



Partnerships Committee

Date:	Monday, 9 November 2020
Time:	6.00 p.m.
Venue:	On Microsoft Teams

Contact Officer: Mike Jones, Principal Committee Officer
Tel: 0151 691 8363
e-mail: Michaeljones1@wirral.gov.uk
Website: www.wirral.gov.uk

AGENDA

- 1. WELCOME AND INTRODUCTION**
- 2. APOLOGIES**
- 3. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

- 4. PUBLIC AND MEMBER QUESTIONS**

- 4.1 Public Questions**

Notice of questions to be given in writing or by email, by 12 noon, Wednesday 4 November 2020 to the Council's Monitoring Officer and to be dealt with in accordance with Standing Order 10.

- 4.2 Statements and Petitions**

Representations and petitions to be dealt with in accordance with Standing Order 11.

- 4.3 Questions by Members**

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

SECTION A - KEY AND OTHER DECISIONS

- 5. COMMUNITY SAFETY STRATEGY (Pages 1 - 14)**
- 6. CHESHIRE AND WIRRAL PARTNERSHIP DRAFT QUALITY ACCOUNT (Pages 15 - 22)**
- 7. UPDATE FROM THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST (Pages 23 - 42)**
- 8. STRATEGIC DEVELOPMENTS IN THE NHS (Pages 43 - 54)**

SECTION B - WORK PROGRAMME / OVERVIEW AND SCRUTINY

- 9. PARTNERSHIPS COMMITTEE WORK PROGRAMME UPDATE (Pages 55 - 60)**



PARTNERSHIPS COMMITTEE

9 November 2020

REPORT TITLE:	COMMUNITY SAFETY STRATEGY DEVELOPMENT UPDATE
REPORT OF:	DIRECTOR OF NEIGHBOURHOOD SERVICES

REPORT SUMMARY

This report outlines the development process for the Community Safety Strategy which will cover the period 2021-2025.

The report details the thematic framework within which the strategy will operate. These themes include;

- Anti-Social Behaviour (ASB)
- Crime and Violence Reduction
- Modern Slavery
- Hate Crime
- Emergency Planning
- Road Safety
- Community Safety

In addition, the report presents the innovative approach to building the strategy in a collaborative, co-produced way with our partners. The strategy will be developed by working in partnership with key organisations across the borough to ensure comprehensive buy-in across the statutory, business, voluntary and community sectors and as a consequence, maximise the impact/outcomes of the strategy and our combined efforts to make a difference in our communities.

This report will affect all wards in the borough.

RECOMMENDATION/S

The recommendations of this report are that:

- The committee note the contents of the report.
- The committee endorse the co-production approach to developing the strategy

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is considered best practice to adopt the innovative co-production methodology in developing the strategy.
- 1.2 This approach will produce better, long-lasting results, impacting significantly on safety and the feelings of safety for Wirral and its residents.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options include developing the strategy as a single organisation. In effect, Wirral Council producing the strategy and then presenting it to partners. This was discounted as to ensure full partner buy-in and, in turn, maximum impact and improved outcomes for our local communities, requires the co-production methodology.

3.0 BACKGROUND INFORMATION

- 3.1 Traditionally the Community Safety Strategy would be written solely by the Council and shared with partners in draft form, before final production.
- 3.2 Adopting a more innovative co-production model of strategy development, enables partner organisations to be heavily involved in developing the strategy. Partners can then take ownership of one or more component parts and feel more invested in ensuring that together, the delivery is stronger and gains maximum impact for our residents, businesses and communities.
- 3.3 In previous years, the Community Safety Strategy would tie-in directly to the Wirral Plan 2020 and describe delivery focused on Pledges 7 (Zero Tolerance to Domestic Abuse) and 19 (Wirral Neighbourhoods are Safe) respectively.
- 3.4 The new Community Safety Strategy will align to the Council's current Wirral Plan 2025. This Plan is currently being refreshed to reflect COVID, and to align with emerging Recovery Plans. Discussions are also ongoing with partner agencies to build on this Plan and agree the Wirral Partnership Plan 2025. This partnership approach fits seamlessly with the co-production method adopted here for the new Community Safety Strategy.
- 3.5 The co-production process will involve working closely with as wide a range of partners as possible to ensure the broadest possible coverage of our communities and local organisations.
- 3.6 The partners are many and co-production will ensure engagement with statutory organisations, emergency services, voluntary, community, faith, BAME and disability sectors, local residents, older people and young people, elected members, road safety partnerships, housing, mental health and domestic abuse organisations and the local business sector.

- 3.7 See attached **Appendix 1 'Community Strategy Roadmap'** which details the time frame for the implementation of the co-production process, leading up to the completed strategy date in April 2021.
- 3.8 This report provides an overview of the Community Safety Strategy, drawing on the main thematic drivers to help shape the process.
- 3.9 The process will utilise co-production methods, similar to that employed successfully in developing the recent Domestic Abuse Strategy.
- 3.10 It also builds on the collaborative approach developed throughout the current COVID pandemic. Community partnership work during the pandemic has achieved real results and the aim is to harness this learning to help build an outcome-rich, more inclusive Community Safety Strategy.
- 3.11 The thematic drivers include the following:
- Anti-Social Behaviour (ASB)
 - Crime and Violence Reduction
 - Hate Crime
 - Modern Slavery
 - Community Safety
 - Domestic Abuse
 - Emergency Planning
 - Road Safety
- 3.12 Each of these themes will develop its own sub-strategy that will feed into the overall Community Safety Strategy.

The diagram below illustrates the nine key themes that will feed into the overall strategy.

COMMUNITY SAFETY STRATEGY



3.11 The themes and a brief description of each.

- Modern Slavery - the illegal exploitation of people for personal or commercial gain, covering a wide range of abuse and exploitation, including sexual exploitation domestic servitude, forced labour, criminal exploitation and organ harvesting.
- Hate Crime – acts of violence or hostility (verbal and physical abuse/harassment/ threats/hoax calls/on-line abuse/graffiti /arson/malicious complaints) directed at people because of who they are or someone thinks they are. Hate incidents are typically but not exclusively based on disability, race, religion, transgender identity, sexual orientation.
- Crime and Violence Reduction – typically drug possession and trafficking, burglary (car/house/other), property and public order offences, threat or actual physical harm resulting in injury, death or psychological harm.
- Community Safety – this is more of a preventative measure, ensuring we talk to our residents, businesses and communities to ensure their safety and that they feel able and confident to share and report incidents. It also involves taking preventative measures and early actions to ensure people feel safe in their communities.

- Road Safety – this is not only about the technical and engineering aspects of our highways but also keeping pedestrians and road users safe, tying into the Neighbourhood Engagement theme. It may range from traffic flows and lights, installing new crossings, ensuring adequate street lighting, traffic calming measures, road user education and enabling residents to report any faults/concerns at the earliest opportunity.
- Anti-Social Behaviour (ASB) – to reduce low-level crime and ‘misdemeanours’ to include breach of the peace, quadbike/pushbike/trial bike theft and misuse, petty theft, drunk and disorderly, noise pollution, neighbourhood disputes, graffiti and a multitude of other nuisance behaviours.
- Domestic Abuse – controlling and coercive or threatening behaviour, violence or abuse within a family setting. It can take the form of psychological, physical, sexual, financial or emotional abuse.
Wirral have developed a co-produced Domestic Abuse Strategy.
- Emergency Planning - identifying potential risk and putting in place plans to prevent incidents occurring or to reduce, control and mitigate the effects should they happen. Typically plans are in place for weather extremes (winter/summer), business continuity, evacuations (fire/flood/other), natural disasters, chemical plants, major events, terrorism and extremes like the current COVID pandemic.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The strategy and the co-production approach will be delivered within existing resources.

7.0 RELEVANT RISKS

7.1 There is a risk that partners won't fully engage. This is mitigated by the already established healthy partnership between the key players, brought closer together in recent months to tackle the COVID pandemic.

8.0 ENGAGEMENT/CONSULTATION

8.1 The primary aim of this report is to share the co-production intent in delivering a fully rounded and formed Community Safety Strategy. A co-production that adopts best practice in community and partnership engagement to not only produce better

shared outputs but working together to share knowledge and in doing so, finds ways of putting that knowledge to best use.

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 The implications are to be developed. However, in developing the strategy environmental and climate considerations will be at the forefront of the strategic thinking in key areas, to include vehicular use, Emergency Planning for extreme weather, carbon footprint reductions in traffic/lighting installations and using local suppliers and Social Value considerations in any procurement exercise.

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email: markcamborne@wirral.gov.uk

APPENDICES

Appendix 1 Community Strategy Roadmap
Appendix 2 EIA

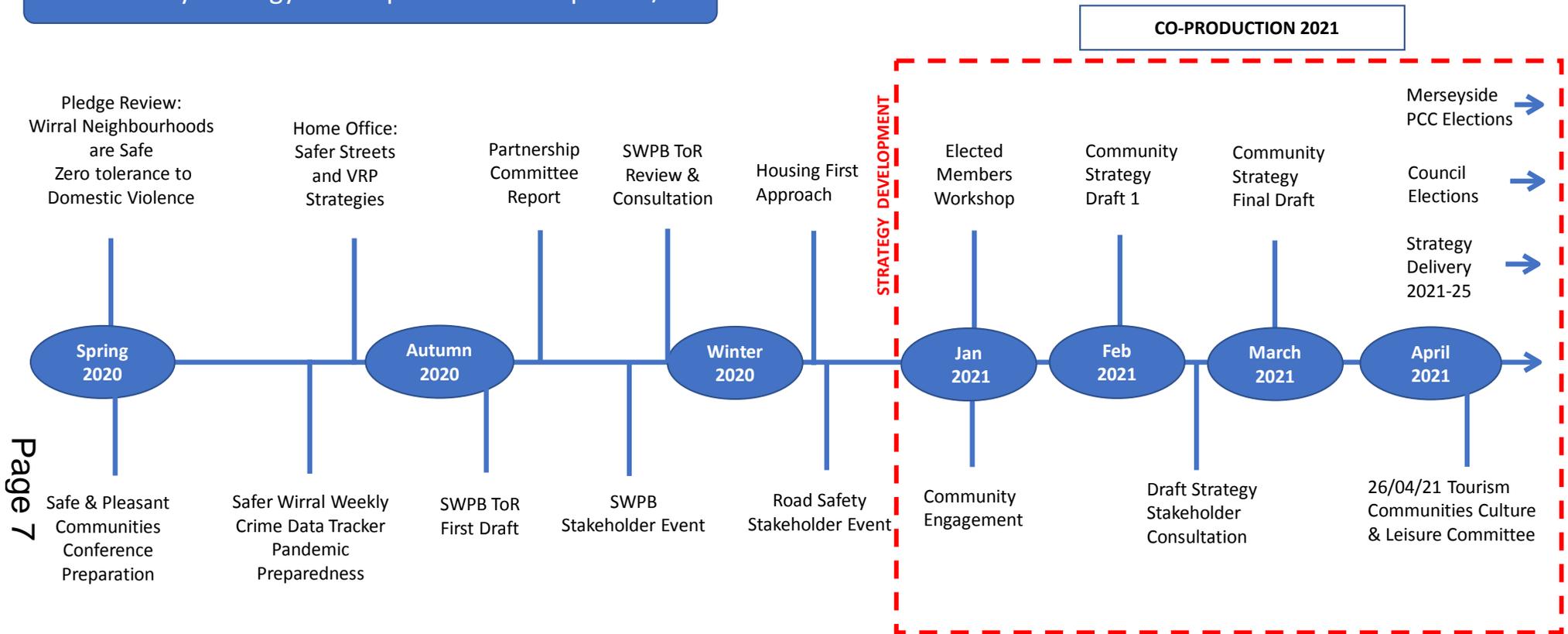
BACKGROUND PAPERS

1. Wirral Domestic Abuse Strategy
2. Wirral Community Safety Strategy 2016-20

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Community Strategy Development Roadmap 2020/21



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Ongoing Evidence Based Review / Data Driven Policy

Regional Alignment -> MCSP, VRP, LCR, OPCC ...

#saferwirral2025

November 2020

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Equality Impact Assessment Toolkit

(March 2017)

Section 1: Your details

EIA lead Officer: Mark Camborne

Email address: markcamborne@wirral.gov.uk

Head of Section: Mark Camborne

Chief Officer: Nicola Butterworth

Directorate: Neighbourhood Services

Date: 28 October 2020

Section 2: What Council proposal is being assessed?

The co-production approach to the development of the Community Safety Strategy

Section 2a: Will this EIA be submitted to a Cabinet or Committee meeting?

Committee

Yes / No

If 'yes' please state which meeting and what date

Partnerships Committee 9 November 2020

.....

Please select hyperlink to where your EIA is/will be published on the Council's website (please select appropriate link & delete those not relevant)

Delivery (Customer Services, Adult & Disability Services, Community Services, Merseyside Pension Fund, Environmental Services)

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2017/delivery>

Section 3: Does the proposal have the potential to affect..... (please tick relevant boxes)

Services

The workforce

Communities

Other (please state eg: Partners, Private Sector, Voluntary & Community Sector)
Partners – statutory, voluntary and community sector

If you have ticked one or more of above, please go to section 4.

None (please stop here and email this form to your Chief Officer who needs to email it to engage@wirral.gov.uk for publishing)

Section 4:

Could the proposal have a positive or negative impact on any protected groups (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation)?

You may also want to consider socio-economic status of individuals.

Please list in the table below and include actions required to mitigate any potential negative impact.

Which group(s) of people could be affected	Potential positive or negative impact	Action required to mitigate any potential negative impact	Lead person	Timescale	Resource implications
Marginalised groups e.g. BAME, Disabled, LGBTQ+	Positive impact – to gather views on Hate Crime and how to help prevent this	Ensure as full engagement as possible through key local organisations and digital engagement.	Mark Camborne	April 2021	Staff and staff time.
Younger and Older People	Positive Impact – to gather views on ASB, crime, community safety and road safety	Ensure as full engagement as possible, using key representative groups and organisations	Mark Camborne	April 2021	Staff and staff time.
All residents	Positive impact – to gather views on crime community and road safety with a view to	Use the key local strengths of community and	Mark Camborne	April 2021	Staff and staff time

	improving safety and feelings of safety and road safety	representative groups to ensure full coverage across the borough's communities			
All of the above groups	Negative impact – some residents and groups may feel excluded	Ensure through partnerships and networks that all groups are included and the scope of the consultation is clearly explained to meet expectations.	Mark Camborne	April 2021	Staff and staff time.

Section 4a: Where and how will the above actions be monitored?

This will be measured throughout the scope of the co-production and will be shared with Safer Wirral Partnership Board, the health and Well Being Board and the Road Safety Partnership

Final endorsement of the resultant Community Safety Strategy will be shared at the Tourism, Community, Culture and Leisure Committee on 26 April 2021.

Section 4b: If you think there is no negative impact, what is your reasoning behind this?

N/A

Section 5: What research / data / information have you used in support of this process?

Previous Community Strategies.

The Wirral Domestic Abuse Strategy which has been co-produced.

Feedback from statutory and community partners.

Crime and, ASB datasets.

Section 6: Are you intending to carry out any consultation with regard to this Council proposal?

Yes

If 'yes' please continue to section 7.

If 'no' please state your reason(s) why:

(please stop here and email this form to your Chief Officer who needs to email it to engage@wirral.gov.uk for publishing)

Section 7: How will consultation take place and by when?

A series of consultation workshops (on-line depending on COVID restrictions).

'Have Your Say' digital consultation tool.

Consultation will be complete by mid-March 2021.

Before you complete your consultation, please email your preliminary EIA to engage@wirral.gov.uk via your Chief Officer in order for the Council to ensure it is meeting it's legal publishing requirements. The EIA will need to be published with a note saying we are awaiting outcomes from a consultation exercise.

Once you have completed your consultation, please review your actions in section 4. Then email this form to your Chief Officer who needs to email it to engage@wirral.gov.uk for publishing.

Section 8: Have you remembered to:

- a) **Select appropriate directorate hyperlink to where your EIA is/will be published** (section 2a)
- b) **Include any potential positive impacts as well as negative impacts?** (section 4)
- c) **Send this EIA to engage@wirral.gov.uk via your Chief Officer?**
- d) **Review section 4 once consultation has taken place and sent your updated EIA to engage@wirral.gov.uk via your Chief Officer for re-publishing?**

Quality Account 2019-20

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Anushta Sivananthan
Medical Director



Jo Watts
Associate Director Specialist
Mental Health, All Age
Disabilities, Wirral place based
lead

Helping people to be
the best they can be



Agenda Item 6

Quality improvement highlights

- Shortlisted as mental health provider of the year, Health Service Journal awards
- Received a National Children and Young People’s Mental Health Award for inpatient care at Ancora House, also rated Outstanding by Ofsted
- Delivered successful online training for the families and carers of people with learning disabilities and/or autism
- Liaison Psychiatry team, Wirral, has provided training to Arrowe Park Hospital
- Signed up to the national NHS rainbow badge scheme

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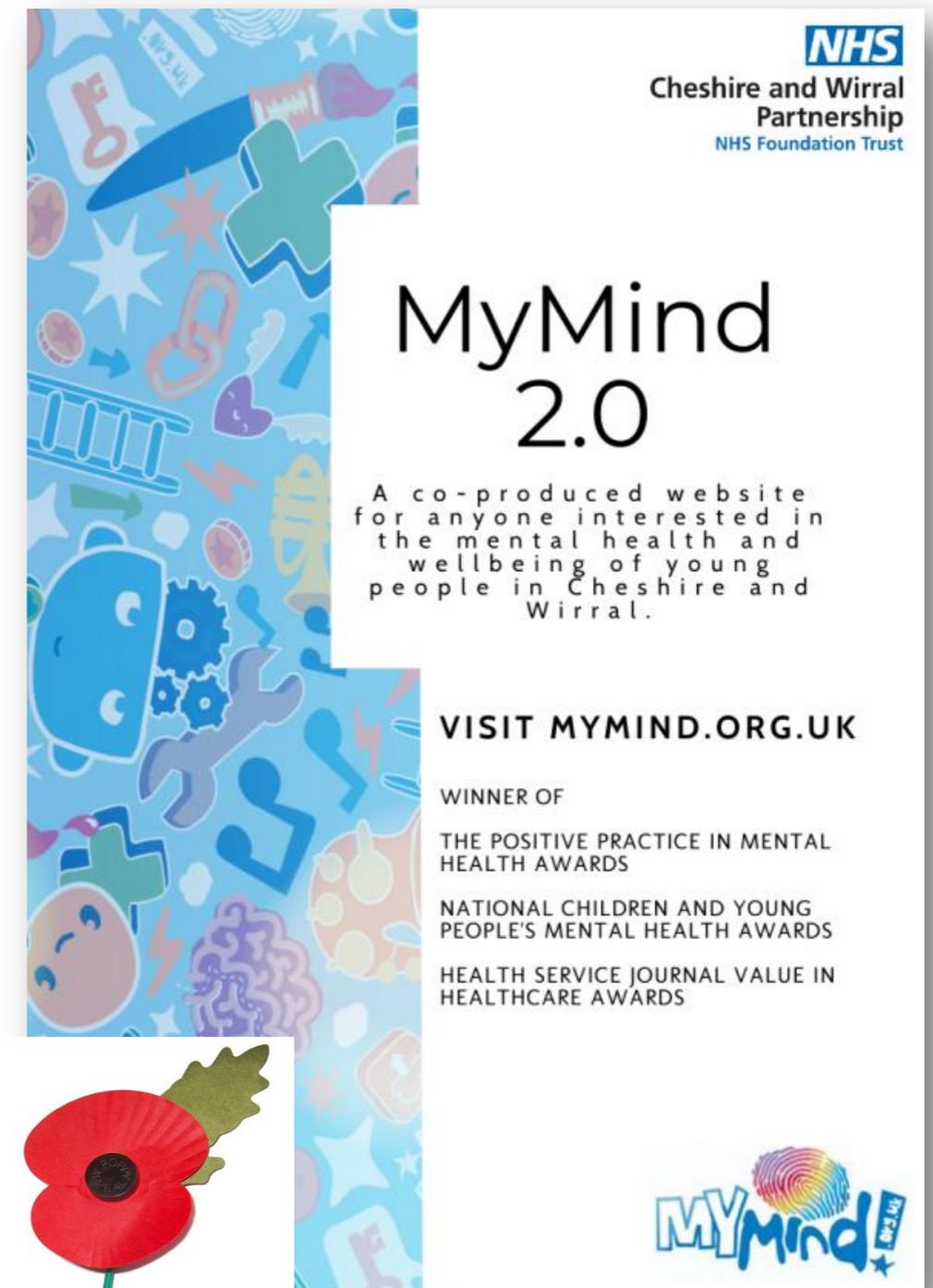


Helping people to be
the best they can be



- Relunched the award winning www.MyMind.org.uk website, a dedicated website for young people across Wirral experiencing mental health difficulties
- Launched a new pilot study in partnership with The Poppy Factory to help improve employment prospects for ex-service personnel who suffer with physical and mental health issues
- Accredited as a Veteran Aware NHS Trust
- Introduced Lived Experience Connectors for Trainee Nursing Associates which has been recognised nationally by Health Education England

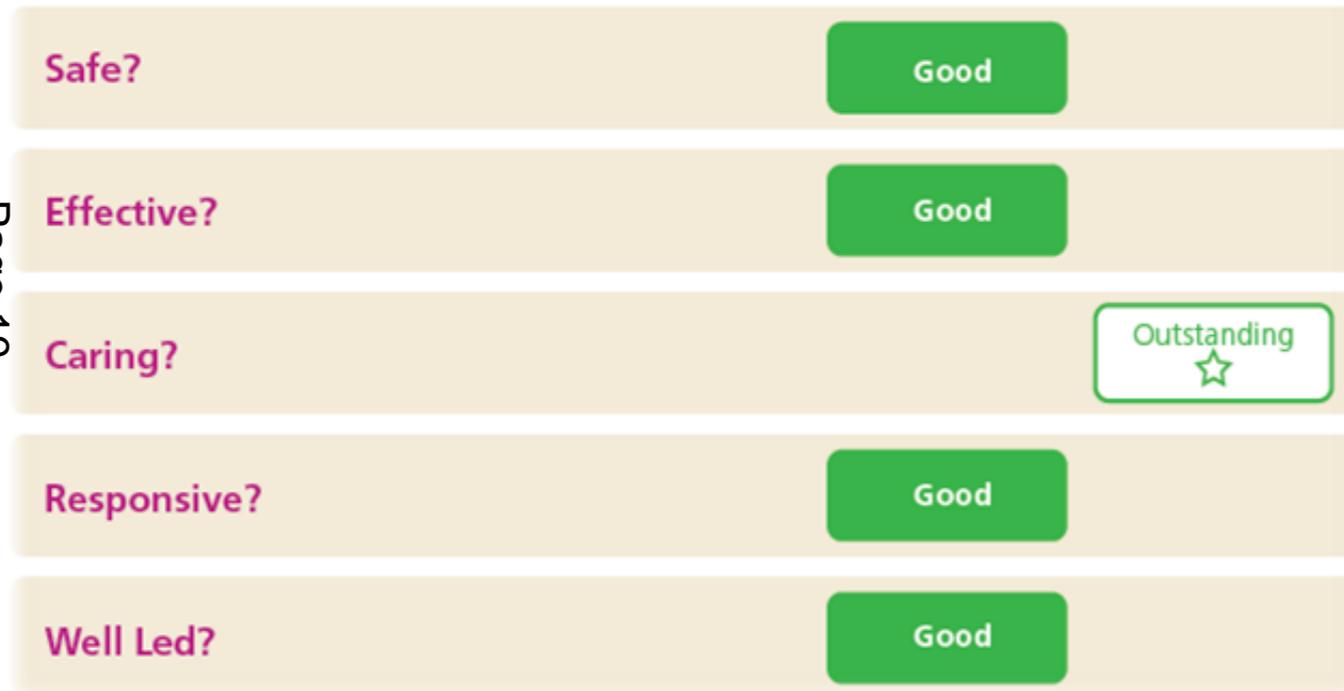
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- Development of new quality standards to improve experience of transition from LD CAMHS to Adult LD teams
- The 'Wirral Accelerator Schools' project has worked with 20 schools to promote best practice in mental health and provide additional learning and network events
- Resilience based workshops entitled 'Helping your child to thrive' were delivered to over 1,000 parents, from the 123 schools the CAMHS service work with
- Development of a centralised attention deficit hyperactivity disorder (ADHD) monitoring clinic
- Liverpool Philharmonic, in partnership with CWP and Wirral Council, provided music sessions at Springview inpatient unit, Wirral to support people's recovery and wellbeing



Continuous improvement



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Helping people to be
the best they can be



Big Book of Best Practice

Cheshire and Wirral Partnership
NHS Foundation Trust



THE BIG BOOK OF BEST PRACTICE 2019 - 20

Highly Commended at the HSJ Value Awards 2019

Sponsored by a Chartered Institute of Public Relations (CIPR) Award 2019

Cheshire and Wirral Partnership
NHS Foundation Trust

Little Book of COVID-19 Best Practice

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Coming together during the COVID-19 pandemic

During the coronavirus pandemic, people accessing services, staff, volunteers and members of the local community have stayed connected in a number of creative ways.

From socially distanced afternoon teas on some wards to a number of generous donations being made to help staff look after their own wellbeing; here are just some of the examples demonstrating the community spirit which has shone through...



Local artist Jo Gough has donated her Dorothy painting to patients and staff on Cherry Ward at Bowmere Hospital. The piece was chosen by Lisa Noden, clinical support worker, for its 'no place like home' motto.



Staff celebrated the NHS 72nd Birthday by saying #ThankYouTogether to everyone who has helped the NHS during the COVID-19 pandemic.



"Thanks to all CWP staff that donated face products to Countess of Chester Intensive Care unit."

Team CWP colleague Jane Humphreys got creative and donated handmade uniform bags to colleagues.

"Thank you Jane for the handmade uniform bags! They'll be put to good use by our liaison psychiatry staff."



Staff donated a number of face products to give to those working in the Intensive Care Unit at the Countess of Chester Hospital.

"Thanks to all CWP staff that donated face products, we were very grateful."



The young people at Ancora House made a creative tiktok video to say thank you to all CWP staff for their dedication, hard work and commitment during these difficult times.



Hopeful artwork created by patients was displayed proudly on Brackendale Ward at Springview.



The Vale House Community Mental Health Team took part in the 2.6 mile challenge to help save UK charities during the COVID-19 pandemic. Paul Bailey said: "Thank you guys for a great effort and day making lots of money for Mind UK!"



The Occupational Health Team at Bowmere Hospital put on a socially distanced afternoon tea on Juniper Ward for staff and patients.

Dazzling Donations



A number of local organisations and partners have donated gifts to staff and service users to offer support during such a challenging time. Some donations include 'Rest and Refresh Boxes' from John Lewis and the BMA, hand creams from Chuckling Goat, chocolates from Hotel Chocolat to the staff at Springview, Easter eggs from colleagues at Arrowe Park A&E and visors to the staff at Westminster Surgery from the pupils at Bishop Heber High School.

"Thanks to our friends and colleagues in A&E at Arrowe Park Hospital for their extremely kind donation of chocolate Easter eggs to our staff to show their acknowledgement for all our hard work. It was most appreciated thank you."

"A huge thank you to Bishop Heber High School for the amazing visors and for helping to keep us safe in primary care."

"A big thank you to John Lewis and the British Medical Association for the kind and generous donation of the 'Rest and Refresh Boxes' sent to us for the hard working medical staff."

"Thank you Chuckling Goat. A wonderful and greatly appreciated gesture."



Staff and patients at Bowmere made knitted hearts to help to connect patients and relatives who can't be together in these difficult times. "How lovely, keep up the fab work you are all doing!"

8

9

Need urgent mental health support?
Call: 0300 3033972
Open 24/7 calls are free

Launch of the 24/7 urgent mental health helpline established to support the people we care for

Helping people to be the best they can be

Our quality improvement priorities 2019-20

- 
 - Clinical effectiveness**
 Improved access to psychological therapies in our inpatient units.

- 
 - Patient experience:**
 Improved engagement with families and carers who have been bereaved.

- 
 - Patient safety**
 Demonstrated a reduction in the severity of the harm sustained by those people accessing our services who cause harm to themselves.

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Our quality improvement priorities 2020-21

- Improved patient safety systems and culture
- Improved and consistent recording / use of outcome measures
- Improved experience of care



Helping people to be
the best they can be

Listening to you

Children, Young People & Families

“I honestly cannot thank you enough for all you've done over the past couple of years. Having someone as caring and understanding as you supporting me, has motivated me to keep going and overcome things I never thought I could.”

Specialist Mental Health – place based

“You have made a huge difference to me and my family and I know that this will have a long lasting effect upon me and my wellbeing. Your professionalism, sensitivity and dedication along with your warmth and compassion make you an outstanding practitioner.”

3,137 compliments

Helping people to be
the best they can be

All Age Disability

“Thank you for your ongoing communication and joint working. Your ethics and passion for your role is lovely to see.”





PARTNERSHIPS COMMITTEE

9th November 2020

REPORT TITLE:	UPDATE FROM THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST
REPORT OF:	LIZ BISHOP, CHIEF EXECUTIVE, THE CLATTERBRIDGE CANCER CENTRE NHS FT

REPORT SUMMARY

The Partnerships Committee requested an update from The Clatterbridge Cancer Centre NHS Foundation Trust following the opening of the new cancer hospital in Liverpool. This report relates to the Council’s Active and Healthy Lives pledge and affects residents in all wards. The report is provided for information and for noting.

Background

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is the specialist cancer centre for the 2.4m people of Cheshire and Merseyside. In June 2020, the Trust opened its flagship new state-of-the-art hospital in Liverpool in line with proposals approved by a Joint Health Overview and Scrutiny Committee in December 2014 and a full business case approved by NHS commissioners in 2016.

The new, 11-storey Clatterbridge Cancer Centre – Liverpool (CCC-L) has 110 individual en-suite bedrooms rather than shared wards. Its location adjacent to the Royal Liverpool University Hospital and the University of Liverpool means complex or seriously unwell patients benefit from rapid access to on-site acute medical and surgical specialties, while current and future patients benefit from significantly enhanced potential for groundbreaking cancer research and clinical trials of new treatments.

In addition, Clatterbridge Cancer Centre – Wirral remains a busy and crucially important site providing a wide range of specialist cancer care to people from Wirral and surrounding areas. We always planned to make capital investment to modernise and upgrade the Wirral site, improving facilities for patients and staff, once the Liverpool hospital had opened. Work on initial design options is now beginning.

Clatterbridge Cancer Centre – Liverpool (CCC-L)

The new hospital opened as planned in June, despite the challenges of COVID-19, and every inpatient was welcomed with a guard of honour and standing ovation from hospital staff when they arrived by North West Ambulance Service transfer from Clatterbridge Cancer Centre – Wirral (CCC-W). We were also deeply honoured that HRH The Prince of

Wales recorded a video message to thank everyone who had worked so hard to ensure the hospital opened on time.

The final stages of the project were, unsurprisingly, impacted by the COVID-19 pandemic. Work on site was affected in the very early days of lockdown in March but quickly got back on track. Our main contractor, Laing O'Rourke, and all those involved with the project worked tirelessly to ensure safe working practices and to maintain progress on this high-priority project for the NHS.

Since June, activity levels in the new hospital have rapidly increased as planned. The regional stem cell transplant unit and blood cancer inpatient wards that were previously in Royal Liverpool University Hospital moved into CCC-L in September. Bed occupancy levels are as anticipated in our plans. The new hospital benefits from having fully single-occupancy inpatient bedrooms (reducing infection risk), rather than shared wards.

Being located on site with the Royal Liverpool University Hospital has also enabled us to provide safe, high-quality specialist cancer care to acutely unwell patients who would previously have been admitted elsewhere. This means patients who need urgent care for cancer-related problems can now receive specialist oncology assessment in our Clinical Decisions Unit, rather than an A&E. If they need treatment, they will receive it in a specialist cancer centre, where clinically appropriate, rather than a general acute hospital. As well as benefiting patients, this also releases capacity in other NHS hospitals.

Opening the new hospital has increased our diagnostic and treatment capacity at a time when it has never been more needed. We have the physical space to maintain services and support the NHS recovery of cancer activity while also observing social distancing and rigorous infection control. The chemotherapy unit has spectacular views over the city of Liverpool and patients have been extremely positive about it. All five linear accelerator (linac) radiotherapy treatment machines will be fully operational imminently, with commissioning completed ahead of schedule. The hospital has been designed to create a sense of wellbeing, bringing nature inside through artwork, a Winter Garden on the lower ground floor and outdoor terraces on the upper floors (the inpatient wards and chemotherapy). This is enhanced by striking and inspiring visual arts installations. Images of the new hospital are enclosed in the slidepack at Appendix 1.

Patient feedback has generally been extremely positive, praising the new hospital's design and the quality of the facilities, as well as the care received. A selection of comments are enclosed in Appendix 1 and 2, including: "One of the nicest hospitals I have seen so far! I like the privacy and the views. I'm sure more cancer patients would like to come here!" Now the building is operational, we are continuing to monitor things so we can make ongoing adjustments that make it even better. For example, we have further enhanced wayfinding and signage in the new hospital and directional information to help patients find the hospital if they are unfamiliar with the area.

Staff feedback has also generally been very positive. Getting used to a new environment can be difficult but staff have been enthusiastic about the hospital's design and its facilities, with many commenting on how it has enhanced patients' experience of care. The impact of adjusting to a new work environment at the same time as responding to the COVID-19 pandemic cannot be underestimated, however. Our staff have worked incredibly hard in very challenging circumstances, personally and professionally, continuing to provide patient care and all the related support services while coping with huge changes in their working

and home lives. Throughout all this, they have been truly outstanding and that dedication deserves to be noted here.

In addition to informal feedback from our conversations with staff and our regular executive walkarounds, we have held more in-depth focus groups so we can build on what is working well and address any teething issues. For example, we have extended the hours of the shuttle bus to the car park following a request from staff working late shifts.

Further details of patient and staff feedback are included in Appendix 1 and 2.

Clatterbridge Cancer Centre – Wirral

Our Wirral site (CCC-W) remains an extremely important hub in our network and continues to provide the vast majority of daycase and outpatient treatment, together with vital cancer support, for people from Wirral, Cheshire West and other local areas. The services on site include chemotherapy, radiotherapy, radiology (diagnostic imaging), pharmacy, clinical therapies, and outpatient clinics. Further information is provided below:

- The Delamere day ward continues to provide systemic anti-cancer therapy (SACT) such as chemotherapy and immunotherapy.
- Clinical trials also continue at CCC-W so patients have access to the latest treatment options, where possible.
- Radiotherapy planning and treatment are still provided at CCC-W, with two linear accelerator (linacs) radiotherapy treatment machines.
- Radiology (diagnostic imaging) services at CCC-W include CT, MRI, PET-CT, ultrasound, x-ray, orthovoltage and nuclear medicine.
- The site still has a clinical pharmacy service and a busy outpatient pharmacy dispensary (PharmaC), in addition to provision for SACT delivery (e.g. chemotherapy and immunotherapy) on the CCC-W site. We have also introduced a home delivery service for people who cannot collect their medication from CCC-W during the pandemic.
- The site is also the main hub for our Clatterbridge in the Community 'treatment at home' services for people in Wirral, Cheshire West and other local areas.
- Eye proton therapy is still provided on the site.
- Clinical therapies including physiotherapy, dietetics, occupational therapy and speech and language therapy are provided, along with a lymphoedema clinic.
- Outpatient clinics continue to run for patients who need to be seen in person. (Due to COVID-19, the majority of consultations now take place by phone or video.)
- The site also has a Cancer Information and Support Centre, offering advice and signposting to other services including benefits advice.

As planned, inpatient care and some services that are more specialist or involve smaller numbers of patients and can therefore only be provided at one site are now at the new hospital in Liverpool rather than Wirral. Any patient who becomes unwell at home will contact our 24-hour hotline and be advised as to which site to attend or, if an emergency, attend their local A&E. The hotline is managed by senior cancer nurses.

The vacant inpatient wards are available to the local NHS if needed.

Investment in upgrading Clatterbridge Cancer Centre – Wirral (CCC-W)

CCC-W remains an important site for us and we always planned to invest in upgrading and refurbishing our Wirral site once the Liverpool hospital had opened. Funding has been ringfenced and we are now in the very early stages of developing outline proposals and initial options. We are talking to our partners on the site to develop coherent plans together. The first stage will be to identify the key design principles. Our ambition is to create an outstanding environment for patients and staff. We need to ensure the full vision and proposed designs are right for the long term so that CCC-W has an exciting future and can continue to care for the people of Wirral for decades to come.

RECOMMENDATION/S

The committee is asked to note this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This update report was requested by the committee. The report is for noting.

2.0 OTHER OPTIONS CONSIDERED

2.1 This report is for noting so no other options were considered.

3.0 BACKGROUND INFORMATION

3.1 Plans to develop a new cancer hospital in central Liverpool for the 2.4 million people of Cheshire & Merseyside were approved by the Joint Health Overview & Scrutiny Committee in December 2014. The committee's decision followed the Transforming Cancer Care public consultation that took place from July to October 2014. Wirral residents contributed 21% of the 1,054 written responses; 78% of Wirral residents said they supported the vision for Transforming Cancer Care, and 71% of them agreed the proposals would deliver the vision and improve the quality of cancer care for people in Cheshire and Merseyside. The NHS approved the full business case for the new hospital in 2016.

4.0 FINANCIAL IMPLICATIONS

4.1 This report is for information only. There are no financial implications.

5.0 LEGAL IMPLICATIONS

5.1 This report is for information only. There are no legal implications.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 No resource implications have been identified.

7.0 RELEVANT RISKS

7.1 No risks have been identified.

8.0 ENGAGEMENT/CONSULTATION

8.1 Extensive pre-consultation engagement took place from 2012 to 2014, including public roadshows at locations across Wirral and on-site events and information at Clatterbridge Cancer Centre – Wirral. Full public consultation took place from July to October 2014, reaching 100,950 people across Cheshire and Merseyside. The consultation included 117 public roadshows at which there were 10,433 direct conversations about the proposals. Overall support for the vision was 91%; in addition, 89% of respondents said they believed the proposals would improve the quality of cancer care.

Further public engagement has taken place since then, including further roadshows and consultation on designs for the new hospital. People have been kept informed

and engaged on progress through regular media stories, social media, website updates and information displays on the Clatterbridge Cancer Centre's sites.

Patient representatives were involved in user groups that co-designed the new hospital with the architects. Engagement also took place with a disability forum and people with expertise in dementia. An extensive social value programme ensured that local people and businesses benefited from construction of the new hospital.

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.

A full equality impact assessment was undertaken as part of the business case for the new hospital. All equality implications were taken into consideration throughout the project, including engagement with disability and other user groups.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Clatterbridge Cancer Centre – Liverpool has been rated BREEAM Excellent.

REPORT AUTHOR: **Dr Liz Bishop**
Chief Executive
The Clatterbridge Cancer Centre NHS Foundation Trust
telephone: 0151 556 5011
email: ccf-tr.communications.team@nhs.net

APPENDICES

Appendix 1 Slide pack

Appendix 2 Comments about the new hospital from the latest NHS Friends & Family Test

BACKGROUND PAPERS

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1

[please see slide pack]

Appendix 2

Comments about the new hospital from the NHS Friends and Family Test (August-September 2020)

These are verbatim free-text comments from patients who responded to the NHS Friends and Family Test at the new hospital (CCC-L) from 24th August to 30th September 2020:

- Staff are lovely and friendly always happy to chat and make cups of tea. Unit very clean and bright with nice views.
- New hospital really amazing.
- As good here as Wirral.
- Came to see consultant and all was explained to me very well and new hospital so much closer for me to get to.
- Seen by my appointment time. New hospital better. Closer to home
- Love the new hospital.
- Happy with everything so far. New hospital great. Lifts very confusing.
- Had appointment with consultant and was taken down to the ambulance by [staff name] who made me a nice drink whilst I waited for my ambulance.
- Seen to quickly. All staff very nice and amazing new hospital.
- New hospital really good and staff friendly and helpful.
- [T]he Liverpool hub is very efficient. Nurse's are really good and understanding.



The Clatterbridge
Cancer Centre
NHS Foundation Trust

.....
Update for Wirral Council Partnerships Committee:
9th November 2020
.....

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Cheshire & Merseyside's new cancer hospital

.....



About the hospital

- Main specialist cancer centre for 2.4m people across Cheshire & Merseyside, plus surrounding areas incl West Lancashire and the Isle of Man.
- Provides highly-specialist cancer treatment including: chemotherapy, immunotherapy & radiotherapy; stem cell transplant; radiology (PET-CT, MRI, CT, x-ray, fluoroscopy etc); inpatient, daycase & outpatient care; and extensive cancer support and rehabilitation.
- 110 single-occupancy inpatient rooms, allowing privacy for patients and their families. 106 of those rooms have floor-to-ceiling windows, allowing natural light to flow through.
- 11 storeys high. Levels 3, 4, 5 and 6 (three inpatient floors and the chemotherapy floor) have rooftop courtyards with cityscape views.
- 4,988 one-tonne blocks of reinforced concrete were used to form the walls of the radiotherapy treatment rooms.
- 4 ambulance drop-off points at CCC-L.
- 3 en-suite relatives rooms providing overnight accommodation.



Images



Front elevation (above) and side elevation (right), including the stepped-back roof terraces



Images



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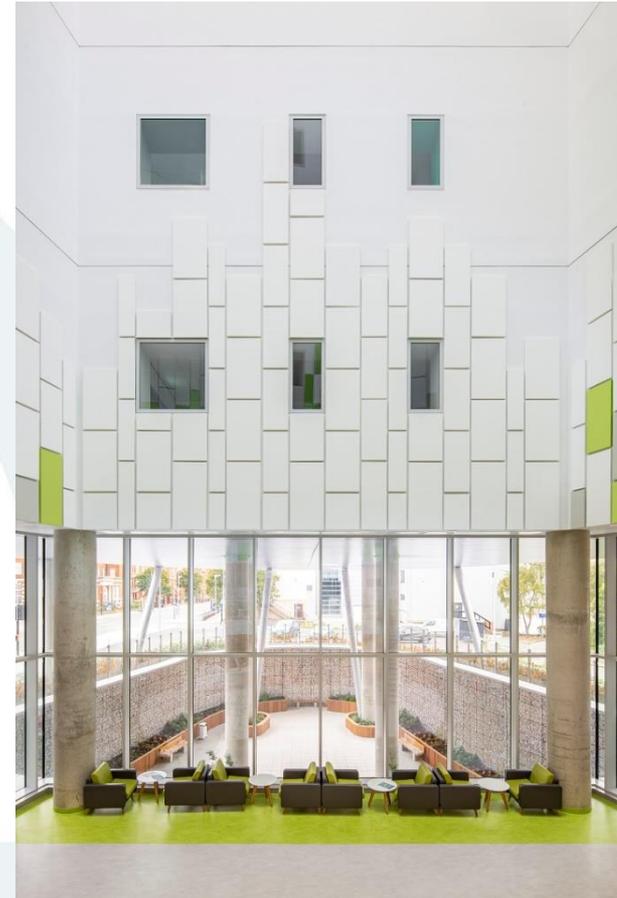
**Chemotherapy floor boasts
spectacular views over the city**



**Central lightwell ensures the
hospital is flooded with light
and creates a sense of calm
and wellbeing**



Images



Main atrium flooded with light and views over the Winter Garden



Artwork



The art installations in the new hospital include fantastic works by local artists, including Wirral-based Emma Rodgers:
L: Sculpture in the Winter Garden by Emma Rodgers
R: Artwork surrounding the main atrium by Liz West



Testimonials

“One of the nicest hospitals I have seen so far! I like the privacy and the views. I’m sure more cancer patients would like to come here!”

Patient

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“Fantastic place! Feels really relaxing, it’s nice to have such world class facilities right on my doorstep living in Liverpool.”

Patient

“If Carlsberg did hospitals, this is what they would be like!”

Patient

“Coming to work in the new building has given me a boost and made me more excited to come to work every day. The new facilities make my job easier and more enjoyable.”

Staff member

“The view is spectacular. When you’re coming in for treatments, to look at the view of our beautiful city is just amazing. It lifts the spirits.”

Patient



Opening day (27th June 2020)



Staff watch HRH The Prince of Wales's video message of thanks to the team.

<https://www.youtube.com/watch?v=iB6tOxd5CmU>



Famous faces including Sue Johnston and Paul Hollywood also recorded video messages



Involving people in design



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As well as public consultation in 2014, we also sought people's views on the design. VR goggles were used during extensive roadshows and engagement events

The Clatterbridge Cancer Centre NHS Foundation Trust

Transforming Cancer Care

A major new cancer hospital for Merseyside & Cheshire!

The Clatterbridge Cancer Centre plans to bring its specialist cancer treatment and groundbreaking research to the heart of Liverpool with a major new cancer hospital on West Derby Street.

The new hospital, beside the Royal Liverpool and the University of Liverpool, will see us significantly expand and further improve the services we provide to people across Merseyside & Cheshire.

You can see the designs for the new hospital & give your views on them at public exhibitions, online or in our hospitals from 19th October – 13th November 2015.

Drop in to one of our mobile exhibitions at:

- Mon 19th Oct 12pm-7pm**
Paradise Street, Liverpool city centre (near Liverpool One)
- Fri 30th Oct 12pm-7pm**
Aintree Shopping Park, L9 5AN (just off the A59 Ormskirk Road)
- Mon 2nd Nov 11am-6pm**
Asda Bromborough, Wirral, CH62 3QP

See our information stands at: The Clatterbridge Cancer Centre (Wirral site), CH63 4JY; The Clatterbridge Cancer Centre (Aintree site), L9 7AL; and Royal Liverpool University Hospital, L7 8XP

Turn over for more info...!

For more info visit www.transformingcancercaresmc.nhs.uk



Social value

Measure	Target	Actual
Local spend (Tier 1)	45%	57%
Local employment	40%	64%
Jobs created	10	67
Educational volunteering hours	30	679
Educational beneficiaries	225	3,954
Work experience	11 (incl 1 looked-after child)	54 (incl 4 looked-after children)
Upskilling workforce hours	1,500	5,752



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PARTNERSHIPS COMMITTEE

9th NOVEMBER 2020

REPORT TITLE:	STRATEGIC DEVELOPMENTS IN THE NHS
REPORT OF:	SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING

REPORT SUMMARY

This report provides a high level summary of strategic developments in the NHS pertaining to:

- Cheshire and Merseyside Health and Care Partnership and the development of the organisation to become an Integrated Care System.
- Plans to restructure commissioning and Clinical Commissioning Groups.
- Local influence in the health system.

RECOMMENDATION

It is recommended that the Partnerships Committee notes this report.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

- 1.1 This report is for the information of the Partnership Committee. It is therefore recommended that the Partnership Committee notes the report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is a report for information and therefore does not present options for consideration or recommendation.

3.0 BACKGROUND INFORMATION

3.1 Cheshire and Merseyside Health and Care Partnership

- 3.1.1 The Cheshire and Merseyside Health and Care Partnership (referred to hereafter as the HCP) is a non-statutory organisation that covers the nine boroughs or “places” in Cheshire and Merseyside. These are Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral. The HCP Chair is Alan Yates and the Chief Executive is Dr Jackie Bene.
- 3.1.2 The area covered by the HCP is the third largest in England. It covers 12 Clinical Commissioning Groups (CCGs), 18 NHS providers and nine local authorities. This is a population of over 2.5 million people. The HCP is an evolution of the Sustainability and Transformation Partnership (STP) approach set out in the NHS Five Year Forward View (October 2014), the NHS Long Term Plan (January 2019) and associated NHS planning guidance (2016/17 to 2020/21).
- 3.1.3 The HCP has set out a shared core purpose to ensure that the people of Merseyside and Cheshire become healthier than they are now and can continue to have access to safe, good quality and sustainable services. The HCP has to set out how the health and care system can remain fit for the future and respond successfully to the growing demands that are being placed on it, alongside ambitious ideas to improve the health of people living and working in the region.
- 3.1.4 The HCP recognises that the work to transform health and care in Cheshire and Merseyside has been underway for some years. The HCP sees their role as bringing together all organisations across Cheshire and Merseyside to make sure that we can spread best practice, make sure no area is left behind and challenge one another to change the way we do things to benefit local people as much as possible.
- 3.1.5 The HCP acknowledges that the majority of work needed to transform health and care is in the hands of organisations and communities in the nine local authority areas or “places” that make up Cheshire and Merseyside. Each place has their own partnership of organisations that are responsible for developing a plan, for and with their local population, setting out how they will organise health and care services in future based on local needs, and how they want to improve the health of their population. It is also of equal importance that each of the nine places of Cheshire

and Merseyside come together as the HCP to share ideas and learn from one another.

- 3.1.6 The NHS Long Term Plan set out the policy objective of ensuring that, by April 2021, the whole of England would be covered by Integrated Care Systems (ICSs). The Plan stated that ICSs would be built on strong and effective providers and commissioners, underpinned by clear accountabilities. As local systems are in different states of readiness, NHS England/Improvement (NHS E/I) are supporting each developing system to produce and implement a clear development plan and timetable to become an ICS. It is likely that, in 2021, primary legislation will be introduced by Her Majesty's Government to further support the implementation of the NHS Long Term plan and to give ICSs statutory roles.
- 3.1.7 The guidance from NHS E/I sets out that, as part of the development towards becoming an ICS, all areas should consider how they operate and make decisions at the following levels:
- *Neighbourhoods (populations circa 30,000 to 50,000 people)* -served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
 - *Places (populations circa 250,000 to 500,000 people)* -served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations. As stated above, Wirral is regarded as a place in this definition.
 - *Systems (populations circa 1 million to 3 million people)* -in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale. This is the HCP footprint of Cheshire and Merseyside.
- 3.1.8 The HCP is currently on the pathway to becoming an ICS and is receiving support from NHS E/I on this journey. With partners, the HCP is exploring how health and care providers and commissioners, including local authorities, will work together at the three levels described above. This will lead to some changes in how NHS providers work together, with the development of formalised alliances or "provider collaboratives", and the future of CCGs as referenced elsewhere in this paper.
- 3.1.9 The HCP has established a Partnership Assembly, designed to bring together leaders whose roles and responsibilities deliver a positive impact on health and wellbeing for local people. The Partnership Assembly also supports the HCP in developing the approach to becoming an ICS. The first meeting of the Assembly was held virtually on 17th September 2020 with attendees from local authorities, CCGs, NHS providers and the not-for-profit sector. The meeting was attended by circa 160 people including a strong representation from Wirral.
- 3.1.7 The meeting concentrated on the purpose of the HCP, the meaning of place and the benefits of adopting a place based approach. Four broad themes emerged from the

Assembly, as communicated by Alan Yates after the event and repeated verbatim below:

- *Democracy* - The Partnership is not a statutory body and as such its democratic mandate is not proven. It can take its authority only from the community of interest that comprises it, so many of whom were represented at the Assembly. The established organisations in the Partnership are just that and do not need replicating. This puts the onus on the Partnership to be a living community of Partners rather than relying on being a standing feature of local governance. It will be by working together in real time that the Partnership will prove its value. While the Partnership is a peer-to-peer body, its purpose is ultimately to serve the interests of patients and the public, not itself. Many voices at the meeting reminded us that peer-to-peer engagement is valid only if it remains alive to the experience of both local people in Places and those elected members who represent them. It was with this in mind that we recognised our nine Place Leads: they help to coordinate such voices at Place level.
- *Design* - As it's Chair, I am very much alive to the concern that the Partnership does not become another mouth to feed. It has to create value. I read or heard several comments at the Assembly meeting that the Partnership risks adding to what is already a crowded field of institutions, organisations and practices; or that it represents a rerun of SHAs and harbours the intention of bossing the system. This is not the case. The Partnership does not sit 'above the system' but is rather a convening of it. It exists to facilitate effort across Cheshire and Merseyside in improving population health and reducing health inequalities. Its purpose lies in the real world, not in the intra-organisational world. In other words, the Partnership is designed as a horizontal not a hierarchy. Yes, there is a Partnership Board and Executive, but these exist to ensure transparency and operational efficiency rather than exert control. They are the servant leaders of the Partnership and indeed of the Assembly itself.
- *Direction* - The contributions to the Assembly have served to sharpen the mission of the Partnership: 'We will tackle health inequalities and improve the lives of our poorest fastest. We believe we can do this best by working in partnership.' The emphasis not just on health but on inequalities serves as a reminder that the Partnership is not NHS-led but a broad coalition of local authorities, voluntary organisations and other vital organisations who enjoy parity. Practically speaking, this means that the design of our programmes will be critical, and it is my intention that the next Partnership Assembly will focus in on the programme structure and the benefits it aims to bring. It is at programme level in Places that the Partnership will prove its value.
- *Digital* - One of the most exciting themes that emerged at the Assembly was that of the opportunities afforded by digital. Covid has accelerated trends already underway in the Cheshire and Merseyside system, and the Assembly has provided another

fillip to find smarter ways of working digitally. However, it was the theme of 'digital exclusion' that was just as prominent at the Assembly. If we are to fulfil our mission of reducing health inequalities, we must find ways of including those socio-economic groups who risk being left behind even further because of lack of digital access. Again, this will mean looking at the design of our programmes so that these twin aspects of promoting digital innovation and reducing digital exclusion have their place.

3.1.9 Following the Assembly the Partnership had committed to:

- a) Developing a simple draft memorandum of understanding which sets out the proposals for revised governance arrangements which take into account the points made above. The Partnership Board will need to have revised membership, be more transparent and accountable, aligned to the Partnership's stated objectives and be the basis for progress to formal membership of the Partnership. It is anticipated that a draft will be available by the end of November 2020 for widespread discussion and contribution throughout the Partnership.
- b) Developing network groups for the constituencies of the Partnership where they don't already exist and would be beneficial; Primary Care Networks, Integrated Care Partnerships and enable them to be the source of representation at the Partnership Board.
- c) Establish criteria for identifying programme priorities on the basis of the original partnership dashboard and the Assembly discussion. Those criteria will include contribution to health improvement, reduction in inequalities, collaboration, value including cost reduction, learning and the avoidance of duplication.
- d) On the basis of those criteria review the current programmes as well as develop proposals for those missing. All of the programmes work will be the basis of the next Assembly meeting where we will be able to look at the organisation of the Partnership less and its work more. It may be that we need an Assembly meeting earlier than planned to enable this review to be meaningfully addressed by the Assembly.

3.1.10 More information about the Cheshire and Merseyside Health and Care Partnership can be found at <https://www.cheshireandmerseysidepartnership.co.uk/>.

3.2 NHS Restructuring – Clinical Commissioning Groups

3.2.1 The NHS Long Term Plan set out that each ICS "will need streamlined commissioning arrangements to enable a single set of commissioning decisions

at a system level”. The Plan stated that “this will typically involve a single CCG for each ICS area”. This policy was reiterated in the letter of 31st July 2020 outlining the third phase of the NHS response to COVID-19, stating that “formal written applications to merge CCGs on 1 April 2021” to deliver a single CCG across an ICS “should be submitted by 30 September 2020”.

3.2.2 When established on 1st April 2013 there were originally 12 CCGs in Cheshire and Merseyside. These arrangements have evolved since this time. On 1st April 2020 the four CCGs that originally covered Cheshire East and Cheshire West and Chester local authority areas merged to become NHS Cheshire CCG following an approvals process set by NHS E/I. NHS Southport and Formby CCG and NHS South Sefton CCG have existed since April 2013 with separate Governing Bodies and a joint management team. NHS Halton CCG and NHS Warrington CCG have joint management team and joint governance arrangements, which stop short of a full merger. NHS St Helens CCG and NHS Wirral CCG have developed strong integrated commissioning arrangements with their respective local authorities, the Wirral arrangements are described later in this paper. The 9 CCGs in Cheshire and Merseyside are therefore:

- NHS Cheshire CCG
- NHS Halton CCG
- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS Southport and Formby CCG
- NHS South Sefton CCG
- NHS St Helens CCG
- NHS Warrington CCG
- NHS Wirral CCG

3.2.3 The CCGs in North Mersey – NHS Knowsley CCG, NHS Liverpool CCG, NHS Southport and Formby CCG and NHS South Sefton CCG – had begun work to take forward a merger. In light of the policy direction set out in the phase 3 guidance, the Chairs of the four CCGs met with leaders from NHS E/I and the HCP on 17th August 2020 to understand what this meant for their proposal. The outcome of the meeting was that an application for a North Mersey CCG was considered not to be on a scale that matched the national or regional direction and that there would be a single CCG for Cheshire and Merseyside.

3.2.4 The HCP have been asked by NHS E/I to develop an ICS plan for the future of strategic commissioning in Cheshire and Merseyside, noting the requirements of “system by default”. The HCP and NHS E/I recognise that local integrated commissioning at a place level remains vital to ensure delivery of appropriate services for each place, but that there are also advantages in commissioning at scale across a wider footprint. Specifically, NHS E/I and HCP have agreed that the CCGs will form a Committees in Common or a Joint Committee by March 2021, with a view to having a single CCG in place for Cheshire and Merseyside by April 2022.

3.2.5 The HCP, with the support of NHS E/I, has commenced work to put in place a delegated function for shared decision making at a Cheshire and Merseyside

level by March 2021. This work is being led by the Chief Officer of NHS Knowsley CCG. The purpose of the work is to explore ways by which the HCP and CCGs can develop and support place based Integrated Care Partnerships (ICPs) through an efficient, effective and economical commissioning infrastructure. The default principle is that wherever possible commissioning decision making should be at place, with only those commissioning decisions which make sense being retained at a Cheshire and Merseyside CCG level.

3.2.6 The work is being undertaken through:

- Gaining an understanding of the approaches being taken across the country and undertaking a mapping exercise to identify those which may be of benefit to the Cheshire and Merseyside system.
- Semi-structured interviews to gain views, concerns and aspirations with key stakeholders, including local authority Chief Executives utilising the NHS Transformation Unit to ensure independence and objectivity.
- Workshops facilitated by the NHS Transformation Unit, considering the outputs from the above activities and reaching a consensus on the preferred approach.
- Undertaking a risk/benefits analysis.

A report will be produced that captures the outputs of this work, which will be shared with the HCP and CCGs to inform next steps, including the more complex task of creating a single CCG for Cheshire and Merseyside whilst integrated commissioning at place.

3.3 Local influence in the health system

3.3.1 Health and Wellbeing Board

3.3.1.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1st April 2013 in all 152 local authorities with adult social care and public health responsibilities.

3.3.1.2 Health and Wellbeing Boards are formal committees of local authorities charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with CCGs, to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body. In Wirral the Health and Wellbeing Board is chaired by the Leader of the Council. The Board includes representatives from Wirral Council, NHS Wirral CCG and Healthwatch, as well as other local partners. Wirral Council are currently reviewing the governance and functioning of the local Health and Wellbeing Board.

3.3.1.3 Health and Wellbeing Boards have significant value of boards in bringing together major local partners around the table. Organisational structures and roles have become more complex as a result of the Health and Social Care Act 2012, and the need for local authorities to work closely with their local NHS partners on a range of issues – from population health to hospital discharge – has never been greater. The boards have taken on new responsibilities that directly affect the NHS, for example signing off local Better Care Fund plans.

3.3.1.4 The King's Fund (2019) suggest that Health and Wellbeing Boards should have a bigger role in shaping the future of their local services through a more strategic and integrated approach to commissioning that makes better use of squeezed budgets, achieves better outcomes for individuals, and improves their experience of an otherwise fragmented system. Options for integrated commissioning include:

- reaching agreements under Section 75 of the NHS Act 2007 to establish lead commissioning
- joint commissioning
- a pooled budget.

As set out in the next section of this report, Wirral has established and evolving integrated commissioning arrangements that will need to respond to the forthcoming structural changes in commissioning across the NHS.

3.3.2 Wirral Health and Care Commissioning

3.3.2.1 Wirral Council and NHS Wirral Clinical Commissioning Group (CCG) have been working together formally as Wirral Health and Care Commissioning (WHCC) since April 2018. Together, the CCG and Wirral Council are responsible for commissioning the vast majority of health and care services for the population of Wirral and it makes sense (and is in line with national policy) to do this in an integrated way so as to make sure our resources and expertise are used to best advantage.

3.3.2.2 As Council and NHS staff have been working together (in areas such as Safeguarding, Complex Care and Children) real benefits have been seen, such as:

- Duplication being reduced.
- Information and expertise being shared between health and social care professionals.
- Consistent, seamless pathways of care being developed, meaning less variation for individuals and families.
- People we care for only having to 'tell their story once' as we commission integrated services with single assessments and care records.
- Former tensions between partners around funding care being removed as resources are shared to arrange the most appropriate care.
- Better outcomes being achieved for individuals and their families.
- Better and more effective planning processes.

- Streamlined contracting/procurement processes with our providers and the care market.

In addition, as WHCC includes Public Health and a combined intelligence function, this means that health inequalities can be targeted and reduced. Services can therefore be commissioned that are now more sensitive to the needs of local communities.

3.3.2.3 In 2018, the Council and NHS Wirral CCG put in place the Joint Strategic Commissioning Board, a meeting whereby Councils officers, elected members, NHS clinical leaders and lay members could discuss and approve health and care strategies, whilst also providing oversight on the implementation of these strategies, and overseeing the 'pooled fund' that brings together health and care resources in specific areas. At this meeting, elected members had the delegated authority to make decisions and hence a joint decision could be made by the NHS and the Council at the same time. As Wirral Council has moved away from Cabinet oriented governance to a committee approach we have needed to review our governance and decision making.

3.3.2.4 Wirral Council and NHS Wirral CCG are establishing a Joint Health and Care Commissioning Executive Group (JHCCEG), made up of senior officers from both organisations, which will develop joint health and care strategies and plans. These health and care strategies and plans, where they require decision, will be referred to either the Adult Social Care or Health Committee and/or to the Children, Young People and Education Committee and the CCG's Governing Body for parallel approval. The JHCCEG will have no decision making powers of its own, but will act as an advisory body to recommend courses of action to both the Council and CCG's decision making committees as established under their respective constitutions. Recommendations for approval will be in areas where the proposed joint approach is believed to be in the best interests of the Wirral population (e.g. the Children and Families Strategy). For clarity, no one organisation can veto the decision of the other or impose its decision on the other. In all cases, a consensus approval will be the main aim and any papers submitted to the Council and CCG's decision-making committees for approval can be referred back to JHCCEG for more work or information. Some aspects of health and care commissioning will also be referred for approval to the Health and Wellbeing Board which has specific duties in defined areas such as approval of the Better Care Fund.

3.3.3 Other areas of influence

3.3.3.1 There are many areas of local influence in the health system that could be covered in this report. Economic regeneration, employment, licensing, planning, education, leisure and public health are all areas that impact on health in Wirral. In these areas there are strong partnership arrangements in place across all sectors. This report concludes by briefly focusing on two areas of influence that are most relevant when set against the context of the rest of this paper.

3.3.3.2 Over the past 4 years Wirral Council has been on a journey through which the provision of health and care services has been increasingly integrated. This is perhaps best exemplified in the transfer of social care staff to Cheshire and Wirral

Partnership NHS Foundation Trust and Wirral Community Health and Care NHS Foundation Trust. This approach to integrated provision and the developments around integrated commissioning described above have provided the bedrock on which the Wirral health and care system's response to COVID-19 has been built. The systems, processes and relationship that have put in place have allowed Wirral to respond to the challenge of the pandemic collectively, collaboratively and effectively.

- 3.3.3.3 The *Healthy Wirral* programme has been put in place to support the transformation of health and care services in the borough at pace and "as one" across all organisations. NHS Wirral CCG, Wirral Council, Healthwatch and NHS providers including Primary Care Networks and general practices are all engaged in these programmes. At present, the *Healthy Wirral* Partners' Board (of which the Council and the CCG are a part) is a forum for discussion and debate at seek 'system' alignment between health and care partners, but has no direct decision making powers and must refer to Wirral Council's Cabinet and NHS Boards for approval in line with their statutory and regulatory duties.

4.0 FINANCIAL IMPLICATIONS

- 4.1 None as a result of this report.

5.0 LEGAL IMPLICATIONS

- 5.1 It is likely that, in 2021, primary legislation will be introduced by Her Majesty's Government to further support the implementation of the NHS Long Term plan and to give ICSs statutory roles.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 None as a result of this report.

7.0 RELEVANT RISKS

- 7.1 The system changes outlined in this report will risk management frameworks as part of their implementation.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Engagement and consultation will need to take place in regard to the system changes outlined in this report.

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.

This report is for information and no EIA is required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 None as a result of this report.

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Commissioning
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email: simon.banks1@nhs.net

APPENDICES

There are no appendices to this paper.

BACKGROUND PAPERS

- NHS Five Year Forward View, <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Long Term Plan, <https://www.longtermplan.nhs.uk/>
- NHS Planning Guidance, <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS England/Improvement, Designing Integrated Care Systems (ICSs) in England, <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Third Phase of NHS Response to COVID-19, <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf>
- King's Fund, <https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems>
- Wirral Council Constitution, <https://democracy.wirral.gov.uk/documents/s50070394/2020%2009%20Constitution%20September%202020.pdf>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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PARTNERSHIPS COMMITTEE

Monday 9th November 2020

REPORT TITLE:	PARTNERSHIPS COMMITTEE WORK PROGRAMME UPDATE
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

The Partnerships Committee, in co-operation with the Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme.

The Council has a number of statutory scrutiny functions including matters relating to the health of the authority's population, the activities of those responsible for crime and disorder strategies, as embodied by the Safer Wirral Partnership, under the Police and Justice Act 2006 and flood risk management and coastal erosion management functions which may affect the local authority's area. These overview and scrutiny functions are to be carried out by the Partnerships Committee, which will also scrutinise the functions and responsibilities undertaken by other public bodies within the Borough.

It is envisaged that the work programme will be formed from a combination of 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 Partnerships Committee is attached as Appendix 1 to this report.

RECOMMENDATION/S

Members are invited to note and comment on the proposed Partnerships Committee work programme for the remainder of the 2020/21 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

- 1.1 To ensure Members of the Partnerships Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

3.2 Terms of Reference

- 3.3 The principal role of the Partnerships Committee is to look outwards to the Council's functions as the area's democratically elected local government, representing the people and businesses of the Borough. In terms of reviewing the decisions of relevant partner authorities on health service provision, on crime and disorder and on flood risk management, this role extends to include a statutory role and powers given by Parliament to the Council. The Committee can produce reports to which a relevant partner authority must have regard in the exercise of its functions.

- 3.4 The Committee is established by Council to fulfil those functions as an overview and scrutiny committee, not undertaken by the Decision Review Committee, provided under Part 3 of the 2012 Local Authorities (Committee System) (England) Regulations. The Committee is charged by full Council to:

(a) undertake reviews and make recommendations on services or activities carried out by external organisations which affect the Borough of Wirral or any of its inhabitants, including the review and monitoring of the contractual and operational performance of shared service partnerships, joint ventures and outside organisations to which the Council makes a resource contribution, focussing on examination of the benefits of the Council's contribution and the extent to which the body concerned makes a contribution to achievement of the Council's priorities;

(b) consider and implement mechanisms to encourage and enhance community participation in the development of policy options and to investigate, take evidence and consult upon issues within their remit;

(c) undertake responsibility for the Council's responsibilities for scrutiny as stated in the Police and Justice Act 2006, the Health and Social Care Act 2006 as amended, the Local Government Act 2000 as amended, the Localism Act 2011 and the subsequent Local Authority (Committee System) (England) Regulations 2012, which includes

(d) in respect of the Health and Social Care Act 2006, the functions to:

- (i) investigate major health issues identified by, or of concern to, the local population.
- (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
- (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
- (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
- (v) receive and consider referrals from local Healthwatch on health matters.

(e) in respect of the Police and Justice Act 2006, the functions to:

(i) review or scrutinise decisions made or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions; and

(ii) make reports or recommendations to the local authority with respect to the discharge of those functions

(f) in respect of Section 9JB of the Local Government Act 2000, the functions to review and scrutinise the exercise by risk management authorities of flood risk management and of coastal erosion management functions which may affect the local authority's area; and

(g) undertake responsibility for those overview and scrutiny functions provided for under Part 3 of the 2012 Local Authorities (Committee System) (England) Regulations. not otherwise fulfilled.

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 Committee's ability to review decisions made by relevant partner authorities and the performance of these organisations may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.1 ENGAGEMENT/CONSULTATION

8.1.1 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.

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.

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APPENDICES

Appendix 1: Partnerships Committee Work Plan

BACKGROUND PAPERS

<http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=123&MId=8578>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

PARTNERSHIPS COMMITTEE

WORK PROGRAMME 2020/21

Contact Officer/s: Mike Jones
Anna Perrett

PROPOSED AGENDA FOR PARTNERSHIPS COMMITTEE

9th November 2020

Item	Lead Departmental Officer	Wirral Plan Priority
<i>Cheshire and Merseyside Partnership Update</i>	<i>Simon Banks</i>	<i>'Active and Healthy Lives'</i>
<i>Approach to Community Safety Strategy</i>	<i>Mark Camborne</i>	<i>'Safe and Pleasant Communities'</i>
<i>Clatterbridge Cancer Centre – Site Update</i>	<i>Dr Liz Bishop</i>	<i>'Active and Healthy Lives'</i>
<i>CWP Quality Accounts</i>	<i>Dr Anushta Sivananthan Jo Watts</i>	<i>'Active and Healthy Lives'</i>

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
NHS Long Term Plan Update	2020/21	Simon Banks
Community Safety Strategy Update	2020/21	Mark Camborne/Tony Kirk
WUTH CQC Improvement Plan	2020/21	Janelle Holmes/Paul Moore (WUTH)
Clatterbridge Cancer Centre – Site Update	2020/21	Dr Liz Bishop (CCC)
<i>Liverpool & Wirral Coroner Annual Report 2019</i>	2020/21	<i>Rachelle Nield (Chief Clerk - H.M. Coroner's Court)</i>

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Liverpool City Region Combined Authority Updates	Bi-Annually	Rose Boylan
Flood Risk Management Annual Report	Annually – March	Neil Thomas
NHS Trust Quality Accounts	Annually - May	Alex Davidson
Adult Safeguarding Annual Report	Annually - January	Lorna Quigley
Public questions	Each meeting	

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Task and Finish work				
NHS Trust Quality Accounts	Task & Finish	May 2022	Alex Davidson	
Spotlight sessions / workshops				
Corporate scrutiny / Other				