

PARTNERSHIPS COMMITTEE

Tuesday, 9 November 2021

Present: Councillor J Robinson (Chair)

Councillors B Berry J Walsh
D Brennan A Wright
S Hayes J Bird (In place of T
P Martin Cottier)
D Mitchell W Clements (In
place of J Johnson)
S Mountney (In
place of I Camphor)

21 WELCOME AND INTRODUCTION

The Chair welcomed Members, Officers and any members of the public viewing to the meeting. The Chair welcomed and introduced colleagues from the Police and Crime Commissioner and Wirral NHS Clinical Commissioning Group.

22 APOLOGIES

Apologies for absence were received from Councillors Jenny Johnson, Ivan Camphor and Tony Cottier.

23 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members were asked to consider whether they had 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 what they were.

The following declarations were made:

Councillor Joe Walsh	Personal interests as his two daughters worked for the NHS.
Councillor Alison Wright	Personal interest as her husband was a retired police officer.

24 MINUTES

Resolved – That the accuracy of the minutes of the meeting held on 28 September 2021 be agreed.

25 PUBLIC AND MEMBER QUESTIONS

The Chair confirmed that no public questions, requests to make a statement or petitions had been received.

26 **POLICE AND CRIME PLAN 2021-2025**

The Merseyside Police and Crime Commissioner (PCC) introduced the report which provided the final version of the Police and Crime Plan 2021-25, which was a statutory document as required by the Police Reform and Social Responsibility Act 2011 and outlined the strategic direction for the PCC's term in office and provided a means by which the Chief Constable could be held to account by the Commissioner. It was reported that the Commissioner had a statutory duty to produce the document, and the version before the Committee was based on the things outlined in the Commissioner's election manifesto and input from a consultation exercise undertaken in the previous months. The Plan detailed three key pillars:

- Fighting Crime and Proactive Policing
- Supporting Victims and Safer Communities
- Driving Change and Prevent Offending

The detail within each pillar was outlined to the Committee, where it was reported that an action plan was in place for each pillar and that collaborative work was ongoing with partners such as local authorities, fire and rescue services and health colleagues to implement the plan. The Committee was advised that one of the other priorities was to fight for fairer funding, with further information anticipated about funding following the policing settlement in December 2021.

Members raised a wide range of queries both in relation to policing on a Liverpool City Region scale and locally in Wirral. Several incidents were highlighted in relation to response times, and it was confirmed that the response time was determined by the assessed threat level of an incident and that over 90% of incidents were responded to on time. Further incidents were raised in relation to the night-time economy and road safety. It was queried why it was felt that Liverpool City Region did not get a fair allocated of resources, where it was outlined that whilst Liverpool City Region received a high amount of funding per head, it did not take into account issues around deprivation and the impact this had on crime and the need for more funding for preventative approaches across the public sector. Members noted the recruitment of a new chief constable with the priority of preventative measures to tackle crime and welcomed the approach.

Resolved – That the report be noted.

27 **WIRRAL CLINICAL COMMISSIONING GROUP - COMMISSIONING AND FINANCE**

The Chief Executive of NHS Wirral Clinical Commissioning Group (CCG) introduced the report which provided information relating to the functions and activities of NHS Wirral Clinical Commissioning Group. The report followed a request from Partnerships Committee for further information on matters pertaining to performance and finance of the CCG, with the relevant documents extracted from the last public Governing Body meeting and provided to the Committee for consideration.

It was outlined that as the Health and Care Bill progressed through parliament, the Integrated Care Board would be taking on the function of the Clinical Commissioning Group and the current priority was to ensure the smooth transfer of staff. Further priorities would be to support system partners through the challenges that Covid-19 still presented in the run up to the winter period, as well as ensuring essential governance with a requirement for CCGs to break even and Wirral CCG was on track to do so.

Queries were raised in relation to the finances of the CCG, in particular around its historic deficit and whether this would transfer to the Integrated Care System. It was reaffirmed that a break-even position had been achieved on income and expenditure despite issues associated with Covid-19, but that the underlying deficit still existed and would transfer to the Integrated Care Board. Further issues were raised in relation to access to General Practitioner services and the Chief Executive of the CCG undertook to liaise with members on any individual issues they had reported. Concerns were raised in relation to ear syringing and the fact that this was no longer commissioned by the NHS. Members were informed that locally the CCG were looking at alternative provision to enable patients to access this service free of charge and further information would be shared when available. Further information was also sought on the process of standardisation of access to services following the transfer of functions to the Integrated Care Board.

Resolved – That the report and supporting documentation be noted.

28 **LONG COVID**

The Chief Executive of NHS Wirral Clinical Commissioning Group introduced the report which provided detail on the development of the nationally prescribed local Long Covid Multi-Disciplinary Teams (MDTs) as well as further detail on NHS Wirral Clinical Commissioning Group's (CCG) commissioning of the service. It was reported that Wirral Community NHS Foundation Trust mobilised the local service in August 2021 to ensure that there were resources in Wirral to give individual patient focus on Long Covid recovery. This included support for both psychological and respiratory issues and there were elements of social prescribing within the service. Referrals to the local service had recently started to take place. Further information was

sought on the number of people who had accessed the Merseyside service and the number of those who had since been referred to the local service.

Resolved – That the nationally prescribed commissioning arrangements for Long Covid Multi-Disciplinary Teams and NHS Wirral Clinical Commissioning Group’s commissioning of a Wirral Tier 3 Long Covid Multi-disciplinary Team be noted.

29 **WORK PROGRAMME**

The Head of Legal Services introduced the report of the Director of Law and Governance, which provided the committee with an opportunity to plan and review its work across the municipal year.

It was outlined that the Committee had requested a single item agenda meeting to consider the Integrated Care System and requested that the RNLI item scheduled for February 2022 be rescheduled to March 2022 to enable this to take place. The Committee was advised that originally it had been the preference to consider RNLI and Flood Risk and Management at separate meetings to avoid confusing the two matters, but that given the comments from members this would be explored.

Resolved – That

(1) the work programme be noted.

(2) RNLI be invited to the meeting scheduled for March 2022.