorities and operational planning guidance, the Wirral Council Plan 2023-27 and Wirral Health and Wellbeing Strategy 2022-27.

This report presents to the Board the delivery dashboard for the programmes within the Wirral Place Health and Care Plan. The dashboard structure has been developed and agreed with the Strategy and Transformation Group (STG), which is a supporting group to the Wirral Place Based Partnership Board (WPBPB). The dashboard is reviewed by the STG and the WPBPB monthly. The dashboard provides an oversight of the whole programme portfolio, provides a monthly narrative update and Red Amber Green rating of overall programme delivery, benefits, risks, and issues.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note overview of the delivery and oversight of the Health and Care Plan programmes to the Wirral Place Based Partnership Board as set out in this report.

SUPPORTING INFORMATION

1. REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of this report is to provide the Board with information and assurance on the progress of the programmes associated with the Wirral Health and Care Plan 2024-25. There is a requirement to demonstrate progress against the delivery of the priorities within the Plan to evidence the progress made to the Wirral Place Based Partnership Board. The programme dashboard provides that evidence.

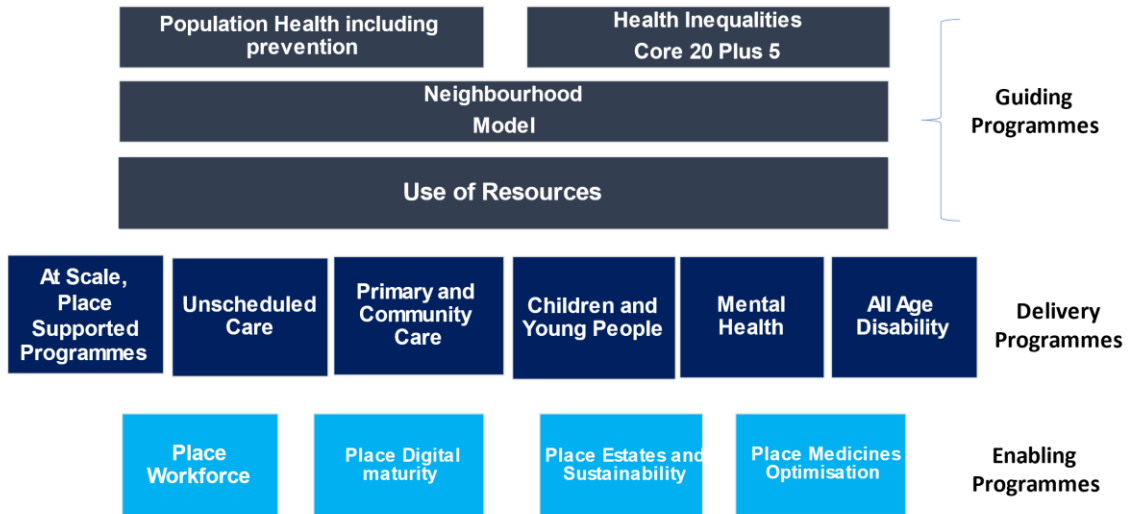
2. OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered as the report is at the request of the Board.

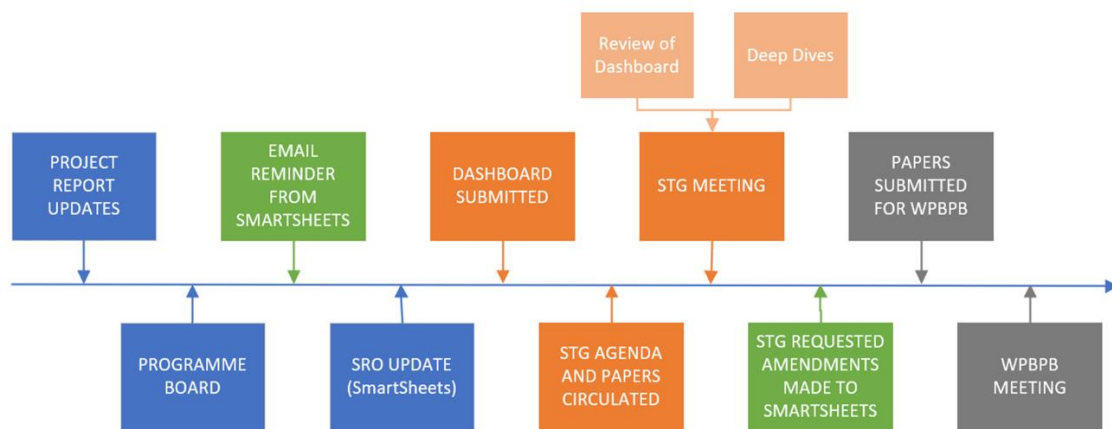
3. BACKGROUND INFORMATION

- 3.1. Work on the Wirral Place Health and Care Plan has been undertaken by programme teams, supported by the Wirral Improvement Team (WIT) with the Strategy and Transformation Group (STG) providing oversight of the whole programme portfolio within the plan, and ensuring that robust governance is in place through an agreed monitoring and control strategy.
- 3.2. During the last quarter of 2023-24 a review of the programme portfolio of the plan was undertaken. As a result, several changes have been implemented to support the delivery of improved outcomes. These specifically are the expansion of the Learning Disabilities and Autism Programme to encompass all age disability, and the establishment of a clear programme plan and oversight board for the Core20+5 approach to driving targeted action for health improvement. In support of the refreshed Health and Care Plan for 2024-25 each of the programmes have reviewed their priorities and deliverables, advised by emerging national and local strategy.
- 3.3. For the avoidance of doubt, the programmes that constitute the portfolio within the Health and Care Plan, including the above changes are summarised in the figure below:

Wirral Place Programmes



- 3.4. The data and narrative that constitutes the dashboard is agreed with the Senior Responsible Officers (SROs) and Programme Leads for each constituent programme and the membership of the STG.
- 3.5. Of the programme portfolio within the Health and Care plan; several of the programmes are managed directly through the WIT, whilst others are managed by partner organisation Programme Management Office functions. However, the WIT oversee the collation and reporting of the whole portfolio, working with the SROs and Programme Leads.
- 3.6. The dashboard forms the information baseline for the monitoring and control of the suite of programmes within the plan. The monitoring process follows a clear timeline for report updating, review and adjustment. It also supports the detailed review of individual programme areas though a schedule of ‘deep dives.’ The monthly process is summarised in the figure below:



- 3.7. The ‘Live’ Dashboard is presented to the STG monthly, who act as the programme board for the portfolio, except for those programmes that it has been agreed should currently report directly to WPBPB. However, the whole portfolio will be shared

including these areas for the completeness of information, and to ensure that there is a full 'read across' within the portfolio and a consideration of interdependencies.

- 3.8. To build strong assurance into the oversight of the Health and Care Plan, the whole portfolio is subject to an agreed monitoring and control strategy. This defines how Wirral Place Health and Care Plan programmes will be monitored and controlled to ensure that they are:
- Effectively managed in line with best practice project and programme management standards.
 - Focussed on action and delivery.
 - Focussed on achieving positive, demonstrable outcomes for the Wirral system including its residents, health and care organisations and employees.

The strategy also defines clear tolerances, escalation governance and change authority.

- 3.9. A delivery Red Amber Green rating is established by the Programme Lead and/or Senior Responsible Officer for each of the programmes. The criteria for these ratings are set out within the programme monitoring and control strategy, providing tolerances and escalation points for the purposes of programme assurance.

- 3.10. The overall delivery Red Amber Green rating for the Health and Care plan delivery in May was Green, with one programme in the portfolio reporting Red, three reporting Amber and the rest reporting Green. Based on the information within the May dashboard the board is directed to note the following highlights

3.10.1. Guiding Programmes

- Neighbourhood Core Group Panels are now underway in both trailblazer neighbourhoods, who are identifying their key priorities and agreeing approaches around funding applications.
- It was agreed that, aligned with the Health and Wellbeing Strategy, the Population Health Programme would take a different approach to tackling the root causes of poor health and wellbeing to make a meaningful impact with a smaller group of core issues. System partners have been focusing on how we can tackle fuel poverty collectively in Wirral through strategic and operational actions. Progress will be reported to the Health and Wellbeing Board in Autumn 2024.
- The Use of Resources programme will be focusing on actions to deliver the 2024-25 financial plan. The system will be required to identify significant cost improvements. The delivery of this plan and the associated risks will be monitored through the Wirral Finance and Resources Group.

3.10.2. Delivery Programmes

- Although there has been considerable progress in all areas of the Children and Young People's Programme, the Department for Education have issued an Improvement Notice on 15th May citing not enough progress has been made against the Wirral Statement of Action for Special Educational Needs and Disabilities (SEND). This has resulted in a series of directives to assure rapid progress of improvements and accounts for the Red RAG rating of the programme. The Children and Young People's Programme will continue to

support progress against the SEND Statement of Action and in populating required evidence in preparation for the pending SEND inspection. The new platform for the central point of access (known as 'Branch') is due to soft launch in July with plans to be fully operational in October. Testing will be trialled with identified GPs and school leads initially prior to a wider roll out.

- Within the All-Age Disabilities (AAD) programme an exercise in mapping out the strategies into deliverable milestones and projects has started. The recently recruited AAD Strategic Manager and WIT programme manager worked to complete this process during May 2024 and presented stage one to the AAD Board in May 2024.
- The Mental Health Programme Board is working productively to foster relationships between the Mental Health and Neighbourhood Programmes, with several actions to build and develop on these links to be carried out over the coming months. As at the end of May there was 1 inappropriate out of area patient. Most patients awaiting discharge from inpatient facilities were experiencing delays in accessing appropriate housing. Closer connections have now been made with dementia stakeholders with work taking place to support the mapping of all pathways and services.
- The Primary and Community programme held a successful workshop at the June Board. This has determined three immediate actions to take place to support delivery of the work to determine and deliver a Primary Care Network model for identifying and assessing those who are moderate to severely frail. A new strategic group for falls has been established. The initial meeting will be taking place during June, this will continue the initial piece of work completed by the Advancing Quality Alliance (AQUA) mapping out current services in Wirral. Discussions have started on the reporting mechanism for Modern GP Practices into the programme board, to support the delivery of the Cheshire & Merseyside Primary Care framework, focusing on access.
- The Urgent and Emergency Care Improvement Programme continues to make significant progress in the delivery of the key programme milestones. This progress has again continued across its five workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme's success is a sustained reduction in the No Criteria to Reside (NCTR) numbers. This showed continued good progress for May 2024 with a reduction from the previous month, from 112 on the 1st April 2024 to 85 on the 1st May 2024, which exceeded the target of 92, with NCTR levels consistently staying under the 100 level for a prolonged period in May. The care market sufficiency project aimed to increase the overall number of new hours picked up and the number of new packages accepted. Most recent data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3494 against a target of 3258 and the number of new packages accepted is 341 against a target of 317. The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215%. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have

remained in hospital with no criteria to reside. Performance is currently slightly below trajectory.

3.10.3. Enabling Programmes

- Within the Digital Maturity programme, migrating our population health management system from the Wirral Care Record to the Combined Intelligence for Population Health Action (CIPHA) platform remains the top priority. Programme leads are collaborating with core providers to develop work plans and ensure commitment to milestone timelines.
- The Estates and Sustainability programme are continuing to develop the programme structures. Leads have been identified for 3 workstreams (Governance, Baselining and Sustainability) and work prioritised. The programme has undertaken document collection to support the Cheshire and Merseyside ICB Infrastructure Strategy. Further engagement work has been undertaken including with the Primary Care Council, the 'Open Door' voluntary group who are seeking to connect to the Place Based programme and with the new Wirral council regeneration lead.
- The Medicines Optimisation Programme is to hold a virtual Wirral Place workshop in June for partners to review, develop and confirm the final 2024/25 programme delivery structure. Collated Cost Improvement Plans (CIP) for 2024/25 have been established and include actions to identify opportunities for collaborative working. The Opioids/chronic pain workstream is well underway with the next Community of Practice (CoP) due to take place in June. A patient with lived experience has joined the group and the team are also working with One Wirral CIC on a potential event across Wirral later in the year. Wirral health literacy work & infographics has been presented to the Opioids CoP and it is aimed that this is showcased at the ICB Polypharmacy CoP.
- Good progress is being made within the Workforce programme with the establishment of the Wirral Place Workforce Insight Dashboard. The Wirral Public Health Intelligence Team have agreed to support the dashboard build, and data has been submitted from key Health Anchor Organisations. Further phasing of this work aims to include data from Primary Care, Hospice and other VCFSE colleagues. Work is underway to finalise the mobilisation of the Wirral Care leavers project. The programme design is complete and Wirral Anchor organisations are currently identifying appropriate vacancies to support placements. The project team will be aiming to establish a clear timeline for the commencement of the scheme very shortly. The development of the Wirral People Strategy is reaching its final stages. A final workshop will be held in July 2024, following which the first draft strategy will be created.

- ### 3.10.4. Within the Place Supported Delivery Programmes the clinical divisions at Wirral University teaching Hospitals NHS Trust are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants and additional activity outside of core capacity to ensure reductions in elective waiting times continue.

- Elective Care: Wirral University Teaching Hospitals continue to perform well against plan for outpatients and elective admissions.
- Cancer: Whilst the national standard for two week waits performance has been stood down the trust continues to monitor this internally to support the delivery of the faster diagnosis standard.

4. FINANCIAL IMPLICATIONS

- 4.1 The potential financial implications arising from the Wirral Health and Care Plan are considered within the individual programme benefits, risk and issue logs, and any specific financial implications would be addressed through the appropriate processes. The Use of Resources programme will focus on identifying opportunities to deliver further efficiencies to spending on Wirral.

5. LEGAL IMPLICATIONS

- 5.1 There are no legal implications directly arising from this report.

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Health and Care Plan programme structure includes enabling programmes for workforce, digital maturity, estates, and sustainability. Part of the remit of these programmes is to identify and support the specific resource implications of the delivery and guiding programmes.

7. RELEVANT RISKS

- 7.1 Each programme within the Health and Care Plan has identified the relevant programme risks and mitigations. A summary risk report is available within the 'Live' dashboard that identifies the red and amber rated risks across the portfolio of programmes. This dashboard is a standing agenda item at the Wirral STG as the Programme Board, and any key risk escalations are highlighted to the STG by the Programme Director for Wirral Improvement Team.

8. ENGAGEMENT/CONSULTATION

- 8.1 The programmes presented within the dashboard are specific to the Wirral Health and Care Plan, which has been developed collaboratively across key stakeholders across the Place through place workshops and with system colleagues within Strategy and Transformation Group meetings.

9. 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. Within the Health and Care Plan there is a framework for our approach to tackling health inequalities and each programme of work will complete impact assessments to ensure any adverse impact is identified and mitigating actions put in place where possible.
- 9.2 This report is for information and an EIA is not required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The enabling programmes within the Health and Care Plan include an estates and sustainability programme which has a specific aim to target investment to support net zero carbon ambitions. Furthermore, the plan is cognisant of and guided by a number of key national, regional and Wirral specific strategy and policy requirements that focus Wirral Place on environment and climate implications. These include the Wirral Council Plan 2023-27, the Health and Wellbeing Strategy 2022-27 and Marmot Principles to build safe, sustainable and vibrant communities.

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.

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APPENDICES

Appendix 1 Wirral Health and Care Plan Dashboard

The PDF file below may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact julian.eyre@nhs.net if you would like this document in an accessible format.

BACKGROUND PAPERS

Wirral Health and Care Plan 2023-24

Wirral Health and Care Plan 2024-25 (due for ratification by Wirral Place Based Partnership Board on 20th July 2024)

TERMS OF REFERENCE

This report is being considered by the Wirral Health and Wellbeing Board in accordance with parts (d) and 9e0 of its Terms of Reference:

(d) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people

(e) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	19th October 2023 23rd November 2023 21st December 2023 25th January 2024 22nd February 2024 21st March 2024 7th May 2024

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Wirral Health and Care Plan Dashboard

Date of Report

April 2024

About the Wirral Health and Care Plan



Wirral Place Health and Care plan 23.24.11.d...

Escalation Reports

- Wirral Health and Care Plan Benefits Report
- Wirral Health and Care Plan Risk Report
- Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Programme RAG

Date of Update

About the Programme



03/04/24



Neighbourhoods Model

Programme Commentary

Neighbourhood Core Group Panels now underway in both Birkenhead A and Wallasey C
 Priorities and New neighbourhood name agreed for Wallasey C
 Priorities and neighbourhood name options considered by Birkenhead A, poll pending to confirm both
 Monthly update template / highlight report developed for completion by trailblazers
 Template developed by neighbourhoods to enable people/ organisations within the neighbourhood to apply for funding

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Neighbourhood Care Model	No Change						Neighbourhood Care Model - Highlight Report

Population Health Programme

Programme SRO

Programme RAG

Date of Update

About the Programme

Dave Bradburn



08/04/24



Population Health Management

Programme Commentary

Health and Wellbeing Strategy- Priority 4: Fuel Poverty

- Fuel Poverty was chosen as a game changer under priority 4 of the Health and Wellbeing Strategy.
- Nearly 1 in 7 people in Wirral are living in fuel poverty and 1 in 4 in our more deprived areas.
- Cold homes cost each Health and Wellbeing Board £10 million a year dealing with the consequences such as illness and excess deaths.
- A workshop was held on 11th March 2024 to bring the system together to focus on how we can tackle fuel poverty as a collective in Wirral. Over 40 local stakeholders and partners attended the event at the Floral Pavilion. Presentations were given by Leicester City Council and Energy Project Plus (a local charity working to support residents in the borough). The presentations raised awareness of the local, regional and national picture regarding fuel poverty and highlighted best practice.
- The second part of the event showcased stories from 4 residents reflecting on how they cope living in fuel poverty and some of the challenges they face through heating and affording to heat their homes and some of the poor housing conditions they live in due to issues like mold and damp. The case studies were presented by the Qualitative Insight Team who had spent time with the residents in their homes and also completed some filming with the residents.
- The workshop outputs focused on both strategic and operational actions for the Wirral system with a follow up event planned for Summer 2024 that will take forward the action plan.
- The Core20P5 group will receive an update on the fuel poverty work on 25th April 2024.
- It is proposed that the next Public Health Annual report will focus on fuel poverty.
- The Health and Wellbeing Board will receive an update on fuel poverty in Autumn 2024.

Use of Resources Model Programme

Programme SRO

Programme RAG

Date of Update

About the Programme

Martin McDowell



04/06/24



Use of Resources Model

Programme Commentary

Wirral Place has now completed year end and was unable to achieve its financial plan for 2023/24. The financial yearend position has now been reported to the ICB to be included in NHS Cheshire and Merseyside ICB final accounts, which is still subject to completion of the external audit.

2024/25 Financial plans have been agreed with the ICB and submitted to NHSE. To achieve the 2024/25 plan, the system will be required to identify significant cost improvements. All systems will be subject to reviews to identify CIP with delivery of these and associated risks to be reported and monitored through FIG with a focus on Value for Money.

Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO

Programme RAG

Date of Update



03/06/24

Programme Commentary

An exercise in mapping out the strategies into deliverable milestones / projects has started. The recently recruited AAD Strategic Manager and WIT programme manager will continue to meet during May to complete this process and present stage one to the AAD Board in May.

A full review of the membership and TOR for the AAD board is also taking place to ensure representation across place, this will also include the establishment of a number of operational thematic groups to deliver the strategy over the next five years.

As at March 87.2% of those with LD, aged over 14, have received an annual health check.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
All Ages Disability	●	●	●	●	●	All Age Disability Revi - Project Highlight Report
Remote Monitoring for LD	●	●	●	●	●	Remote Monitoring for L - Project Highlight Report
Education, Health and Care Plan Review	●	●	●	●	●	Education, Health and C - Project Highlight Report
LD&A Housing Options Strategy	●	●	●	●	●	LD&A Housing Options St - Project Highlight Report
Supported Employment Strategy	●	●	●	●	●	Supported Employment St - Project Highlight Report
Pathways and Guideline Information	●	●	●	●	●	Pathways & Guidance Information - Highlight Report

Children and Young People Programme


Programme SRO	Programme RAG	Date of Update	About the Programme
Elizabeth Hartley	●	06/07/24	 Children and Young People

Programme Commentary

Although there has been considerable progress in all areas, the DFE have issued an Improvement Notice received 15th May citing not enough progress has been made against the WSoA for SEND. This has resulted in a series of directives to assure rapid progress of improvements. The DFE have approved the new SEND Partnership Board as the designated improvement board chaired by the Chief Exec with elected member reps. Monthly reporting cycles are in place with a revised performance reporting dashboard and an action plan for all subgroups and actions to be completed without exception. This will be reviewed in October and only lifted if significant evidence can be presented from the lived experience of children and families. This is alongside preparation for the next SEND Inspection which is pending Branch' the new platform for the central point of access is due to soft launch in July with plans to be fully operational in October. Testing will be trialled with identified GPs and school leads initially prior to a wider roll out. The accompanying Alliance of organisations have been delivering services since April with a wide offer of support including online, spanning different age groups to ensure no gaps in provision. The alliance will have associated memberships of existing services including local VCFS and youth services to enable a wide a reach as possible.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report

Mental Health Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Suzanne Edwards	●	31/05/24	 Mental Health

Programme Commentary


Productive Programme Board held that fostered relationships between the Mental Health and Neighbourhood Programmes, with a number of actions to build and develop on these links to be carried out over the coming months.

- * As at the end of May there was 1 inappropriate out of area patient.
- * The majority of patients awaiting discharge from Inpatient facilities was due to awaiting housing.
- * At the end of April, 62% of patients in Inpatient beds did not have an open referral with Mental Health services at the time of admission

Closer connections have now been made with dementia stakeholders with information sharing currently taking place to support the continuing mapping out of all pathways and services.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Community Mental Health Transformation	No Change	●	●	●	●	●	Community Mental Health Transformation - Highlight Report
First Response	No Change	●	●	●	●	●	First Response - Highlight Report
Integrated Housing	No Change	●	●	●	●	●	Integrated Housing - Project Highlight Report
Acute Capacity, Demand and Flow	No Change	●	●	●	●	●	Acute Capacity, Demand - Project Highlight Report
Dementia Strategy	No Change	●	●	●	●	●	Dementia Strategy - Project Highlight Report

Primary and Community Care Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Mark Greatrex	●	05/06/24	 Primary and Community Care

Programme Commentary

A successful Facilitated Conversation was held at the June Board. Group has determined three immediate actions to take place within the group to support delivery. Work continues on determining a PCN model for identifying and assessing those who are moderate to severely frail. A new strategic group for falls has been established. The initial meeting will be taking place during June, this will continue the initial piece of work completed by AQUA mapping out current services in Wirral. Discussions have started on the reporting mechanism for Modern GP Practices into the programme board, to support the delivery of the C&M Primary Care framework, focusing on access.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Falls Prevention and Management	No Change	●	●	●	●	●	Falls Prevention and Management - Highlight Report

Urgent and Emergency Care Programme

Programme SRO	Programme RAG	Date of Update
Janelle Holmes	●	09/05/24

Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. April's data shows continued good progress with a reduction from the previous month, from 132 on the 1st March to 112 on the 1st April. However, the target of 96 was not met.

It remains three out of five projects have agreed their supporting metrics and are actively reporting (i.e. metrics that will lead to a reduction in the NCTR headline metric). The metrics for the Transfer of Care Hub have been agreed and the Care build stages are working towards the completion of these metrics. The Patient Support and Clinical Assessment

for the transfer of Care Hub have been agreed and the Corner build change are now live to enable the reporting of these metrics. The BI development work required to produce these report is continuing with the ambition to have in place at the earliest opportunity.

The care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). March's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3494 against a target of 3258 and the number of new packages accepted is 341 against a target of 317.

The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. March's data shows a slight decrease in throughput on its frailty ward on the previous month, from 40 in February to 33 in March, the target of 120 was not met. Throughput on the respiratory ward also shows a slight decrease on the previous month, with throughput of 111 in February to 100 in March, slightly below the target of 120.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in January 24. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. March's data shows a slight decrease in overall pick-ups on the previous month, from 184 in February to 158 in March, under the target of 170. March's data shows that pick-ups from hospital have decreased on the previous month from 168 in February to 146 in March, slightly under the target of 150. Pick-ups from CICC increased from 8 in February to 9 in March, however not meeting the target of 20.

Community Reablement are yet to agree project level metrics. However, action plans are in place and being actively tracked and managed by the project SRO.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Virtual Wards	Improving	●	●	●	●	●	Virtual Wards - Highlight Report
AbleMe	Improving	●	●	●	●	●	Community Reablement - Highlight Report
Transfer of Care Hub	No Change	●	●	●	●	●	Wirral Discharge Hub - Highlight Report
HomeFirst Expansion Project	Improving	●	●	●	●	●	HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving	●	●	●	●	●	Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme SRO

Chris Mason

Programme RAG



Date of Update

10/06/24

About the Programme



Digital Maturity

Programme Commentary

Summary/Progress this month:

- Our top priority is migrating our population health management system from the Wirral Care Record to CIPHA. With the Wirral Digital Maturity board's approval, all providers have agreed to prioritise this project. We have arranged individual workshop sessions between providers and supplier to confirm requirements, milestones, and timelines. We are on course to complete Milestone 'Phase 1 - Provider Data Spec Gap Analysis' later this month.

Escalations:

- Clinical leads across various sectors have raised concerns re workforce capacity and how this will impact Wirral's ability to use CIPHA effectively for managing population health. The adoption of Wirral's previous system, The Wirral Care Record, was minimal primarily due to limited workforce capacity and therefore Wirral were not able to achieve the intended project outcomes and benefits. This raises the risk of encountering the same issue following our transition to CIPHA.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration	●	●	●	●	●	WCR / CIPHA Migration - Highlight Report
Digital Maturity Programme Mobilisation	●	●	●	●	●	Digital Maturity Programme Mobilisation - Highlight Report

Place Estates and Sustainability Programme

Programme SRO

Paul Mason

Programme RAG



Date of Update

10/06/24

Programme Commentary

Completed Areas of Focus for delivery in May 24:

- Continue to develop PMO structure in Smartsheet's - WIP (June/July)
- Identified Leads for 3 workstreams and prioritised (Governance, Baselineing and Sustainability) - Completed (2 workstreams remaining for leads to be allocated at next SEG) - SEG in June 24
- Presented at STG well received.
- Supported document collection to support Infrastructure Strategy
- Attended Primary Care Council (30.05.24) to showcase Estates & Sustainability work.
- Networking with 'Open Door' voluntary group who are seeking to connect to the Place Based programme.
- Networking with new council regeneration lead.

Deliverables for June 2024:

- Allocation of leads for Transformation and BAU to be confirmed
- Present back to SEG in June 2024 plans - On Plan
- Development of Workshop to work in collaboration with all SRO Leads
- Continue to support C&M Estates Productivity & Efficiency plans
- Meeting with Council (Wirral System Strategic Estates) to discuss regeneration.

Escalations/ Barriers to Delivery:

- Need a good understanding of Clinical Drivers and other group priorities/projects that will inform the Estates requirements and use of physical assets
- Allowing information flow and decision making to be understood to provide system assurance

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Estates Governance Mobilisation	No Change	●	●			●	Estates Governance Mobilisation - Highlight Report
Estates Maturity Baselineing	No Change	●	●			●	Estates Maturity Baselineing - Highlight Report
Estates Burning Platforms	No Change	●	●			●	Estates Burning Platforms - Highlight Report
Estates Transformational Projects	No Change	●				●	Estates Transformational Projects - Highlight Report

Place Medicines Optimisation Programme

Programme SRO

Lucy Reid

Programme RAG



Date of Update

09/05/24

About the Programme



Programme Commentary

Progress this month:

- The Wirral Place Medicines Optimisation Group met for the fourth time on the 15th May. April's meeting scheduled to take place on the 10th April was cancelled by the chair due to the number of apologies.
- Reporting and oversight of the work programme is via the Wirral Place MO group however capacity of the meeting to drive the work forward is challenging so the SRO has decided to hold a virtual Wirral Place MO workshop in order to bring partners together to review, develop and confirm the final 24/25 programme delivery structure. Date for meeting is 11th June.
- Wirral Place Medicines Optimisation Group endorsed the draft Smartsheets workstream reporting templates created for the MO programme. Reporting to go live once final delivery structure is confirmed. To be tweaked to include patient engagement and awareness and impact on other workstreams/programmes/partners e.g. community pharmacy.
- MO narrative refresh has been completed following presentation at MO group. Core workstreams have reduced with underpinning principles around collaboration, community pharmacy, health inequalities, workforce and safety.
- Collated QIPP/CIP plans for 24/25 have been pulled together and being finalised as 'one plan'. To identify opportunities for collaborative working.
- Opioids/chronic pain workstream is well underway with next Community of Practice due to take place in June. A patient with lived experience has joined the group and we are also working with One Wirral CIC on a potential event across Wirral later in the year.
- Wirral health literacy work & infographics has been presented to the Opioids CoP and will also be showcased at the ICB Polypharmacy CoP (with permission) to highlight the change in approach needed in order to change culture re: these workstreams.
- MO representative now identified for the Primary and Community Care Delivery programme.
- Work to understanding links between all programmes not fully complete yet (Guiding, Delivery, Enabling)
- AMS/AMR workstream lead is leaving post in July so discussions with public health to agree next steps as a system.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Programme Mobilisation	No Change	●	●	●	●	●	Programme Mobilisation - Highlight Report
Care Homes and Social care	No Change	●				●	Care Homes and Social Care - Highlight Report
Patient awareness and engagement	No Change	●				●	Patient awareness and engagement - Highlight Report
Mental Health	No Change	●				●	Mental Health - Highlight Report
Community Pharmacy	No Change	●				●	Community Pharmacy - Highlight Report
Polypharmacy and Tackling Health Inequalities	No Change	●				●	Polypharmacy and Tackling health inequalities - Highlight Report
Medicines Value	No Change	●				●	Medicines Value - Highlight Report
Medicines Safety	No Change	●				●	Medicines Safety - Highlight Report
Antimicrobial Resistance and Stewardship	No Change	●				●	Antimicrobial Resistance and Stewardship - Highlight Report
Collaboration	No Change	●				●	Collaboration - Highlight Report

Place Workforce Programme

Programme SRO

Debs Smith

Programme RAG



Date of Update

10/06/24

About the Programme



Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce strategy and associated planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2024-5 and beyond. From this an accountability and reporting framework for the wider programme will be established alongside agreed project sub-groups, leadership and membership.

Progress this month: Good progress is being made with the establishment of the Wirral Place Workforce Insight Dashboard. The Wirral Public Health Intelligence Team have agreed to support the dashboard build, and data has been submitted from key Health Anchor Organisations, and is expected imminently from Wirral Council. Further phasing of this work aims to include data from Primary Care, Hospice and other VCFSE colleagues.

Work is underway to finalise the mobilisation of the Wirral Care leavers project. The programme design is complete and Wirral Anchor organisations are currently identifying appropriate vacancies to support placements. The project team will be aiming to establish a clear timeline for the commencement of the scheme very shortly. The development of the

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Baseline Mapping for Wirral Workforce	No Change	●			●	●	Baseline Mapping for Wirral Workforce - Highlight Report
Wirral Workforce Strategy	No Change	●				●	Wirral Workforce Strategy - Highlight Report
18-24 Employment	No Change	●			●	●	18-24 Employment - Highlight Report

At Scale Programme

Place Supported Programmes

Programme SRO

Hayley Kendall

Programme RAG



Date of Update

03/01/24

Performance Charts



At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE ACTIVITY

In November 2023, the Trust attained an overall performance of 105% against plan for outpatients and an overall performance of 98% against plan for elective admissions. Underperformance against plan continues for Inpatients, predominantly due to the impact of large-scale cancellations for industrial action.

REFERRAL TO TREATMENT

The national standard is to have no patients waiting over 104 weeks from March 2023 and to eliminate routine elective waits of over 78 weeks by April 2023 and 65 week waits by March 2024. The Trust's performance at the end of November against these indicators was as follows:

- 104+ Week Wait Performance – 0
- 78+ Week Wait Performance – 0
- 65+ Week Wait Performance - 286
- 52+ Week Wait Performance - 1880
- Waiting List Size - there were 42,552 patients on an active RTT pathway against the Trust's trajectory of 37,718.

An in-depth analysis of waiting list size has been undertaken and key actions to address are underway across the divisions, including early escalation to clinical teams and proactively managing patient pathways ahead of breach dates.

CANCER

- 2 Week Waits – This national standard has now been stood down. However, the Trust continues to measure performance internally to support the delivery of the Faster Diagnosis Standard. At the end of November 2WWW performance was 78.1%.
- FDS – was 69.81% (freeze date 4.1.24) in November (latest available data) against a national target of 75% by March 2024. This standard has been impacted by industrial action and subsequent inability to maintain the 2WWW standard.
- 31 day treatment numbers - above trajectory and expected to continue.
- 62 day performance is currently below trajectory with 149 patients against a plan of 170 for November.
- 104 day long waiters – performance is above trajectory at 39 against a plan of 28 for November.

DIAGNOSTICS

In November 94.68% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01. This is against the national standard of 95% and requirement for Trust's to achieve 90% by March 2024. ECHO, CT and Urology remain challenged, however have recovery plans in place.

The Trust has commenced providing mutual aid for neighbouring Trusts for patients waiting longer than 6 weeks for diagnostic tests.

MATERNITY

PLANS TO RECOVER AND MITIGATIONS

RISKS TO RECOVERY AND MITIGATIONS

The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity to ensure reductions in elective waiting times continue. The major risk to the delivery of the elective recovery programme is medical staff industrial action, given the significant volumes of patients cancelled during this action. On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, with a focus to keep patient cancellations to an absolute minimum.

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HEALTH AND WELLBEING BOARD

18 JULY 2024

REPORT TITLE:	BETTER CARE FUND (BCF) PLAN 2024/25
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This BCF plan for 2023/25 was approved by the Health and Wellbeing Board on 21 September 2023. The submission of a 2024/25 plan to the NHS England (NHSE) is mandatory to provide reassurance that our capacity and demand assumptions were accurate and any adjustments to the two-year plan have been reported. This report provides a summary of the proposed content of the Better Care Fund (BCF) Plan for 2024/25 and asks the Health and Wellbeing Board to approve the plan. It sets out the detail of the budget areas to be pooled in 2024/25 as part of the mandatory Section 75 agreement with the Integrated Care Board.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Approve the content of the mandatory BCF Plan for 2024/25.
2. Note continued compliance with the requirements of the BCF fund and that (NHSE) outcomes for 2023/25 continue to be met.
3. Note there are no changes to the capacity and demand assumptions included in the 2023/25 BCF plan.
4. Note the information provided will enable the Health and Wellbeing Board to influence the deployment of BCF services within the lifespan of this plan (2023/25) and plans.
5. Note that the current position does not pose a risk to the Section 75 Agreement.
6. Note the detail of the budget areas to be pooled in 2023/24 as part of the mandatory Section 75 agreement with the Integrated Care Board.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 In 2023 there was a mandatory requirement to develop a BCF Plan which set out how the Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) would deploy BCF funding to achieve the government's priorities and BCF outcomes. The plan was approved by the Health and Wellbeing Board on 21 September 2023.
- 1.2 There is a further requirement to submit a 2024/25 plan setting out the rationale for any changes made to the original plan.
- 1.3 Pressures within 23/24 budget must also be reported and whilst there has been a pressure of (151k) this has been partly mitigated by underspends in other contracts and the S75 agreement 50/50 risk share arrangements between the Local Authority (LA) and the ICB.
- 1.4 The report provides evidence that the demand assumptions, as set out in the 2023/25 plan were correct and the deployment of the BCF created the anticipated capacity and will continue to do so in 2024/25.
- 1.5 One of the core objectives of the BCF is to improve the integration of health, social care and housing. The governance arrangements and the content of the plan demonstrate this.
- 1.6 The BCF funds and the governance arrangements demonstrate the provision of person-centred care, sustainable services and better outcomes for people and carers with health and social care needs.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The BCF plan and pooled fund arrangements are contributing to ensuring people and carers remain as independent as possible for as long as possible and people are discharged from hospital to the right place at the right time. In the absence of a plan and a Section 75 agreement the Council and the ICB will be unable to draw down funding and would be in breach of NHSE requirements. There have been significant pressures within the health system and the care market, the services within the BCF plan have mitigated some of these pressures and should the plan not be approved these pressures would be likely to increase. It is therefore recommended that the BCF Plan for 2023/25 is approved. The plan and the Section 75 arrangements do not expose the Council to increased financial risk.

3.0 BACKGROUND INFORMATION

- 3.1 The BCF was established in 2013 (Care Act 2014) to support integrated working across health and social care, housing and the community, voluntary and faith sector to support person-centred care, sustainable services, and better outcomes for people. The Better Care Fund (BCF) represents a collaboration between:
 - Department of Health and Social Care (DHSC)

- NHS England
- Department for Levelling Up, Housing and Communities (DLUHC)
- The Local Government Association (LGA)

3.2 The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25. These include improving discharge, reducing the pressure on urgent and emergency care and social care, supporting intermediate care, unpaid carers and housing adaptations. It will:

- Enable people to stay well, safe, and independent at home for longer.
- Ensure the provision of care and support at the right time and in the right place.

3.3 The vision for the BCF over 2023-25:

- Is delivering the Right Care in the Right Place at the Right Time.
- Manages demand and reduces the cost of care.
- Has clear accountability and governance arrangements.
- Has resilience and flexibility to emerging issues in service delivery.

CURRENT POSITION

3.4 Wirral now reports a much-improved No Criteria To Reside (NCTR) - people medically fit for discharge) position with less than 10% of beds occupied by people who fall into this category compared to 23/24 when they occupied over 30% of beds.

3.5 Capacity and demand analysis of the last 12 months suggests that whilst capacity across place has increased, more work is needed to ensure there is sufficient capacity within the system to ensure more people are discharged from hospital and assessed at home (this is referred to as Pathway 1 (P1).

3.6 Some examples of achievements against plan in 2023/24 that the BCF would continue to fund are set out below.

3.7 In 2023, a 71 ward-based intermediate care service was put in place (for people who have no clinical need to remain in hospital but do require therapy and reablement) at Clatterbridge Intermediate Care Centre (CICC) has ensured people return home when their skills are optimised, and the right care is in place when they do so.

3.8 The Transfer of Care Hub, based at Wirral University Teaching Hospital is a multi-disciplinary team, including social workers, nurses, and therapists, and has enabled swift discharges onto the right pathway for people reducing length of stay.

3.9 The Home First service (community based), a multi-disciplinary team, including social workers, nurses, therapists and health care assistants, has enabled people to be discharged, to receive therapy and be assessed at home when they no longer have criteria to remain in hospital. To support this approach a hybrid model has developed enabling people to be discharged with therapy and domiciliary care support.

3.10 Urgent Crisis Response service (community based) has prevented hospital admissions both in the community and via the hospital 'front door'.

- 3.11 The community based domiciliary care service provides reablement and can meet current demand. The mobile night service, as an example, has enabled people with higher acuity needs to return home and provide support to family carers. The market sustainability Plan suggests capacity in the market will be sustained and provides assurance that the local community care market is equipped with services that support business continuity and resilience during periods of high pressure.
- 3.12 Demand on mental health beds remains high and the investment in the Wirral Mind floating support service has avoided circa 868 admissions since June 2023.
- 3.13 BCF funding has contributed to the development of a new Direct Payment model which will complement the 3 Conversations strength-based approach to assessment enabling people to consider options other than commissioned support.
- 3.14 Ongoing investment into enabling technology and home adaptations, has seen people in receipt of this service to rise to 5160.

FUTURE AMBITIONS

- 3.15 A delirium pathway is under development, including input from the Council, the Integrated Care Board, the community care market and NHS Trust representatives. The objective is to reduce the numbers of people with delirium but NCTR remaining in beds or being discharged on the wrong bed-based pathway (P2 and P3)). The pathway will ensure people return home (P1) with the right support (enhanced domiciliary care) with a Care Act assessment taking place when the delirium has subsided. This pathway would also prevent unnecessary admissions to hospital.
- 3.16 The Wirral place forward plan has also initially focused on frailty at the front door (supporting older people who present in emergency department), virtual wards (hospital at home avoiding the need for admission) and the Older Persons Rapid Assessment Unit based at Wirral University Teaching Hospital (WUTH).
- 3.17 The governance of the BCF currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board (JHCCEG). Wirral's Place Director and the Director of Adult Care and Health seek local stakeholder endorsement of the Plan via the Wirral Place Based Partnership Board (WPBPB). It is validated by the Health and Wellbeing Board, and overall approval of the plan will be via NHS Cheshire and Merseyside ICB Executive Committee.
- 3.18 All service reviews are completed jointly with the ICB and the Council as equal partners. A single template is used to identify the return on investment delivered and future commissioning recommendations. All assessments have at their core, an equality impact assessment, to ensure the communities in Wirral experiencing health and wellbeing inequalities have equal access to funded services.
- 3.19 Recommendations following reviews of smaller services are approved at the Joint Health and Care Commissioning Executive Group (JHCCEG).

- 3.20 The Health and Wellbeing Board are advised of any adjustments via the quarterly and end of year reports and assured that the realisation of the BCF 2023/25 plan objectives have not been compromised.
- 3.21 The Section 75 financial arrangements are ratified by the Adult Social Care and Public Health Committee.
- 3.22 The Adult Social Care Discharge Fund was introduced in November 2022 (Adult Social Care Discharge Fund Guidance 19 November 2022) and has been extended into 2023/24. This is a national allocation of resources to Local Authorities and the NHS from the Government to support places to improve discharges from hospital. The funding was pooled into the BCF. The allocations are set out in section 9.2 of this report and the BCF plan sets out how the funding will be deployed to achieve this.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The table below sets out the contributions from the ICB and Wirral Council. The additional ICB funding does not expose the Council to increased financial risk. The current risk share arrangements remain the same and Individual services will be reviewed to ensure National Conditions are met and value for money outcomes against cost assessments were demonstrated.

Better Care Fund	2023/24 Budget	2024/25 Budget
Integrated Services	£28.1	£30.1
Adult Social Care Services	£23.9	£23.9
ICB Services	£2.1	£2.3
DFG	£5.1	£5.1
Other	£0.6	£0.6
Total BCF	£59.9	£62.1

- 4.2 The additional contribution from the government to support hospital discharge is set out below.

Discharge Fund	2023/24 Budget	2024/25 Budget
Wirral Council	£2.5	£4.5
ICB - Wirral Place	£2.7	£3.3
Total BCF	£5.2	£7.8

Total	£65.1	£69.9
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5.0 LEGAL IMPLICATIONS

- 5.1 There is a mandatory requirement to develop a BCF Plan which sets out how the Council and the ICB will deploy BCF funding to achieve the government's priorities for 2023/25 and a Section 75 agreement must be in place to draw down the elements of the pool relating to the BCF.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no new resource implications because of this proposal, as it is a continuation of current arrangements.

7.0 RELEVANT RISKS

- 7.1 In the absence of a plan and a Section 75 agreement the Council and the Integrated Care Board will be unable to draw down funding and would be in breach of NHSE requirements. There have been significant pressures within the health system and the care market, the BCF has mitigated some of these pressures and should the plan not be approved these pressures would be likely to increase. The plan and the Section 75 arrangements do not expose the Council to increased financial risk as the risk share arrangements remain the same.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 A range of engagement and consultation processes related to the integration of services and commissioning functions have been undertaken in previous years. Wirral Place in 2023/25 will be building on the current governance arrangements and placing a greater emphasis on collegiate commissioning and listening to service providers and people with lived experience.

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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Most BCF funded schemes are delivered by local providers, the emphasis is on providing support in the right place and avoiding the need for extensive out of area travel.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Most BCF funded schemes are delivered by local providers creating employment opportunities for Wirral citizens.

REPORT AUTHOR: **Bridget Hollingsworth**
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APPENDICES

N/A

BACKGROUND PAPERS

The BCF 2023/25 Plan.

The BCF 2024/25 Plan

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	21 Sept 2023
Joint Strategic Commissioning Board	22 June 2023
Health and Wellbeing Board	23 March 2023
Health and Wellbeing Board	9 February 2022

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HEALTH AND WELLBEING BOARD

THURSDAY 18 JULY 2024

REPORT TITLE:	HEALTH AND WELLBEING BOARD WORK PROGRAMME
REPORT OF:	CHAIR OF HEALTH AND WELLBEING BOARD

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 2024/25 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Health and Wellbeing Board 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 Board.

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.

4.0 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.

5.0 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.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 The Board'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.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable.

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 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.

REPORT AUTHOR: **Christine Morley**
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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 WORK PROGRAMME 2023-24

19 September 2024

Report Title	Report Author
Health and Wellbeing Strategy update report for Priority Area 4:	Dave Bradburn
SEND Improvement Update	Elizabeth Hartley
All Together Fairer – link between Health and Wellbeing Strategy	Ian Ashworth and Alan Higgins
Pharmaceutical Needs Assessment	Tracy Flute
Gambling Harm and Charter	Dave Bradburn
Healthwatch	Kirsteen Sheppard and Andreia Ramos Silva
Work Programme	Christine Morley

OTHER MEETINGS

12 December 2024

13 March 2025

FUTURE ITEMS

Standing items	Timescale	Lead officer
Thematic reports on the implementation of the Health and Wellbeing Strategy (inc annual delivery plans from partners for work linked to Health and Wellbeing Strategy)	Each meeting	Dave Bradburn
WPBPB performance reporting on delivery of the Place Plan	Each meeting	Simon Banks
Other items	Timescale	Lead Officer
Healthwatch	Each meeting	Kirsteen Sheppard and Andreia Ramos Silva
Wirral CVS		

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Better Care Fund	Joint workshop with Adults Committee	TBC	Bridget Hollingsworth	

Health and Wellbeing Board – Terms of Reference

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- (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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