



## Housing Committee

**Date:** Thursday, 18 November 2021

**Time:** 6.00 p.m.

**Venue:** Floral Pavilion - New Brighton

Members of the public are encouraged to view the meeting via the webcast (see below), but for anyone who would like to attend in person, seating is limited therefore please contact us in advance of the meeting if you would like to reserve a seat. All those attending will be asked to wear a face covering (unless exempt) and are encouraged to take a Lateral Flow Test before attending. You should not attend if you have tested positive for Coronavirus or if you have any symptoms of Coronavirus.

Wirral Council is fully committed to equalities and our obligations under The Equality Act 2010 and Public Sector Equality Duty. If you have any adjustments that would help you attend or participate at this meeting, please let us know as soon as possible and we would be happy to facilitate where possible. Please contact [committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)

This meeting will be webcast at  
<https://wirral.public-i.tv/core/portal/home>

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## 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 interests in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

**4. MINUTES (Pages 1 - 4)**

To approve the accuracy of the minutes held on 19 October 2021.

**5. PUBLIC AND MEMBER QUESTIONS**

**5.1 Public Questions**

Notice of questions to be given in writing or by email, by 12 noon, Monday, 15 November 2021 to the Council's Monitoring Officer and to be dealt with in accordance with Standing Order 10.

**5.2 Statements and Petitions**

Notice of representations to be given in writing or by email, by 12 noon, Monday, 15 November 2021 to the Council's Monitoring Officer and to be dealt with in accordance with Standing Order 11.1

**5.3 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**

**6. PUBLIC HEALTH ANNUAL REPORT 2020/2021 (Pages 5 - 102)**

**7. WIRRAL PRIVATE SECTOR HOUSING STOCK CONDITIONS (Pages 103 - 114)**

The PDF file for this report may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact [privatesectorhousing@wirral.gov.uk](mailto:privatesectorhousing@wirral.gov.uk) if you would like this document in an accessible format.

**8. UPDATE ON LOW CARBON HOUSING RETROFIT PROGRAMME (Pages 115 - 126)**

**SECTION B - BUDGET AND PERFORMANCE MANAGEMENT**

**9. 2020/21 REVENUE AND CAPITAL OUTTURN (Pages 127 - 132)**

**10. HOUSING QUARTER 2 MONITOR REPORT (Pages 133 - 140)**

**11. HOUSING COMMITTEE BUDGET REPORT (Pages 141 - 154)**

**SECTION C - REVIEWS / REPORTS FOR INFORMATION**

**12. WORK PROGRAMME UPDATE (Pages 155 - 162)**

## Housing Committee Terms of Reference

The Housing Committee has responsibility for taking a strategic approach to the Council's various housing functions, including issues concerning social rented and affordable housing, homelessness, allocations and standards of housing.

The Committee is charged by full Council to undertake responsibility for:-

- (a) the Authority's role and functions in relation to strategic and private sector housing policies and as the housing authority, including but not limited to
  - (i) the Council's Housing Strategy;
  - (ii) homelessness and the allocation of housing;
  - (iii) private sector housing, including taking action to remedy overcrowding, disrepair, unfitness and statutory nuisances; to promote fire safety in private sector housing and the Council's functions in relation to houses in multiple occupation;
  - (iv) licensing schemes;
  - (v) tenancy relations and the provision of housing advice;
  - (vi) relationship with Registered Providers of housing;
  - (vii) housing loans and grants;
  - (viii) housing related support services; and
  - (ix) policies and actions with a view to reducing and eliminating street homelessness to ensure that appropriate action is taken;
- (b) analysis, development and overview of housing policies in terms of spatial planning to submit to the Economy, Regeneration and Development Committee to inform the Local Plan and planning policies;
- (c) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
- (d) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to the above functions.

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## HOUSING COMMITTEE

Tuesday, 19 October 2021

<u>Present:</u>	Councillor	J McManus (Chair)	
	Councillors	A Brame P Martin T Smith S Whittingham H Cameron	M Collins A Gardner I Lewis H Gorman
<u>Deputies:</u>	Councillor	S Foulkes (For Cllr J Bird)	

### 1 WELCOME AND INTRODUCTION

The Chair welcomed Members of the Housing Committee, Officers and viewing members of the public to the meeting.

### 2 APOLOGIES

The Chair confirmed the apologies of Councillor Jo Bird, with Councillor Steve Foulkes deputising.

### 3 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Committee were asked to declare any disclosable pecuniary and non-pecuniary interests, in connection with any item on the agenda, and to state the nature of the interest.

No such declarations were made.

### 4 MINUTES

**Resolved – That the minutes of the Housing Committee held on 10 March 2021 be approved and adopted as a correct record.**

### 5 PUBLIC AND MEMBER QUESTIONS

The Chair reported that no questions or statements from members of the public or Members of Wirral Council had been submitted.

## 6 **WIRRAL PLAN DELIVERY PLANS**

The Director of Regeneration and Place introduced a report that presented the Wirral Plan 2021-26 Draft Delivery Plans. The Plans were approved at Council on 6 September 2021, together with the recommendation that engagement and discussion with relevant Committees would take place to further shape the underpinning delivery plans and work programmes required to implement the Wirral Plan.

Members asked a range of questions on the draft Delivery Plans and the detail behind them including what level of information would be included, the homelessness strategy, housing targets under the Local Plan and net-zero homes.

**Resolved – That the draft Delivery Plans, as they related to Housing Committee set out in Appendix 1 to this report be noted.**

## 7 **2020/21 REVENUE AND CAPITAL OUTTURN**

This item was withdrawn.

## 8 **2021/22 BUDGET MONITORING AND 22/23 BUDGET PROCESS**

The Senior Finance Business Partner introduced a report on behalf of the Director of Resources which highlighted the processes for monitoring the 2021/22 budget and for commencing the budget setting process as agreed by the Policy and Resources Committee on 17 March 2021. The report included further supporting information to ensure that these processes could be followed.

The Ministry for Housing, Local Government and Communities had provided a conditional offer of exceptional financial support (capitalisation directive) for 2021/22 of up to £10.7m. One of the conditions of that offer was that the Council needed to provide evidence from the assurance review of the authority's financial position and its ability to meet any or all of the identified budget gap without any additional borrowing.

**Resolved – That:**

- 1) the content of the report and the current forecast position of savings for 2021/22 and the ongoing work being undertaken to mitigate any under-achievement be noted;**
- 2) it be agreed to include the current proposals with this report from the Medium Term Financial Plan from 2022/23 – 2025/26 and the Director of Regeneration and Place be authorised to develop them**

**into full business cases, where appropriate, for inclusion in the 2022/23 budget proposals to Policy and Resources Committee at its October meeting for approval;**

- 3) a series of budget workshops be convened to identify any alternative savings/income/reductions in pressures to ensure that a full suite of costed and deliverable proposals can be recommended to the Policy and Resources Committee at its October meeting for approval; and**
- 4) the Zero Based Budgeting project be commenced within the budget workshops to contribute to the overall savings target of £170k in 2021/22.**

## **9 QUARTER 1 MONITOR REPORT**

The Senior Finance Business Partner introduced a report on behalf of the Director of Regeneration and Place which provided a summary of the projected year-end revenue and capital position for Housing Committee as at the end of Quarter 1 (June 2021) of the 2021/22 financial year.

The report provided Members with an overview of budget performance to enable the Committee to take ownership of their specific budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

### **Resolved – That:**

- 1) the projected year-end revenue forecast variance of £0.155m favourable position as reported at quarter 1 (Apr-Jun) of 2021-22 be noted;**
- 2) progress on the achievement of approved savings and the projected year-end forecast position at quarter 1 (Apr-Jun) of 2021-22 be noted;**
- 3) the reserves allocated to the Committee for the future one-off commitments, as set out at paragraph 3.9 of the report, be noted; and**
- 4. the projected year-end capital forecast expenditure position of £7.976m as reported at quarter 1 (Apr-Jun) of 2021-22, be noted.**

10 **HOUSING COMMITTEE WORK PROGRAMME UPDATE**

Members gave consideration to a report of the Director Regeneration and Place that set out the proposed Housing Committee Work Programme 2021/22 as detailed in the appendix to the report.

The report advised that the Housing Committee, in co-operation with the other Policy and Service Committees, was 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 were within the remit of the Committee

The report provided the Committee with an opportunity to plan and regularly review its work across the municipal year.

**Resolved – That the Housing Committee Work Programme for the remainder of the 2021/22 municipal year be noted.**



## HOUSING COMMITTEE 18 November 2021

REPORT TITLE	PUBLIC HEALTH ANNUAL REPORT 2020/2021
REPORT OF	DIRECTOR OF PUBLIC HEALTH

### REPORT SUMMARY

The Public Health Annual Report (PHAR) is the independent annual report of the Director of Public Health and is a statutory requirement. The 2020/2021 Report describes enduring health inequalities in Wirral, the immediate impact of the COVID-19 pandemic on these differences in health outcomes and recommended actions that we need to take to improve everyone's health.

The Public Health Annual Report is an important vehicle to identify key issues, flag up problems, report progress and inform local inter agency action. The purpose of the PHAR is to draw attention to issues of importance which have an impact on population health. Since the Council took back responsibility for Public Health in 2013, we have published six reports on:

- Social isolation
- Healthy schools and children
- Domestic violence
- The roles of the Council and NHS in promoting health and wellbeing
- Problem gambling
- The role of culture in health and wellbeing

These reports have led to action in the reduction of people smoking in the borough to levels below the national average; increased support for people who were feeling socially isolated plus significant activity across a range of partners to highlight and reduce the damage caused to our communities from alcohol abuse and gambling.

The 2020/2021 Report seeks to direct action that we need to take to reduce the impact of health inequalities on our residents and improve health for everyone in our borough.

### RECOMMENDATIONS

The Housing Committee is requested to endorse the recommendations detailed within the Public Health Annual Report.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATION/S**

- 1.1 The production of an annual report is a statutory requirement of the Director of Public Health. The Council has a duty to publish the report.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The publication of the Public Health Annual Report is a legal requirement, no other options have been considered.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The global COVID-19 pandemic has created unprecedented challenges and new experiences for everyone. However, whilst the pandemic has affected us all, the burden has not been shared equally. The long-standing problems associated with health inequality have endured; vividly exposing the impact of these unacceptable differences on people and communities. The pandemic has also made these health differences worse, and the heaviest impacts have fallen on the lives of people already experiencing health, economic and social inequalities.
- 3.2 Whilst we have made great progress to support people to live healthier lives in Wirral, health inequalities are stubbornly persistent. Prior to COVID-19, Wirral already had some of the poorest health outcomes in the country, with high numbers of socially and economically vulnerable people and extensive, prevailing health inequalities. Within Wirral the difference in life expectancy between those living in the most and least deprived areas is 10.7 years for men and 11.2 years for women. The impacts on individuals, communities, services, and the economy are enormous, and the repercussions of the pandemic will aggravate these further.
- 3.3 Continuing to tackle health inequalities, and reduce its impact on our community, will be a key task long into the future and one which will benefit every resident. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can change. Issues such as poverty, unemployment, poor housing, and unhealthy environments are major contributors to this health gap. The pandemic has shown us what we can achieve when we all work together and the speed at which we can make change happen.
- 3.4 The report identifies five key recommendations which intend to direct the action we need to take together to improve health for everyone in our borough and support the delivery of the Wirral Plan. The recommendations are as follows:

- Prioritise economic regeneration and a strong local economy
- Safeguard a healthy standard of living for all
- Increase support for children, young people, and families
- Strengthen action to address differences in health outcomes and prevention
- Residents and partners continue to work together

3.5 A detailed, technical supplementary briefing has been developed and is appended to the Annual Report. This provides information that is summarised within the main report.

#### **4.0 FINANCIAL IMPLICATIONS**

4.1 There are no financial implications arising directly from this report. However, in order to implement the recommendations resources will be required.

#### **5.0 LEGAL IMPLICATIONS**

5.1 The Public Health Annual Report is a statutory duty on Directors of Public Health. There are no specific legal implications arising from this report.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 This report has been financed from within existing resource and the main inputs have been staff time of officers in Public Health.

#### **7.0 RELEVANT RISKS**

7.1 The impacts of the pandemic on the health and wellbeing of the local population are still emerging and therefore not fully understood. The recommendations presented therefore take account of some of this uncertainty. Ongoing surveillance, intelligence and insight will be required to ensure partners are responding to the needs of the local population.

7.2 Wirral partners remain in both emergency and recovery response therefore resources are pressured, and services stretched. The recommendations are however intended to support and inform the local system to plan for the future and enable the borough to recover effectively for everyone.

#### **8.0 ENGAGEMENT/CONSULTATION**

8.1 The Health and Wellbeing Board was consulted on the emerging recommendations of this year's Public Health Annual Report in July 2021 and the September meeting of the Board endorsed the final recommendations. Internal and external stakeholders have been integral to the development of the PHAR and insight generated throughout the pandemic from local people has been used to inform the report.

8.2 The Public Health Annual Report is intended to emphasise the collective contribution, and responsibility for health and wellbeing. The PHAR therefore has an important and continuing role to play as a spur to action in the wider system and as part of our ongoing public communications and engagement strategy.

8.3 The finalised PHAR will be shared at various Council and partner committees. It will also be disseminated electronically to community stakeholders and published on the Council and Wirral Intelligence Service websites.

## **9.0 EQUALITY IMPLICATIONS**

9.1 An Equality Impact Assessment has been undertaken and is located: - [Equality Impact Assessments | www.wirral.gov.uk](#)

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of carbon dioxide.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 The Public Health Annual Report describes the symbiotic relationship between the economy and health. The Community Wealth Building Strategy therefore makes an important contribution to improving the economic, social and health outcomes of the borough and reducing disparities in health. The recommendations included within the Public Health Annual Report will also contribute to the aspirations outlined in the Community Wealth Building Strategy.

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## **APPENDICES**

APPENDIX 1: Public Health Annual Report 2020/2021:

APPENDIX 2: Public Health Annual Report 2020/2021 Technical Briefing

## **BACKGROUND PAPERS**

Wirral Intelligence Service (2021) Health Inequalities  
<https://www.wirralintelligenceservice.org/jsna/health-inequalities/>

Health Equity in England: The Marmot Review 10 Years On (2020)  
<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Build Back Fairer: The COVID-19 Marmot Review (2020)

<https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

HM Government (2021) Build Back Better: our plan for growth

<https://www.gov.uk/government/publications/build-back-better-our-plan-for-growth>

Public Health England (2020) COVID-19: review of disparities in risks and outcomes

<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

## SUBJECT HISTORY

<b>Council Meeting</b>	<b>Date</b>
Tourism Communities Culture and Leisure	17 November 2021
Environment Climate Emergency and Transport	15 November 2021
Adult Social Care and Public Health	13 October 2021
Health and Wellbeing Board	29 <sup>th</sup> September 2021
Health and Wellbeing Board	20 <sup>th</sup> July 2021
Adult Care and Health Overview and Scrutiny Committee	19 <sup>th</sup> November 2019
Health and Wellbeing Board	13 <sup>th</sup> November 2019
Council	14 <sup>th</sup> October 2019
Cabinet	30 <sup>th</sup> September 2019
Health and Wellbeing Board	18 <sup>th</sup> July 2018
Cabinet	16 <sup>th</sup> July 2018

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# Embracing optimism Living with COVID-19

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**Annual Report of the Director of Public Health for Wirral**  
2020-2021



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# Foreword

This is my first Public Health Annual Report since all our lives have been changed by the COVID-19 pandemic. The impact has been devastating but our community has been extraordinary.

**In January 2020 Wirral became one of the first places in the world responding to COVID-19 when we hosted British residents from Wuhan. Since then, we have all worked hard together to Keep Wirral Well.**

I have seen the commitment of people working relentlessly in the NHS and care sector, the endurance of people to stay at home doing things we have never done before, the kindness and compassion of our communities and the hard work and creativity of schools, businesses, community and voluntary sector groups and all our public sector partners to protect us.

I extend my sincere gratitude to everyone for the part they have played and my condolences to the families of those who have succumbed to the virus. Although COVID-19 has been the biggest health challenge to affect us all for generations, many of the enduring health problems we faced before the pandemic have worsened as a result. And, whilst the pandemic has touched us all some people have

felt the impact of the virus and the measures to control it worse than others.

As COVID-19 becomes something we have to live with we must remain dedicated to improving the health and wellbeing of Wirral residents. To do this we will need to build on the shared commitment and effort demonstrated by residents and partners during the pandemic. This report looks at the health of the Wirral population, how the pandemic has impacted our community's health and wellbeing and sets out the things that we all must do, addressing some of the old challenges and tackling new ones, to Keep Wirral Well.



*Julie Webster*

**Julie Webster**  
Director of Public Health



# Executive Summary

When everyone is healthy, everyone benefits. We have made great progress to support people to live healthier lives in Wirral. However, some communities continue to experience better health than others.

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**The pandemic has made these differences worse, and the heaviest impacts have fallen on the lives of people already experiencing health, economic and social inequalities.**

These differences are the most significant health challenge in Wirral. They impact on the quality of people's lives; the way residents use services and how individuals and the economy prosper.

Differences in health occur because of the social, economic, and environmental conditions in which people live. Protective factors include having good quality employment, a safe and warm home, and the best start in life. Urgent action to tackle

longstanding health inequalities in Wirral is now required. The pandemic has however shown us what we can achieve when we all work together and the speed at which we can make change happen.

Crucially we are presented with the opportunity to reduce the gap in health between our communities and the rest of England or face the possibility that failure to act together and at pace increases poor health in Wirral. Tackling health inequalities is good for everyone and is everyone's business. This is a once in a generation opportunity to do things differently.



We all want Wirral to be a place where every community is healthy and doing well and this report sets out the following five recommendations to achieve this.

1

Prioritise economic regeneration and a strong local economy

2

Safeguard a healthy standard of living for all

3

Increase support for children, young people and families

4

Strengthen action to address differences in health outcomes and prevention

5

Residents and partners continue to work together

# Introduction

COVID-19 has created unprecedented challenges and new experiences for everyone. However, whilst the pandemic has affected us all, the burden has not been shared equally.

**High levels of deprivation, driven in part by major and longstanding challenges with local economies and employment, are important reasons for poor health outcomes.**

COVID-19, has had its greatest effects on those with chronic health conditions and has reinforced variations in health. It is important we do not lose sight of these enduring health challenges as we continue to respond to the pandemic which is still evolving.

Whilst we have made great progress to support people to live healthier lives in Wirral, health inequalities are stubbornly persistent. For many years some Wirral residents have had some of the poorest health outcomes in the country. Within the borough we see differences in life expectancy of 10.7 years for men and 11.2 years for women. Action to tackle health inequalities and reduce its impact on our community, will be a key task long

into the future and one which will benefit every resident. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can improve. Issues such as poverty, unemployment, poor housing, and unhealthy environments are major contributors to this health gap. The pandemic has shown us what we can achieve when we all work together and how quickly we can make change happen.

This report looks at health inequalities in Wirral, the initial impact of COVID-19 locally and what we need to do collectively to improve health for everyone in our borough.



Health inequalities are ultimately about differences in the status of people's health. They occur due to factors often outside of people's direct control and as a result people can experience systematic, unfair, and avoidable differences in their health, the care they receive and the opportunities they have to lead healthy lives. Everyone is affected by health inequalities at some point in life, however, there are some individuals and communities who are impacted more so than others by these differences including but are not limited to:

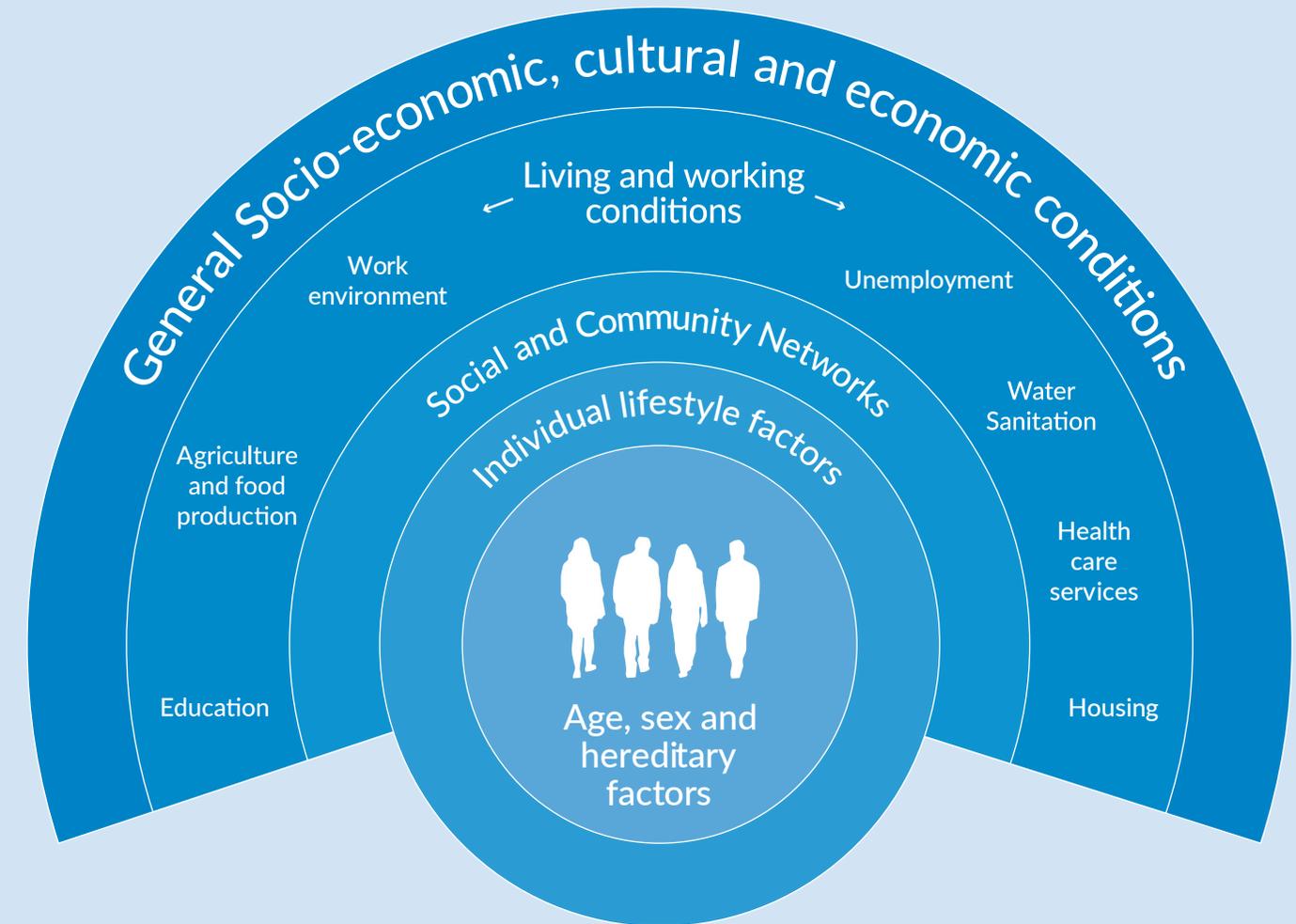
- Those who are more financially disadvantaged
- Gender (depending on the issue)
- Ethnic communities
- Sexual orientation and identity (including transgender, non-binary, and intersex people)
- Older people
- Those with disabilities (including invisible and learning disabilities)

Ultimately however everyone is impacted by health inequalities and when everyone is healthier, everyone benefits.

Research has shown that health inequalities occur because of the different conditions into which we are born, grow, live, work and age. Our health and wellbeing is influenced by not only genetics and behaviours, but importantly, the wider determinants of health such as housing, employment, and the environment.

In fact, the wider determinants have a greater influence on health than health care, behaviours, or genetics. This diagram shows how these factors interact and can often be experienced together. Particular groups can be affected across a number of factors, and these can be mutually reinforcing.

The Dahlgren and Whitehead Health Determinants Model (1991)



# From Wuhan to Wirral

The World Health Organisation was informed of an outbreak of an unknown disease in Wuhan City, Hubei Province of China on 31st December 2019 which was later identified as COVID-19 on 7th January 2020.

**In the earliest phase of the pandemic Wirral successfully hosted groups of British nationals from Wuhan to quarantine for 14 days at Arrowe Park Hospital.**

This response demonstrated the agility of Wirral Partners to respond to a quickly emerging situation and provided learning which supported our response in subsequent months. The first case of COVID-19 in Wirral was detected on 6th March 2020, with the first recorded COVID-19 death on 20th March 2020.

During this time pressure also started to increase on the North West Ambulance Service as did calls to 111 reflecting growing community

transmission. As COVID-19 cases began to spread across the globe, it became clear that significant action was required to manage the virus. On 23rd March, following a further rise in cases, the UK Government announced the first national lockdown which ended in July.

The second national lockdown took place between 5th November and 2nd December 2020, following a period of regional, tiered restrictions in September across the Liverpool City Region. The third national lockdown started on 4th January 2021; ongoing easing of restrictions commenced in March 2021, Step 4 of the national roadmap was introduced on the 19th July 2021.

## First UK Response

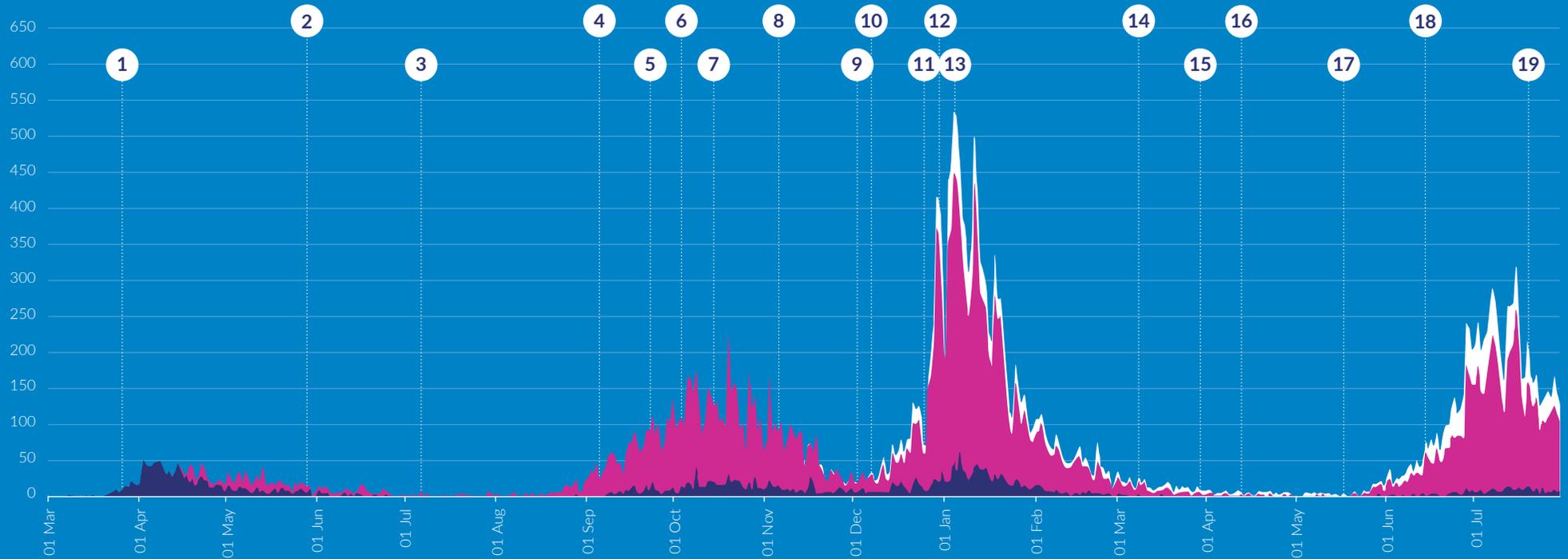
Wirral led the first national response to the pandemic, successfully hosting repatriated UK nationals from Wuhan in January 2020. This required rapid, local collaboration to ensure a safe and effective response at a time when the UK had not been managing COVID-19 as an emergency.

The guests were monitored and supported around the clock for 14 days. This involved the speedy development and implementation of new procedures and systems as well as a humanitarian response to support them, their families and friends. Ensuring that local residents felt safe and protected was a further part of our approach.

Being the flagship UK responder prepared Wirral for what followed; providing important lessons about working with the NHS and creating dedicated teams across the Council to deal with, and quickly adapt to, different ways of working. As a result, Wirral has been tackling COVID-19 longer than any other local authority in the country.

In September 2020 the Local Government Association (LGA) reviewed the work of Wirral's response to the pandemic and concluded that it had been 'incredible' - highlighting key themes such as the importance of effective communication, pace of response to an ever-evolving crisis, the value of partnership working and the need to be proactive and forward thinking in terms of delivering services digitally.

Number of COVID-19 positive cases in Wirral and local, national and international response.



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- 1 Lockdown measures imposed
- 2 'Conditional' reopening
- 3 Wider reopening
- 4 Schools reopened (1)
- 5 Local restrictions (first stage)
- 6 Local restrictions (second stage)
- 7 Tier 3 restrictions imposed

- 8 Lockdown measures imposed (2)
- 9 Tier 2 restrictions imposed
- 10 Asymptomatic Testing Launched (Wirral)
- 11 Lockdown measures relaxed (Xmas)
- 12 Tier 3 restrictions imposed
- 13 National lockdown (3)
- 14 Roadmap 1a (inc schools reopening)

- 15 Roadmap 1b
- 16 Roadmap 2
- 17 Roadmap 3
- 18 Full lockdown removal delayed to 19th July
- 19 Restrictions lifted

- Swab testing in labs and NHS hospitals for those with clinical need
- Whole population PCR testing
- Lateral Flow Testing

# Health in Wirral

The information presented in this report describes the health of Wirral residents drawn from validated data sources.

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**The impact of the COVID-19 pandemic will not currently be reflected in local indicators as it continues to emerge and will be reported upon as the data becomes available.**

Due to the volume and depth of information available a technical intelligence commentary, with source data and references, is provided as a detailed supplement to this report.

Health inequalities can be measured in many different ways. As a key measure of a population's health status, life expectancy is one of the foremost measures of health inequality. Life expectancy at birth in England has shown dramatic increases throughout the twentieth century as health and living conditions improved. However, in England prior to the pandemic, life expectancy was stalling and health inequalities widening. In 2017-19, life

expectancy at birth in Wirral was 78.5 years for males and 82.3 years for females (both increases on 2016-18) compared to 79.8 and 83.4 respectively in England. Nationally, studies have estimated that, as a result of the COVID-19 pandemic, life expectancy at birth in 2020 had fallen by 0.9 and 1.2 years for females and males respectively relative to 2019 levels in England and Wales.

Increases in life expectancy have not been uniform across all people; marked rises have occurred amongst more affluent communities, while progress has been significantly slower for people living in less affluent areas. In 2019 35% of the population of Wirral were living in deprivation, a similar proportion to previous years. The proportion of children (aged 0-15) living in income deprived families in Wirral was 22%, however in a Lower Super Output Area (LSOA) in the east of the



borough (E01007122 or Bidston St James East), 62% of children are classified as living in an income deprived family, compared to 0.0% of children in another LSOA in the west of the borough (E01007284 or Thurstaston). Differences in life expectancy between those living in the most and least deprived wards in Wirral equate to 10.7 years for men and 11.2 years for women.

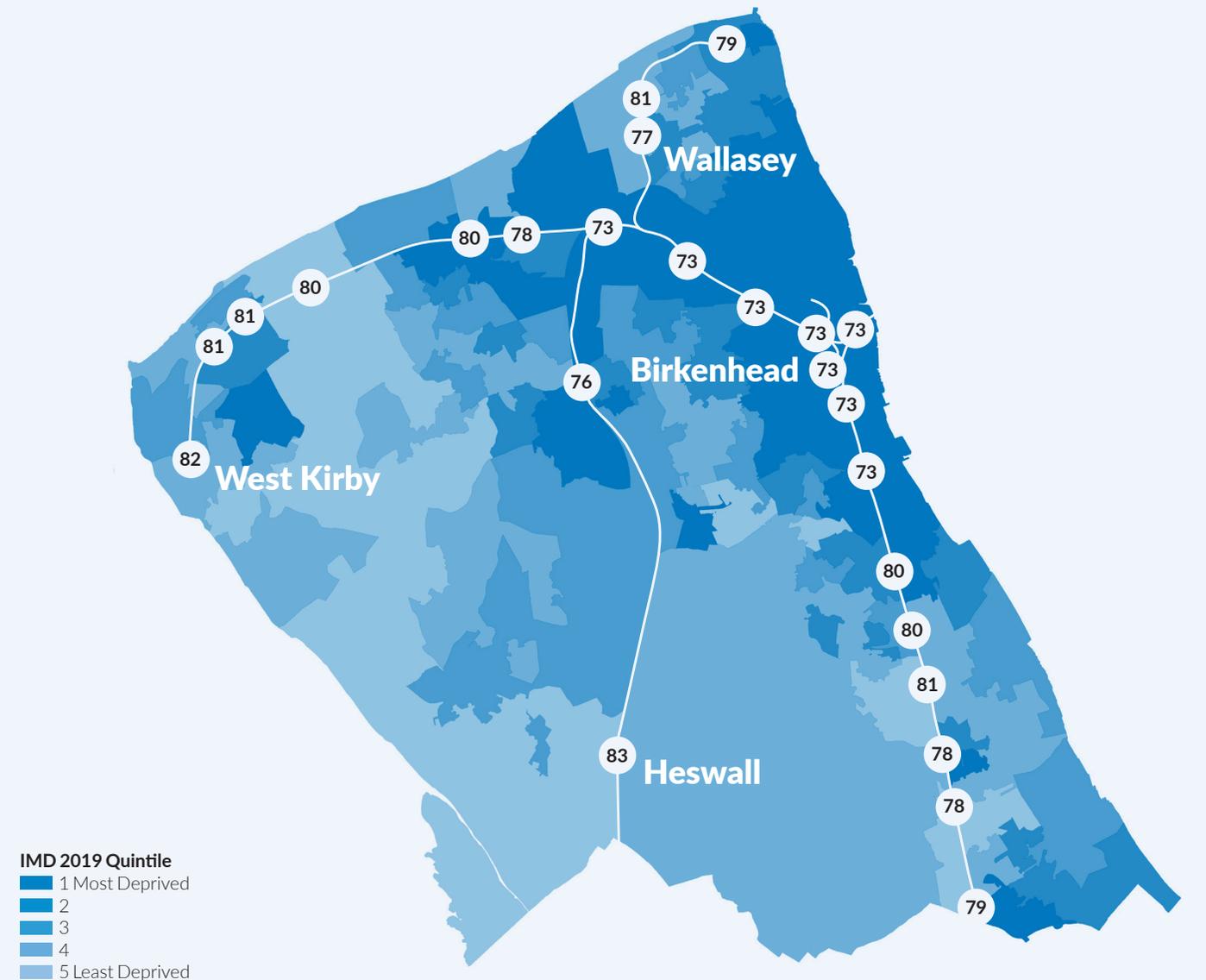
Birkenhead & Tranmere was the ward with the lowest life expectancy at birth for males (72.8), whilst Greasby, Frankby & Irby had the highest (83.5). For females, Rock Ferry had the lowest life expectancy (76.5) whilst Wallasey had the highest (87.7).

The gap between life expectancy at birth at ward level in Wirral has widened for females (from 9.8 years to 11.2 years) but shortened for males (from 11.8 years to 10.7 years) compared to the previous period of 2016-18. The gap between life expectancy at birth between males and females in Wirral has remained the same (3.8 years) when compared to 2016-18.

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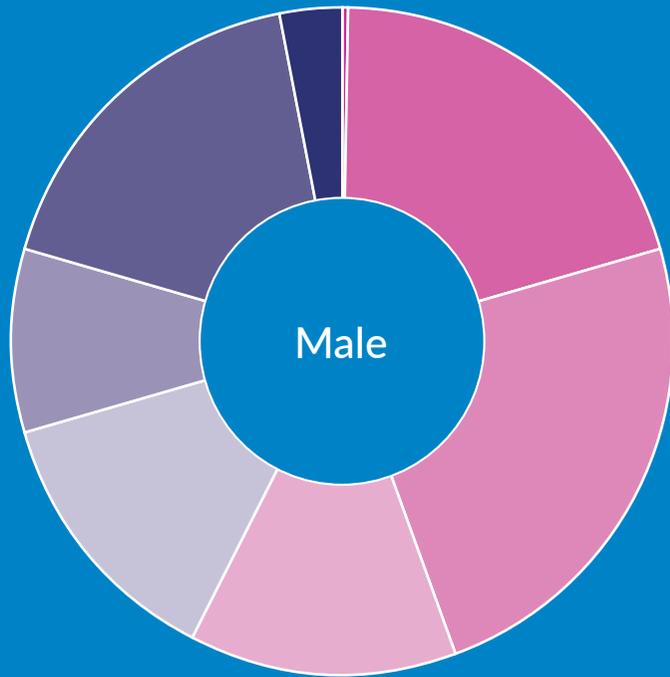


**Male Life Expectancy at Birth by Wirral Railway Station 2017-2019 (3 Years Pooled) Underlaid with IMD 2019 Deprivation Quintile**  
 Station life expectancy is based on the Wirral ward life expectancy that the station is located in.

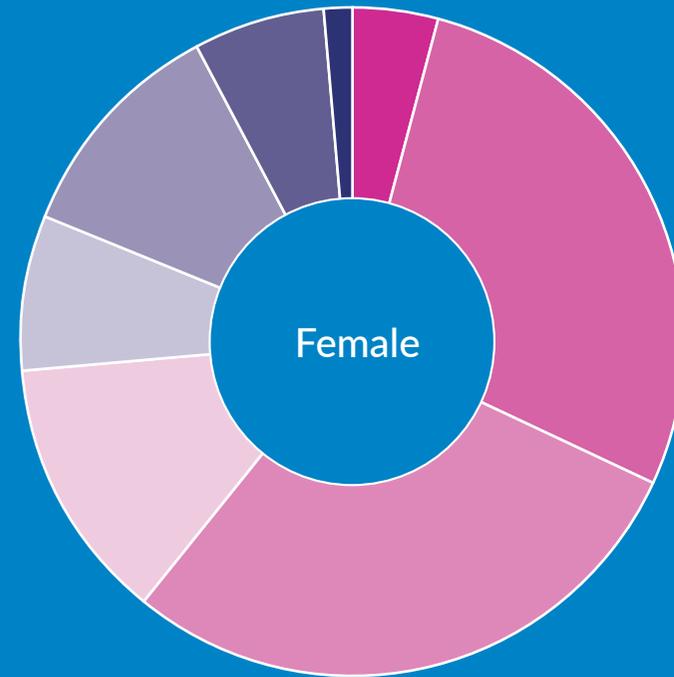




Proportional (%) breakdown of the life expectancy gap between Wirral and England, by broad cause of death (2015-17):



- Circulatory: 0.2%
- Cancer: 20.2%
- Respiratory: 23.8%
- Digestive: 13.2%
- External causes: 12.9%
- Mental and behavioural: 9.1%
- Other: 17.4%
- Deaths under 28 days: 3.2%



- Circulatory: 4%
- Cancer: 27.9%
- Respiratory: 28.8%
- Digestive: 12.7%
- External causes: 7.7%
- Mental and behavioural: 11%
- Other: 6.3%
- Deaths under 28 days: 1.6%

Source: Segment Tool, Public Health England, 2019

# The causes of health inequalities in Wirral

As this report describes, there are many reasons why people do not have the same experience of health as others. The places we live and work, the people we know and how we live all affect our health and wellbeing.

Most experts agree that these 'broader determinants of health' are more important than health care in ensuring a healthy population. The diagram on this page shows how some of these factors affect the health of Wirral residents throughout life.

Whilst this shows measures in which we are doing better than England it also highlights important areas for improvement including giving children the best start in life, the availability of money and resources and living and keeping well.

Wirral life course statistics 2021 - A comparison to England



## The conditions in which we live and work

### Good work

Being in good employment protects health, while unemployment, particularly long-term, contributes significantly to poor health.

Good employment opportunities are therefore a fundamental part of our collective effort to improve health outcomes. As well as being vital to individual health, an economically active population also enables more economically prosperous communities that are sustainable for the future. Unemployment and health related worklessness have presented longstanding challenges within the borough.

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In response, Wirral has sought to address health related worklessness and has reduced it at a rate that double the national average. However high levels remain that exceed regional and national averages.



# 10,490

Estimated children affected by poverty, in the borough...

At the beginning of the pandemic in March 2020, 20.6% of the working age population were unemployed (39,700 people), the same proportion as in England overall. By December 2020, this figure had increased to 26.1% (over 50,000 people) but in England overall, this figure had decreased to 20.5%. Rates of unemployment also vary significantly within Wirral reflecting patterns of deprivation. Sarah's story illustrates the complexity and impact of health and employment.

Evidence shows that good quality work is beneficial to an individual's health and wellbeing.

### Money and Resources

Economic hardship is strongly associated with poor health. Preliminary data estimates that Wirral currently has 17.4% of children living in 'relative low-income' (child poverty). This rate is slightly up from 17.2% in 2019 and equates to an estimated 10,490 children affected by poverty in the borough. This overall figure masks huge differences across wards, with just four wards (Seacombe, Birkenhead & Tranmere, Bidston & St. James, Rock Ferry) accounting for 41% of the total number of children living in low income families across the borough.

### Our surroundings

The environment in which we live has a major impact on our health. In 2019 35% of the population of Wirral were living in deprivation. Deprivation is measured in deciles that are based on the Index of Multiple Deprivation 2019 which is the official measure of relative deprivation.

## Sarah's Story



Sarah had previously worked as a theatre nurse in hospitals around England. She had to leave work due to stress and anxiety. Sarah disclosed that during the following months her mental health and wellbeing deteriorated significantly.

Sarah applied for Universal Credit. During the six weeks before she received her first universal credit payment, Sarah started drinking, became socially isolated and built up rent arrears. She is currently paying back payments on her rent, leading her to require the use of the Foodbank on several occasions and social supermarkets.

During her first meeting with the Connect Us team, a local service that encourages independence and provides support, Sarah became upset and angry at the situation; she started to shout and then broke down saying she "never used to be like this". She told us that she has lost motivation in life and no longer looks after her personal care as she used to.

Sarah does not have a smart phone or access to the internet meaning she is unable to access her journal to keep in touch with her Job Coach. This is aggravating her anxiety about the situation which leads her to drink more. The stress of this has caused her to consider suicide. Sarah is working with the Connect Us team to enable her to get where she wants to be.

This map illustrates areas of deprivation in Wirral as defined by the Index of Multiple Deprivation.

Whilst all Wirral residents have good access to green and blue spaces, variation in usage is prevalent.

Air pollutants (specifically NO2 and PM2.5) have a negative impact on health and are consequently monitored across Wirral. Deaths attributable to particulate air pollution in Wirral (3.9%) is estimated to be lower than both the North West (4.1%) and England (5.1%).

Wirral residents consider low levels of crime and anti-social behaviour to be the most important aspect of a good neighbourhood. Wirral's crime rate is the lowest in Merseyside. However, levels, and types of crime vary across Wirral. Birkenhead and Wallasey have higher rates of anti-social behaviour and crime (per 1,000 population). By contrast neighbourhoods in West Wirral and South Wirral, have some of the lowest anti-social behaviour and crime (per 1,000 population) in England.

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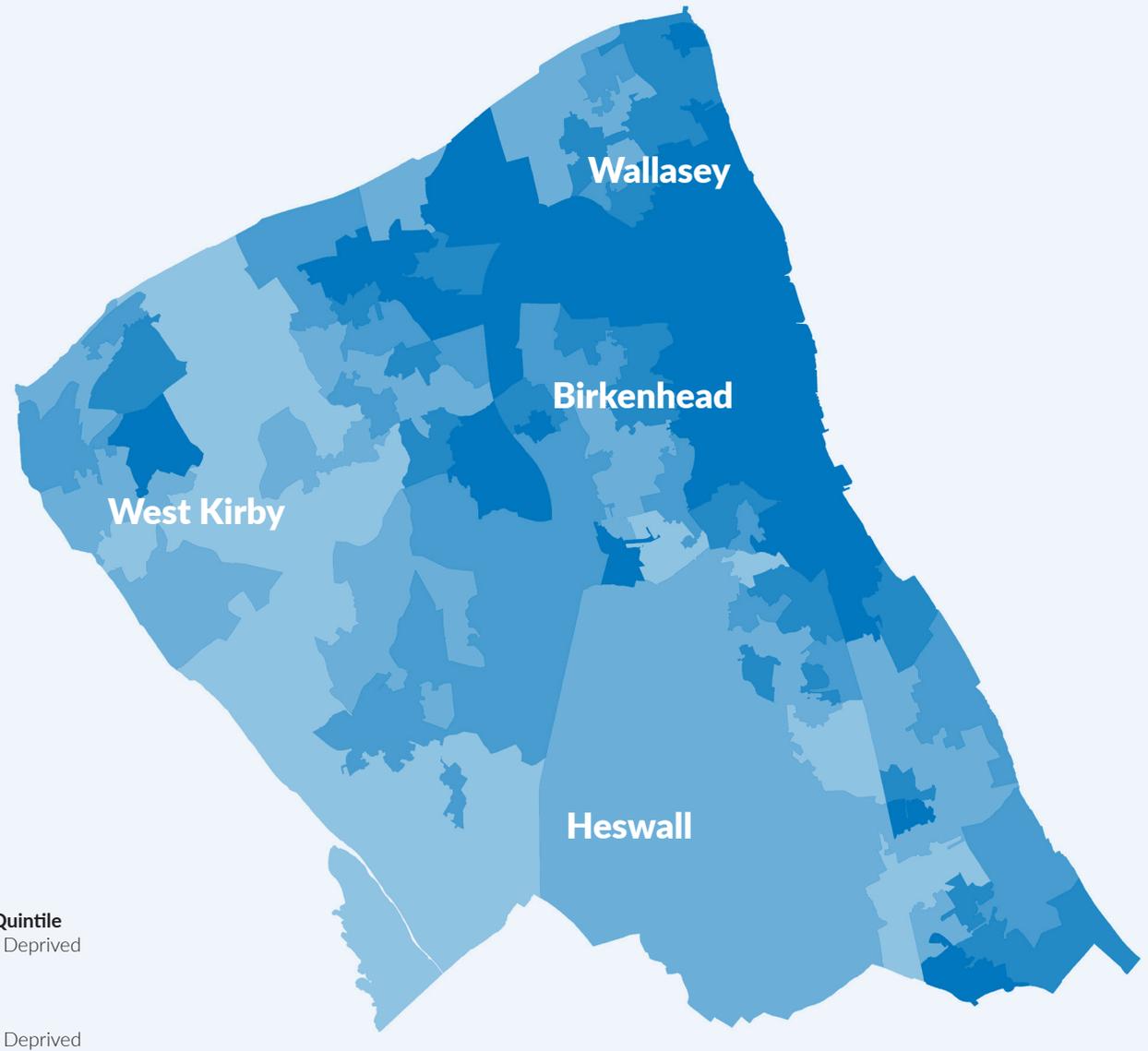
Higher crime and anti-social behaviour in north and east Wirral ...

Lower crime and anti-social behaviour in west and south Wirral



### Levels of Deprivation within Wirral

Poorer health outcomes mirror this pattern.



## Health and Housing

Where we live, the conditions we live in and whether we can afford to appropriately heat our home all impact on our health and wellbeing. House prices are lower in Wirral than average, reflecting a lower cost of living. Privately renting a home is the only housing option available to some people and in some areas, properties in the private rented sector are more likely (than both privately owned and socially owned housing) to suffer from poor conditions and inadequate management.

In order to ensure the safety and wellbeing of residents, councils have the duty to ensure that remedial action is taken on private properties where there are serious hazards that affect the health, safety and wellbeing of the occupiers. There were a total of 774 interventions in the two years of 2017 and 2018, 1 in 5 of these were concentrated in just two Wirral wards – Birkenhead & Tranmere and Seacombe.

# 55.6%

of households in Birkenhead and Tranmere had no access to a vehicle according to the 2011 census



Poor conditions can worsen the physical and mental ill health of those who live there. Damp and cold can make respiratory conditions worse and living in disrepair can be extremely stressful.

## Education and Skills

Increased levels of educational attainment are strongly and significantly related to improved health outcomes. Wirral has relatively high skill levels, when compared to the other benchmark areas, with 39% of the working age having Level 3 or 4 qualifications.

Rates of unemployment also vary significantly reflecting patterns of deprivation.

Wirral also has a significantly low proportion of its population with No Qualification (around 23%) or Level 1 qualifications, which is below the regional average but slightly above the England and Wales average of 22%. Wirral also has a relatively low rate of young people Not in Employment, Education or Training (NEET). In Wirral 63% of working-age residents do not hold a degree level qualification (over 120,000 people), which is higher than the national average.

## Transport

Access to a car means someone can be more socially mobile as well as access services more easily. According to the 2011 Census, 28% of Wirral households had no access to a vehicle; this differed from 55.6% of households in Birkenhead & Tranmere to 10% of households in Heswall. This has implications for the ability to get to work, connect with others and receive healthcare.

## Sandra's Story



Sandra was first referred to Connect Us with issues relating to food/fuel poverty and benefit delays. Priority referrals were made to the Foodbank and debt welfare team.

Through discussions with her connector Sandra disclosed that she had a 2 year old living at home with her, one child placed in foster care and adult children living independently. Sandra also shared that she has PTSD and had been in a domestic abuse situation for 20 years that ended 3 years ago. Sandra shared a variety of highly sensitive and complex family issues that had left her struggling to cope.

Sandra was supported to liaise with the child's social worker and put an agreed plan together. She was also referred to the Household Into Work team to support her adult children and, with encouragement, attended her local community centre where, after building relationships, she started to volunteer. Sandra also attended a variety of courses through the links made in community settings including paediatric first aid, introduction to volunteering, food hygiene and resilient parenting. Sandra is no longer volunteering at the centre but continues to access support through the service to maintain her health and wellbeing.

**39%**

of working age people have **Level 3 or 4** qualifications

**10<sup>K</sup>**

children in Wirral are estimated to be affected by poverty



**60.9**

healthy life expectancy in **Wirral for men** compared to 63.2 years for men in England

**35%**

of the population live in deprivation

**1<sup>IN</sup> 3**

residents recorded as having depression in areas of higher deprivation

## Our social and community networks

Community life, social connections and having a voice in local decisions are all factors that can help buffer against disease and influence our behaviour. Our social environment impacts on our health and wellbeing as much as our physical environment.

There are estimated to be more than 4,000 local community, voluntary and faith sector organisations in Wirral providing a range of activities and services for local people. The 'Community Needs Index' measures multiple types of social connectivity. A higher score indicates that an area has higher levels of community need. The overall score for Wirral in 2019 indicated a higher level of need compared to England (68 in England, compared to 96 in Wirral), but also that there were significant differences within Wirral; for example, scoring by ward varied from 122 in Bidston & St. James to 41 in Clatterbridge.

Connecting with friends, family and our community is not however limited to physical spaces. The Internet and digital spaces are also ways for people to remain connected and can be sources of emotional support to help with maintaining good levels of wellbeing. However, they may not be accessible for everyone if they cannot afford devices to use or the monthly bill to maintain them or lack the skills to use the internet to connect with others. Reflecting patterns of deprivation, access to digital services varies across Wirral. Whilst computer usage in Wirral libraries is 12 times higher in areas of deprivation; eBook and loans are higher in more affluent areas.

## Access to health and care services

The location of our homes can impact on how easy it is for us to access health care services and subsequently our health. These services include GP surgeries, hospitals, pharmacies and dentists. In Wirral, accessibility is limited both in some areas of deprivation (Bidston, Beechwood, parts of Seacombe, Poulton and Moreton for example), but also in some affluent areas (such as Caldby, Spital, Dibbinsdale, Irby and Thornton Hough).

**4,000**

local community, voluntary and faith sector organisations in Wirral providing a range of activities and services for local people



## How we live our lives

In Wirral there are more children and adults who are overweight or obese than in England with admissions for drug-related, mental and/or behavioural disorders more than double the national rate. Deprivation is strongly associated with increasing prevalence.

The proportion of adults classified as either overweight or obese varies from 66.6% of adults in the least affluent parts of Wirral compared to 58.8% of adults in the most affluent.

Harmful alcohol consumption patterns match deprivation across the borough. The most deprived wards in Wirral had the highest rate of mortality that was specifically caused by alcohol; Birkenhead & Tranmere had a rate of 36.7 alcohol related deaths per 100,000 people, compared to Pensby & Thingwall ward where the rate was 1.9 alcohol related deaths per 100,000 people.

Whilst Wirral's smoking prevalence (10.7%) is lower than national comparisons, this varies significantly between communities. These differences are also evident during pregnancy with smoking in pregnancy, and at delivery, higher in less affluent communities and breastfeeding is lower.

Harmful alcohol consumption patterns match deprivation across the borough.



# Inequalities and COVID-19

The impact of COVID-19 on the health of our population has been significant, not only for those who have sadly died from the virus but also the impact of national lockdowns on residents' mental and physical wellbeing.

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**To date (up to 11/9/2021) 38,861 residents have contracted the virus, 2,519 have been hospitalised as a result and sadly 1,002 local people have died.**

In August 2020, Public Health England published a report on the impact of COVID-19 – Disparities in the risks and outcomes of COVID-19. They reported that people living in deprived areas had higher death rates from COVID-19 than those living in less deprived areas. A report for Wirral exploring the themes identified in the Public Health England report highlighted the following similar findings:

- Age: COVID-19 deaths were strongly associated with age in Wirral (and nationally).
- Sex: Men were at higher risk of dying from COVID-19 in Wirral (and nationally).
- Deprivation: both positive cases and death rates from COVID-19 were highest in the most deprived areas of Wirral (once Care Home deaths were excluded).
- Ethnicity: the considerable number of deaths where ethnicity was unrecorded in Wirral, combined with the (relative to England) low BAME population, mean the impact of ethnicity is unclear locally.



## National disparities in the risk and outcomes of COVID-19



### Age

COVID-19 diagnosis rates **increased with age** for both males and females



### Sex

Working age males diagnosed with COVID-19 **were twice as likely to die** as females



### Ethnicity

Deaths from COVID-19 were highest among people of **Black and Asian ethnic groups**



### Deprivation

Mortality from COVID-19 in the most deprived areas **more than double** the least deprived area



### Occupation

A significantly higher rate of death from COVID-19 for those working in lower skilled jobs



### Co-morbidity

Morbidity increased for those people with existing diseases or for those who are obese

- Occupation: most deaths in Wirral occurred in the retired population, but among those of working age, the largest proportion of deaths from COVID-19 locally were in those working in Health and Social Work, Construction and the Motor Trade, Wholesale and Retail sectors.
- Co-morbidities: the majority of people who died from COVID-19 in Wirral had at least 1 pre-existing condition (or co-morbidity), the average number was 3.

## Living through the pandemic

Living through a global pandemic has had a huge impact on the health and wellbeing of all our residents. However, it is not only the virus itself that has affected our communities differently, the impact of the measures to contain COVID-19 has also varied. Measures designed to control the spread of infection, such as lockdown and social distancing, have had their own effects on health and wellbeing through isolation and loneliness, job losses, financial difficulties, school closures, and reduced access to services.

The emerging data and evidence suggest that there are a number of health indicators that have worsened in Wirral as a result of the pandemic, which were in some cases already worse than England.

Lockdown and social distancing, have had their own effects on health and wellbeing.

The information below sets out some of the early and emerging impacts of COVID-19. This is based on research nationally and regionally exploring the impact of the pandemic on health and wellbeing. As validated intelligence systems often have substantial time lag this information has been locally collated. It will need to be regularly reviewed, updated, and validated to better understand the wider impact of the pandemic in order to deliver strategies, services and programmes relevant to Wirral residents.

**38,861**

residents have contracted the virus up to 11/09/2021, and sadly...

**1,002**

local people have died



# The conditions in which we live and work

## Money and Resources

Since the start of the COVID-19 pandemic Wirral has recorded a 65% increase in Universal Credit claimants. Young workers and low earners have been impacted the most and household incomes have fallen particularly among lowest earners. Prior to the pandemic, Wirral had made significant progress closing many of the gaps with national averages. However, the pandemic exposed other areas of concern, and highlighted new challenges including:

- An unprecedented fall in employment, including self-employment
- Increased health-related inactivity, including mental health
- A need for re-skilling in the post-pandemic world

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# 20,000

emergency food hampers distributed in Wirral during lockdown following an emergency response to food and welfare support



- The challenges with high levels of precarious work and zero-hour contracts
- The impact on young people of disrupted education

The pandemic brought an unprecedented demand for emergency food and welfare support. The number of adults who are food insecure is estimated to have quadrupled. Foodbanks have experienced a rapid increase in demand but alongside this have seen reduced volunteer numbers.

A new, co-ordinated emergency response to food and welfare support in Wirral was implemented within a week at the start of the pandemic which distributed more than 20,000 emergency food hampers during lockdown. The Council also issued more than 8,000 emergency and crisis financial awards with food, utilities, white goods, essential furniture, and other items throughout the pandemic.

Children eligible for free school meals increased from 10,848 (Jan 2020) to 12,652 (Jan 2021). Data provided by Wirral Met College has also shown that 317 of their 835 students who were supported with meals during the lockdown period, would not previously have met the Free School Meal (FSM) criteria and had been identified through enhanced college support.

Fuel debt has been of increasing concern to agencies across the borough and through COVID-19 funding from the Department for Work & Pensions, the Council, working with Citizens Advice Wirral and Energy Projects Plus, has been able to significantly reduce or clear more than a total of £150,000 of utility debt from vulnerable households. This has improved many individuals' physical and mental health, breaking the cycle of



debt, and enabling access to better energy tariffs, in turn giving access to heating that either had to be severely rationed or not turned on at all even in the coldest of weather.

Citizen Advice nationally report at present ½ million private tenants in the UK are behind on their rent. The average tenant owes more than £700 in arrears and 1 in 4 private tenants have been threatened with eviction or cancellation of contract by their landlord. Easing of evictions has been very supportive during the pandemic however with the policy due to change nationally and evictions beginning to re-commence many underlying debt issues have not been addressed.

It should be recognised that the overall estimate of families struggling financially is likely to be a significant underestimation, as there will be families yet unknown that have been impacted for the first time during the pandemic. The impact of the financial burden on families will be seen for years to come.

### Living conditions

People have spent far more time at home during lockdown which may play a role in exacerbating poor health and wellbeing impacts arising from poor quality or inadequate housing.

Approximately 400 proactive housing standard inspections have had to be restricted in line with Government guidance on a risk based assessment, with priority for inspections given to high risk cases. There has also been a significant increase for homelessness and rehousing services generally that has occurred during the pandemic, directly arising from the Government's Everyone In campaign but also from people spending more time at home.

Since 1st April 2020, 4,707 new applications have been received and there is likely to be an increased demand for housing options advice due to the courts reopening and the use of Section 21 – no fault eviction notices that the Council is aware have or are being issued. As a result of the pandemic, there has also been an increase in people working, accessing services and socialising from home.

These practices are likely to continue to some degree in the short term at least. However, a large number of people in communities have found themselves digitally excluded due to the pandemic with low income households having no or limited access to the internet or hardware devices or lack of skills to be able to access the internet.

This was further compounded for many where English was not their first language, or they had learning difficulties, mental health problems, were deaf, blind or had other cognitive impairments. It is likely also that older residents will find it the most difficult to adapt to the increasing use of digital and



online technology, as firms and service providers may permanently adopt some of the new practices they have employed during the lockdown.

During the pandemic recognising the limitations of having a digital offer available, the Connect Us service delivered over 30,000 leaflets to residents across the borough reinforcing key prevention messages but also offering their service as a way of supporting residents. During the pandemic they have completed more than 13,000 wellbeing calls to individuals as well as completing other tasks such as supporting with prescription pick-ups, carrying out shopping for people and walking dogs.

### Education and Skills

There is emerging evidence to suggest that children and young people may be hit hardest by the COVID-19 control measures which risks exacerbating existing inequalities in educational attainment. On average, pupils in Wirral leave primary education with significantly lower attainment than pupils in England. By contrast

pupils in Wirral have a relatively high level of attainment upon leaving secondary school compared to the national average. However, it remains the case that many pupils in secondary education will be negatively affected by the closure of schools during the lockdown.

National estimates suggest that during the first lockdown, the disadvantage gap amongst 7 year olds increased by 40%. Poorer 7 year olds are now estimated to be seven months behind their more affluent peers. Furthermore, pupils in Wirral are more likely to leave secondary education with lower attainment than disadvantaged pupils in England.

In line with the national trend, there has been a significant increase locally in the number of electively home-educated children (EHE). For primary school age children for example, the figure of EHE has risen from 38 prior to the pandemic, to 65 following full school re-opening. Whilst many parental decisions to withdraw their children from school have been driven by COVID-related anxiety, there are also some additions to EHE where parents found home-learning over lockdown to be a positive experience which they wanted to continue.

For children attending Early Years settings, there was evidence of increased need across the 14 months of the pandemic period (most noticeably half-way through). There was a 52% increase (from 192 to 291) in referrals to the Early Years Special Educational Needs and Disability (SEND) Officer during the period of the 1st of September 2019 to the 31st August 2020, compared to the previous year.

This upwards trend in need has continued into 2021, with 299 new referrals from 1st September 2020 up to 24th May 2021. By far the most

## Jane's Story



**Jane was referred to Citizens Advice Wirral after being discharged from hospital, where she had been very unwell with Coronavirus.**

Despite her having recovered from the virus, she remained very poorly. As a result, she was unable to work and received Statutory Sick Pay only.

She was worried about her ability to pay for food and fuel, along with looking after herself as she lived alone and was still very weak. The Citizens Advice adviser helped support Jane with a claim for Universal Credit, and liaised weekly with the Emergency Food Hub to arrange regular food parcels to be delivered, along with vouchers for fuel.

The service has also helped Jane with an application for help with her personal care, and appointed a Social Prescriber who checked in weekly on her wellbeing. Jane continued to receive food and fuel support, which is helping her recovery.

She has also been assessed as entitled to a care package that includes two home visits per day, that ensures she is receiving all the personal care that she requires. As she has continued to suffer with ongoing poor health, Citizens Advice Wirral has also assisted her with an application for the benefit Personal Independence Payment and she is awaiting the outcome.

13,000

wellbeing calls completed by Connect Us during the pandemic as well as completing other supportive tasks



**65%**

increase in  
**Universal Credit  
claimants**

**8K**

emergency and crisis  
**financial awards  
issued by the Council**



**13K**

wellbeing calls made to  
individuals as well as many  
other supportive tasks

**5%**

of 16-17 year olds  
in the district  
are NEET

**52%**

increase in referrals  
to the Early Years  
SEND Officer

common reason for referral is for support with 'Communication and Language'. Lack of access to physical one-to-one support during this time is likely to have resulted in delays to many children reaching key developmental milestones. The number of permanent closures (primarily due to financial instability) amongst local Early Years settings during the pandemic period rose by 52%, despite national/local packages of support.

Those with no, or not many, qualifications will be most vulnerable to increases in unemployment and will be least able to take advantage of new opportunities when the economy starts to recover. Short-term job risk is highly correlated with level of education.

Wirral has a high level of skilled residents however there are still large numbers without any formal qualifications. Wirral has a relatively low rate of young people Not in Employment, Education or Training (NEET); and the temporary closure of schools, colleges and training facilities during the pandemic will likely increase the number of young people who are classed as NEET. Around 5% of 16-17 year olds in the district are NEET, compared to 5.5% of 16-17 year olds in England overall.

Enrolments in apprenticeships within Wirral have been falling in recent years and has been exacerbated by the pandemic restrictions in 2020/21 with lockdown leading to a further drop in vocational training participation. Younger apprentices seem to be particularly badly affected, with surveys of providers in the Liverpool City Region suggesting that around 40% of apprentices aged 16-18 had been placed on furlough in May 2020. The longer-term effects of this are yet to be realised.

**Transport**

The impact on transport has been mixed. Falls in road journeys during the early period of lockdown have generally been short-lived. A positive impact has been seen with more people cycling, but it is unclear whether the changes to cycling infrastructure will have a lasting impact.

In line with national trends, road traffic levels fell very markedly during the first period of lockdown in spring 2020 and fell as low as 20% of pre-COVID-19 levels in April 2020. Public transport usage fell markedly as a result of the stay at home instruction and capacity restrictions, reducing the numbers able to travel from 192 on standard three car service to 50 passengers. Patronage on intercity services fell to single digit percentages compared to pre-COVID-19 levels. Currently levels of traffic on the roads have grown faster than equivalent levels of public transport.



**80%**

fall in road traffic during  
the early period of lockdown  
has been short-lived

## Our social and community networks

The COVID-19 pandemic has had both positive and negative impacts on social and community networks. There is evidence of increased civic participation in response to the pandemic and a positive impact on social cohesion. Thousands of new volunteer groups have been established in communities across the country.

However, social isolation and loneliness have impacted on wellbeing for many and increased stress due to isolation, employment issues, difficulties of home-schooling and additional financial strain. These factors, combined with the reduced access to services for vulnerable children and their families has meant that the risk of family violence, neglect or abuse, mental health problems and financial struggles have all increased.

# 1,000+

volunteers expressed interest to provide support and help in the pandemic



Not all impacts of the pandemic have been negative however. One indirect impact that COVID-19 brought was a shared sense of neighbours and communities looking out for each other, boosting social cohesion across the country and Wirral. The Office for National Statistics (ONS) conducted research nationally and the majority of people who responded believed that society will be much kinder to each other as a result of the pandemic experience.

In Wirral during the height of the second lockdown, there were expressions of interest from more than 1000 volunteers to support and help in the pandemic. Community Action Wirral placed more than 700 of these into organisations locally, who were in addition to the huge number of volunteers already aligned with those organisations. In November 2020, the Volunteer Responders National Scheme reported that they had received expressions of interest from 2427 volunteers in the Wirral area. They had 621 referrals with 4610 tasks undertaken. At the beginning of the third lockdown in January, a further 270 volunteers came forward to become Volunteer Marshalls to support the COVID-19 Vaccination sites.

The COVID-19 Humanitarian Cell, consisting of more than 70 established local community, voluntary and faith sector groups, reported supporting first time service users seeking assistance for employment, new skills, homelessness, mental health and financial concerns due to policy changes introduced during the pandemic.

## Micha Comments

**The COVID-19 pandemic has highlighted that we should all feel confident that we are either giving or receiving quality care and treatment.**



We have got some way to travel before we see true equity in accessing care and treatment. We should all be supported in our journey to know our choices and options and how to have a voice around the services we access.

The hurdles ahead will require the support of our NHS, local government and third sector partners. With services facing a backlog of care caused by the response to COVID-19 and many communities facing an uncertain economic future.

It shouldn't matter who you are, we must do all we can to stop existing health inequalities from becoming worse.

**Micha Woodworth,**  
Project Manager  
Healthwatch Wirral

## Access to health and care services

The COVID-19 pandemic has both disrupted and changed the delivery of NHS and social care services.

It is expected that long-term conditions will have worsened for many people over the course of lockdown and there are particular concerns about the impact of delayed cancer diagnoses and the knock-on effects as NHS services are resumed. There is also increasing evidence that people with mild to moderate COVID-19 disease may experience a prolonged illness with frequent relapses.

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In Wirral, waiting lists for hospital treatment have increased by 11% compared to March 2020; totalling 2,500 patients, with more patients now waiting longer for planned treatment.

# 8.5million

adults and 1.5 million children in England will need support for mental health difficulties in the coming months and years



The number of people waiting for over a year has grown significantly from 15 in March 2020 to 1,280 in March 2021. The length of time to treatment has also increased in the following services: Dermatology, ENT, General Surgery, Gynaecology, Ophthalmology, Oral Surgery, Trauma and Orthopaedics and Urology.

The percentage of patients starting treatment within 62 days following referral from a national cancer screening service was down to 92.6% in March 2020 and fell even more dramatically in March 2021 to 66.7%. This follows breast and bowel screening services being paused locally in March 2020.

Experience from previous pandemics suggests that mental ill health will increase, although the scale is difficult to predict. A range of factors may be drivers of poor mental health, including those directly related to COVID-19 (e.g., more generally or because of the loss of family and friends to COVID-19) and those indirectly related through the effects of the social distancing and lockdown measures (e.g., through social isolation or because of financial insecurity).

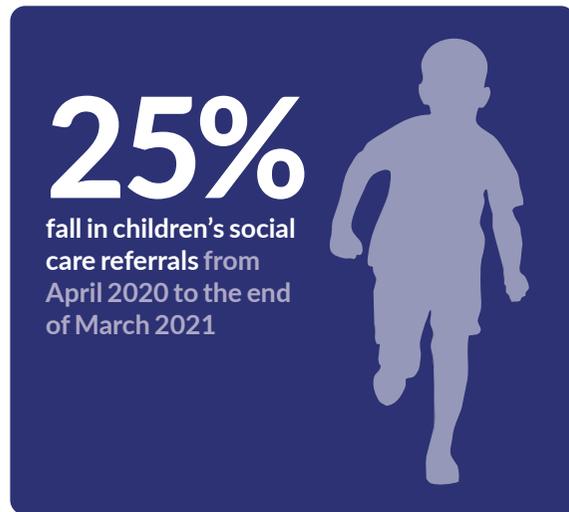
A nationwide study from the Centre for Mental Health estimates that 8.5 million adults and 1.5 million children in England will need support for depression, anxiety, post-traumatic stress disorders and other mental health difficulties in the coming months and years. This is the equivalent of 20% of all adults and 15% of all children. The IAPT Service in Wirral has seen an increase of 12% in referrals from the position during the same period in 2019. The position between 2019/20 and 2020/21 shows an increase of 43% when comparing a single month position.



Wirral already faces mental health challenges across its whole population. The rate of hospitalisation amongst those under 18 because of mental health conditions is significantly above the national average and the highest within the Liverpool City Region.

The lack of visibility of most families during lockdown will inevitably have led to 'hidden harm', where potential safeguarding issues have been largely hidden from view. It must also be acknowledged that many families that were not particularly vulnerable prior to the pandemic, will now have become so. Nationally, it is estimated that the number of children harmed by abuse or neglect rose by 27% in the first lockdown.

Page 38  
For Wirral, referrals into children's social care fell by 25% from April 2020 to the end of March 2021, compared to the same period in the previous year. As schools are consistently one



of the largest sources of referral into children's social care, this period of significantly reduced access to educational settings has had a worrying impact and highlights the ongoing concerns about 'hidden harm' during lockdown. Over the same time period, the number of children in formal child protection increased slightly, owing to numbers of Children in Need (CIN) growing during the pandemic.

## How we live our lives

The wider determinants of health both shape the distribution of, and trigger stress pathways associated with the adoption of unhealthy behaviours. Lockdown has impacted on these behaviours in different ways. People who were drinking alcohol the most often before lockdown are also the ones who are drinking alcohol more often and in greater quantities on a typical drinking day. People already drinking alcohol the least often have cut down in the greatest number.

The impacts on smoking appear to be more positive, with smokers showing an increased motivation to quit and to stay smoke free during the pandemic. Findings are less clear in relation to diet. Non-UK studies show decreased physical activity and increased eating and snacking during lockdown. In England, physical activity behaviours among children and adults have been disrupted by lockdown. Although some groups have continued to be physically active, groups that were least active before lockdown are finding it harder.



# Tackling health inequalities

This report shows that good health is not experienced evenly across our borough. People born in certain parts of Wirral can unfortunately expect to live shorter lives than those born in other areas.

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**Rather than any biological difference, this is due to preventable and avoidable factors based on the wide range of issues that impact on health over someone's lifetime.**

Health inequalities are not however inevitable, and the gaps in good health are therefore not fixed. Evidence shows that a comprehensive approach to tackling them can make a difference. Taking action to improve living and working conditions, the support available to people and how they look after themselves will make the biggest impact on reducing inequalities, targeting the causes of death which contribute most to the life expectancy gap in Wirral.

There has been considerable research carried out, over many years, to determine the best interventions to minimise the gap in health between people. The most recent being the 'Fair Society, Healthy Lives' report, published in 2010, by Professor Sir Michael Marmot. This concludes the following areas as key to reducing health inequalities:

- **Give every child the best start in life: This can be done by more investment of spending on early years, with allocation of funding proportionately higher for more deprived areas with the goal of reducing child poverty.**
- **Enable all children, young people, and adults to maximise their capabilities and have control over their lives: Reducing differences in**



childhood educational attainment by investing in preventative services to reduce exclusions and support schools to stop off-rolling pupils.

- Create fair employment and good work for all: Investing in good quality active labour markets and increasing the number of post-school apprenticeships as well as support in-work training throughout the life course. Also reducing the high levels of poor-quality work and precarious employment.
- Ensure a healthy standard of living for all: Put health equity and wellbeing at the heart of local economic planning and strategy by adopting inclusive growth and social value approaches locally to value health and wellbeing as well as, or more than, economic efficiency.
- Create and develop healthy and sustainable places and communities: Invest in the development of economic, social, and cultural resources in the most deprived communities.

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We have made great progress to support people to live healthier lives in Wirral. However, the impact of COVID-19 has reaffirmed the need to prioritise action to tackle health inequalities, accelerate it at pace and augment it at scale.

Whilst the pandemic has been unprecedented it has also led to increased connectivity across organisations, sectors, and residents in the borough, building upon a strong co-operative ethos that has developed over a very long time.

This was also in part because everyone had a shared vision to Keep Wirral Well. The pandemic has demonstrated what we can achieve together and the speed at which change can happen. Maintaining this, with a focus on health inequalities, presents an opportunity to improve everyone's health.



Reflecting on the key challenges and opportunities highlighted in this report, the following recommendations have been made to improve health and wellbeing and reduce health inequalities in Wirral.

# 1

## Prioritise economic regeneration and a strong local economy

**It is an exciting time for Wirral. The programme of regeneration in the borough is one of the biggest in Europe and will create a world class standard of economic opportunity, digital connectivity and growth for Wirral and our residents.**

This economic regeneration has been a cornerstone of Wirral's plan to improve outcomes for local people and tackle health, economic and social inequalities.

However, unemployment, health related worklessness and poverty have been prevailing in some of our communities for generations. The pandemic has also heightened the need to rapidly augment support for people to enter the job market and maintain economic independence to minimise the impact on already vulnerable communities. The economy and health are interdependent; focusing on health outcomes allows the economy to flourish in the longer term, which is supportive of better health.

I therefore recommend that:

- Economic development plans are reviewed to ensure that they respond to the impact of the pandemic on residents and communities.
- Economic Regeneration and Development Committee, working with the Health and Wellbeing Board, should consider the development of an Economic Inequalities Strategy for Wirral.
- Employment support services and skills development programmes are available, accessible and sustainable to ensure income maximisation and support those most susceptible to job loss and job insecurity.
- Partners embed a 'Health in All' policies approach to regeneration planning. We can use this approach to ensure that the wide breadth of health impacts of the pandemic is part of routine decision making and to reduce health inequalities.



# 2

## Safeguard a healthy standard of living for all

**The place where we spend most of our time has a huge influence on how healthy we are. Everyone in Wirral should have access to safe, secure and affordable places to live that better prevent ill health.**

Ensuring that the homes people live in are safe and warm and that residents have support to prevent homelessness and to assist them if they are homeless is a key priority in the aftermath of the pandemic as well as a key long term action to improve health and reduce health inequalities.

I therefore recommend that:

- Wirral's Housing Strategy is reviewed to reflect the changing needs of residents and to address the challenges that have emerged during the pandemic.
- There is an integrated information and advice offer to enable people to access support when they need it.
- We build on the progress made during the pandemic to support people who are homeless.
- We define and streamline fuel poverty support pathways with partners across Wirral learning from the COVID-19 response.
- Relevant partners use Health Impact Assessment in spatial planning to identify risks to good health and ways to mitigate them.



# 3

## Increase support for children, young people and families

**Having the best start in life has lifelong impacts on someone's health and wellbeing which leads to better economic prospects and reduced long-term illnesses.**

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Therefore recommend that:

- The impacts of the pandemic on our young people are examined to ensure that children and families have the support they need, to predict future areas requiring action and inform the offer for early years' support from the Council and other partners.
- Work continues to develop the early help and intervention model underpinned by a prevention framework.

- Work with families, early years, schools, further and higher education sectors continues to ensure all children and young people fulfil their potential through a 'cradle to career' approach.
- Ensure that services are maximising opportunities to mitigate the impact of the pandemic on children, young people and families with a focus on physical and mental health.
- Review existing support and services for our most vulnerable children, young people and families to ensure they are resilient, accessible and driving progress.



# 4

## Strengthen action to address differences in health outcomes and prevention

**The pandemic has highlighted the importance of being in good physical and mental health to reduce the risk of morbidity and mortality from COVID-19. Restoring services is vital as is ensuring that they are used by those who need them most.**

All residents should have equal opportunities to access quality care, treatment and support that improves health and wellbeing and builds resilience.

I therefore recommend that:

- Local health and care partners focus on tackling inequalities in healthcare provision - this is their direct responsibility and must be the prime focus of their action.
- Local NHS partners ensure they can access high-quality data to measure performance on reducing health inequalities across services. This includes being able to breakdown outcome and performance data by deprivation and ethnicity.

- NHS partners use their role as local anchor institutions and the choices they make as an employer and a purchaser to reduce inequalities.
- Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes are accelerated across key service areas as outlined within the NHS Long Term Plan.
- The developing integrated care system and local providers have a named executive board-level lead for tackling health inequalities and access training made available by local and national partners.
- Local NHS partners engage with and play a supportive role in multi-agency action to improve the social, economic and environmental conditions in which people live.
- Health and care partners focus on good infection prevention control to ensure avoidable infections are prevented.



# 5

## Residents and partners continue to work together

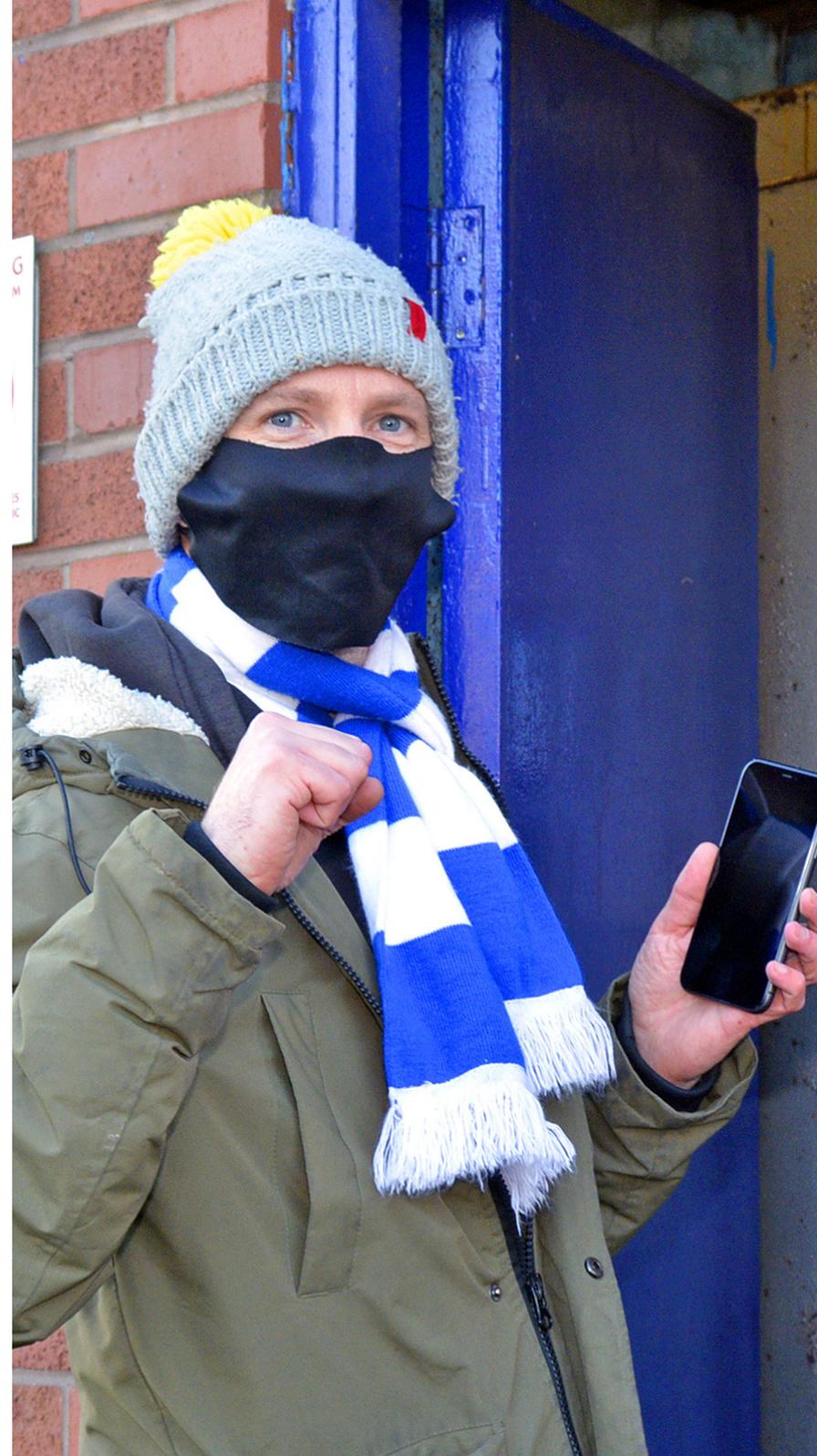
**The prevalent theme throughout the pandemic has been the importance and effectiveness of the partnerships across Wirral.**

The landscape has changed for good and the pandemic has presented us with an opportunity to build on our partnership working and work together to Keep Wirral Well by ensuring health inequalities is everyone's business.

The pandemic has reinforced what we already knew in Wirral – that having the voice of the people present in everything we do is so important. While we have always prioritised this, our response to COVID-19 has shown that there is room for improvement in terms of capturing communities' experiences and how to work effectively with local people.

I therefore recommend that:

- All partners should continue to build on the strong partnership work developed through our COVID-19 response by implementing the action emerging from the Health and Wellbeing Board Community and Voluntary Sector work.
- All partners fully engage local people to co-design services and initiatives to enable residents to recover and improve their health and wellbeing. We need to prioritise our more vulnerable residents who have been disproportionately affected by COVID-19 and use tailored communication methods.
- We undertake a resident listening exercise to learn from the experience of the pandemic to understand local people's experiences and aspirations for the future. This work should be a blueprint for developing a sustainable model for the use of insights gathered from local people.



## Acknowledgements

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This report utilises the most recently available published information from a variety of data sources as of July 2021.

References and further information are available online at Wirral Intelligence Service [www.wirralintelligenceservice.org/jsna/public-health-annual-reports](http://www.wirralintelligenceservice.org/jsna/public-health-annual-reports)

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**WIRRAL  
INTELLIGENCE  
SERVICE**

# Technical Briefing: Public Health Annual Report 2020/2021

**Wirral Intelligence  
Service**

**2020/2021**

For further information please contact:

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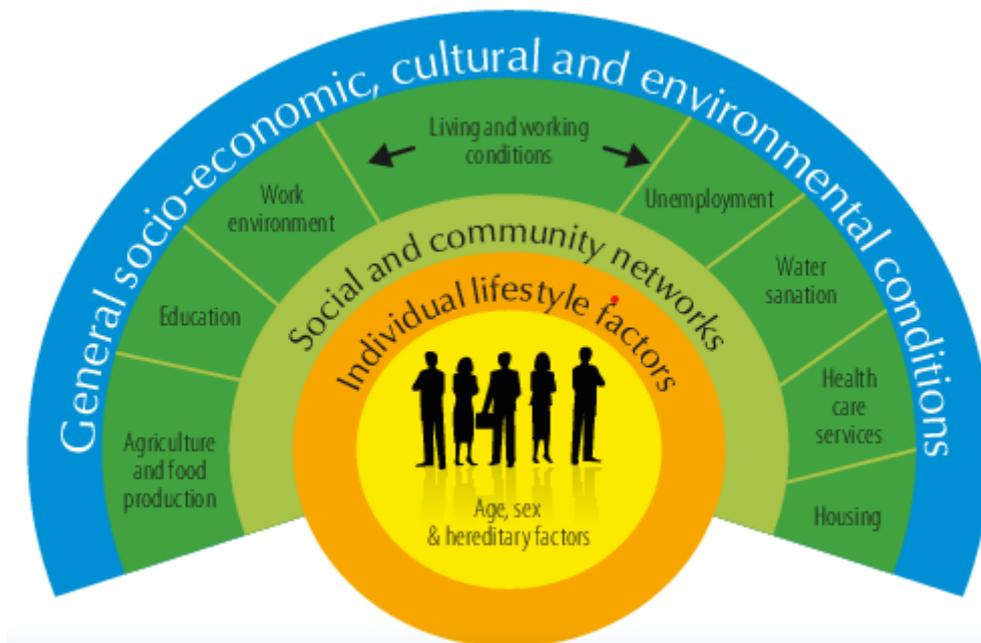
## Introduction

This technical document is designed to accompany the Director of Public Health's Annual Report for 2021, for those who wish to see the more detailed data, intelligence and analysis which underpins the report.

The Director of Public Health's Annual Report this year concentrates on inequalities; for more information on inequalities, deprivation, how these indicators are calculated and what this means for Wirral, [please see our report on the Wirral Intelligence Service website](#).

The main Director of Public Health's Annual Report (and consequently, this Technical Document), contains information on what are known as the 'wider determinants of health'. This is because as little as 10% of our health outcomes are affected by the healthcare we receive. In fact, the wider determinants have a greater influence on health than health care, behaviours, or genetics. The diagram below (**figure 1**) shows what we mean when we talk about 'wider determinants' and how these factors interact.

**Figure 1:** The wider determinants of health



**Source:** The Dahlgren and Whitehead Health Determinants Model (1991)

These determinants are often experienced together and cumulatively over time. Particular groups can be affected by number of these determinants, which can be mutually reinforcing.

## Education

### Attainment

- The average Attainment 8 score in Wirral in 2019/20 was 51.5, which was one of the highest scores in the North-West overall and was the highest of the Liverpool City Region authorities. In Cheshire & Merseyside, only Warrington was higher at 51.7 and Wirral also scores higher than the average for England overall (50.2).
- This overall high scoring, however, hides large variations based on inequalities. For example, the average score of pupils classed as 'Disadvantaged' (see below for definition), was 39.5 in Wirral, compared to an average score of 56.8 for pupils classed as 'Non-Disadvantaged' (Source, LGINform, 2021).

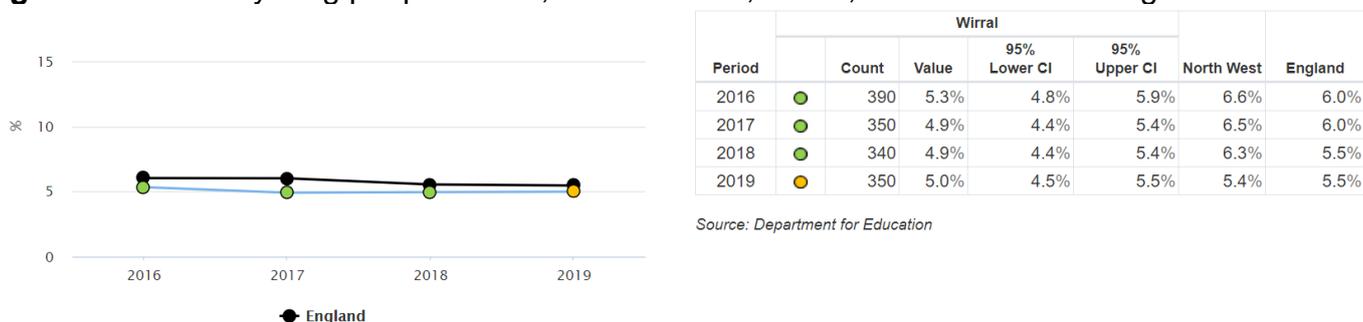
*Definitions: Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English and Maths. Points are allocated according to grades pupils achieve in all 8 subjects added together to give the Attainment 8 score, e.g., the maximum score for a pupil is 80, for a pupil who achieves eight A\* grades at GCSE in qualifying subjects. Disadvantaged pupils include pupils known to be eligible for Free School Meals (FSM) in any spring, autumn, summer, alternative provision, or pupil referral unit census from year 6 to year 11 or are looked after children for at least one day or are adopted from care.*

## NEET (Not in Employment, Education and Training)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood (Public Health England, 2021). There is recognition that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is central to improving social mobility and economic growth.

To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was introduced in 2013 to raise the participation age which required all young people remain in some form of education or training until the end of the academic year in which they turn 17.

**Figure 2:** Trend in young people NEET, 2016 to 2019, Wirral, North-West and England



Source: [Public Health Outcomes Framework](#) (2021)

See [Wirral Statistical Compendium](#), for the inequality in NEET *within* Wirral (ward data).

## Housing

### Fuel poverty

The Department for Business, Energy and Industrial Strategy (DoBEIS) produce [annual estimates](#) on the number and proportion of households likely to be living in fuel poverty. Estimates for 2018 show that overall in England, 1 in 10 households (10.3% of households) are estimated to be living in fuel poverty; rising to 12.1% in the North-West overall and 12.2% in Wirral overall.

The overall proportion in Wirral, however, hides huge inequalities, with the proportions ranging from 1 in 4 households in some areas of Birkenhead (Birkenhead West LSOA has rates of 24.9% living in fuel poverty) to just 1 in 17 in other areas of Wirral (e.g. 6.3% in Caldy North LSOA).

### Housing disrepair

The private rented sector is the only housing option available to some of the most vulnerable people in society. However, in some areas, properties in the private rented sector are more likely (than both privately owned and socially owned housing) to suffer from poor condition and poor management. In Wirral, 23% of private sector dwellings fail the Decent Homes Standard\*, compared to 32% in the private rented sector. Where a household is on welfare benefits and living in the private rented sector, this rises to 36%.

In addition, the proportion of private rented properties in Wirral increased significantly between the 2001 Census and 2011 Census, from 11% to 16% - and most recently, was estimated to be 19% of all properties in 2019/20 English Housing Survey - with wide variation within Wirral, from 28% of all properties in Birkenhead & Tranmere ward, to 6% of all properties in Greasby, Frankby & Irby ward.

In order to ensure the safety and wellbeing of local residents, Local Authorities have the duty to ensure that remedial action is taken on private properties where there are serious hazards that affect the health, safety, and wellbeing of the occupiers. Given that a decision to enforce remedial action has financial implications for both the owner and the occupier (and such decisions may be subject to legal challenge and scrutiny), decisions to intervene are not undertaken lightly and as such, are a good indicator to areas where housing in a state of poor repair are concentrated.

There was a total of 774 interventions in the two years of 2017 and 2018, and 1 in 5 of these were concentrated in just two Wirral wards – Birkenhead & Tranmere and Seacombe wards. These two wards had the highest rate of interventions due to poor condition of all 22 Wirral wards – and both wards are among the most deprived wards in Wirral.

\* The Decent Homes Standard is a national standard against which all homes can be measured. There are four criteria that a home is required to meet before being classified as 'decent'. These are: it meets the current statutory minimum standard for housing (currently the Housing Health & Safety Rating System); it is in a reasonable state of repair; it has reasonable modern facilities and service, and it provides a reasonable degree of thermal comfort.

## Income and Employment

### Unemployment

In March 2020, 20.6% of the working age population of Wirral were economically inactive (n=39,700); this was exactly the same proportion as in England overall (also 20.6% of the working age population).

By December 2020, this figure had increased to 26.1% (n=50,300) in Wirral, but in England overall, this figure had actually decreased (marginally) to 20.5% of working-age people being economically inactive – highlighting that the pandemic appears to have had a greater impact on employment locally than is the case nationally (Source: NOMIS, 2021).

### Employment by sector/industry

The largest employers by sector/industry in Wirral are 'Health and Social Care' and 'Motor Trade, Wholesale and Retail' (Source: Business Register and Employment Survey, NOMIS and PCMD (2021)). Both of these sectors are at higher risk of contracting COVID-19 according to Office for National Statistics (ONS) and Public Health England (PHE).

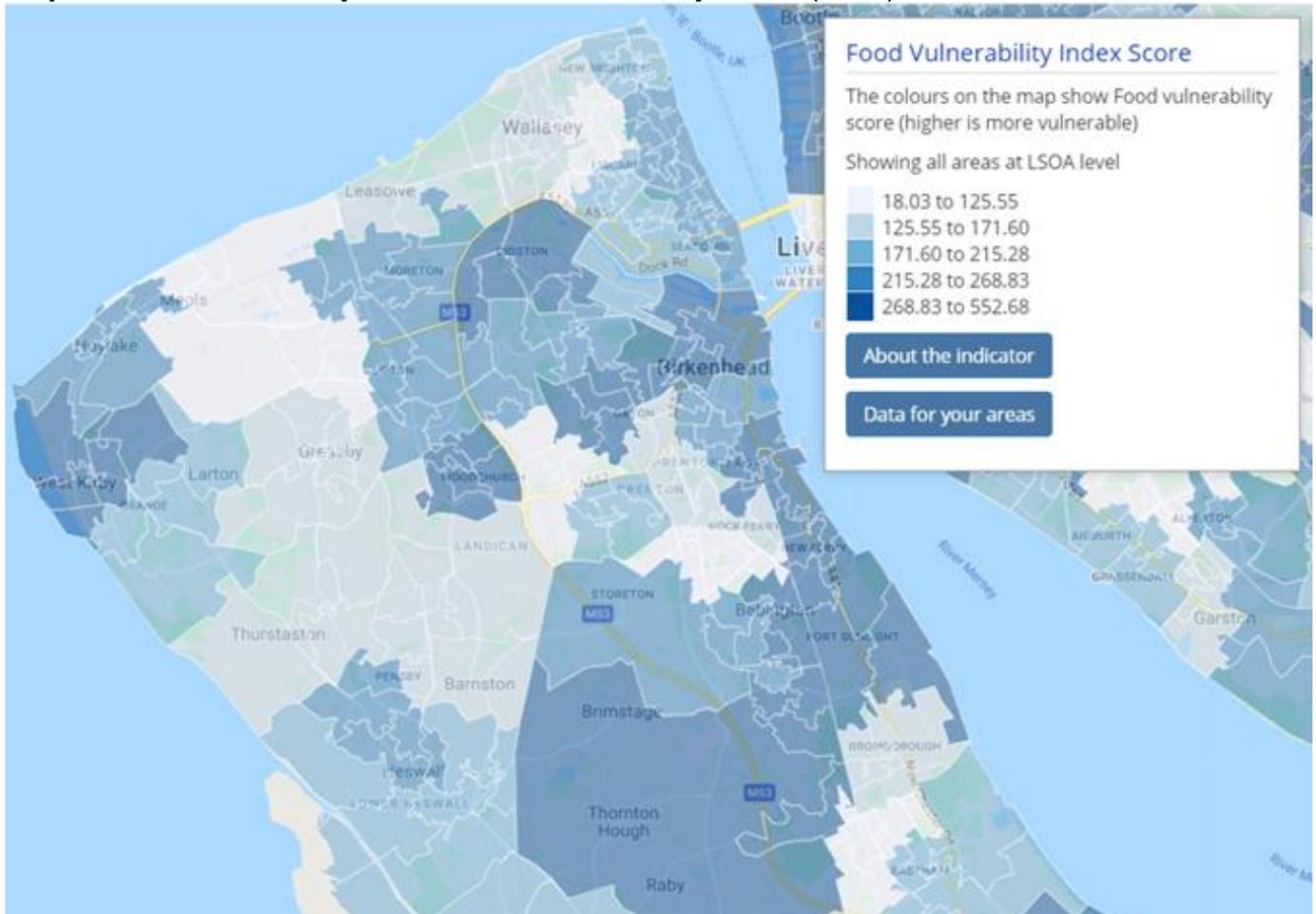
ONS has also reported that specifically, men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from COVID-19 (Source: [Wirral COVID-19 Mortality Report](#)).

### Food insecurity

The Food Vulnerability Index was calculated by the British Red Cross in 2020 (See [Local Insight](#) for full definition), a higher score on the shown in **Map 1**, indicates a higher level of vulnerability.

As **Map 1** shows, scores ranged from 132 in Greasby, Frankby & Irby ward, to 296 in Bidston & St. James ward. The average score for Wirral overall was 197

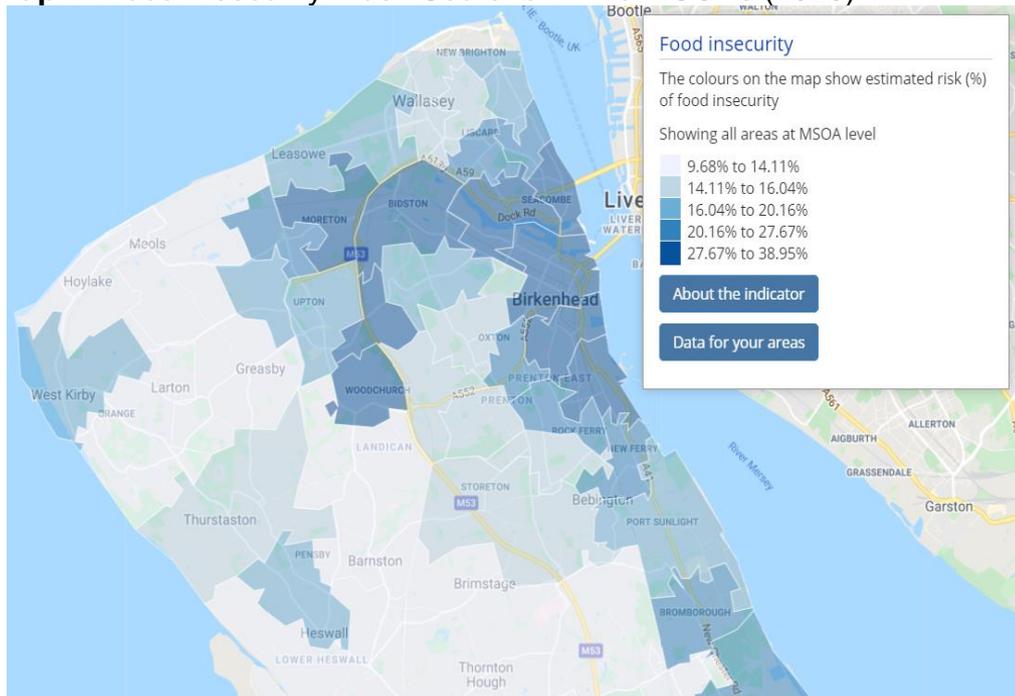
**Map 1: Food Vulnerability Index Score for Wirral, by LSOA (2020)**



Source: [Wirral Intelligence Service: Local Insight \(2021\)](#)

The estimated prevalence (%) of households at high risk of Food Insecurity (shown in **Map 2**) was calculated by the University of Southampton using two domains of economic characteristics: household composition and income-related benefit claimants.

**Map 2: Food Insecurity Index Score for Wirral LSOAs (2020)**



For Wirral, the overall proportion of the population estimated to be at risk of Food Insecurity is 16% of the population, however as **Map 2** shows, this varies widely across Wirral. It is as high as 32% (or 1 in 3) of the population of Bidston & St. James ward, to 12% (1 in 8) of people in Heswall.

Source: [Wirral Intelligence Service: Local Insight \(2021\)](#). Full methodology used by the University of Southampton is available at: <https://doi.org/10.1016/j.apgeog.2017.12>.

In September 2019, an audit of Wirral's local air quality actions (using Public Health England recommendations) was undertaken. Following this audit, a list of recommended local actions was formulated and outlined in a report to the Health and Wellbeing Board in November 2019. The recommendations included continued monitoring of air pollutants (specifically NO<sub>2</sub> and PM<sub>2.5</sub>) to identify long term trends and areas for action locally.

Results of monitoring have found that Nitrogen Dioxide has reduced between 2015/2016 and 2019 (data obtained from two monitoring units located in Wirral); there was a 20% reduction in annual mean concentrations of Nitrogen Dioxide at Tranmere between 2015 to 2019 and a 15% reduction in annual mean concentrations of Nitrogen Dioxide at Birkenhead between 2016 to 2019 - data for 2015 is not available as the Birkenhead was installed in 2016).

The monitoring data for PM<sub>2.5</sub> showed that background levels stayed the same between 2015–2019, with no change in the levels monitored (Source: 2020 Air Quality Annual Status Report (ASR) In fulfilment of Part IV of the Environment Act 1995 Local Air Quality Management, Wirral Council, June 2020, and Wirral JSNA Air Quality Chapter).

Data from the [Consumer Data Research Centre](#) shows that despite recent falls, the worst performing areas in Wirral on NO<sub>2</sub> levels, were in the more deprived areas of Wirral in the east of the borough, see **Map 3**.

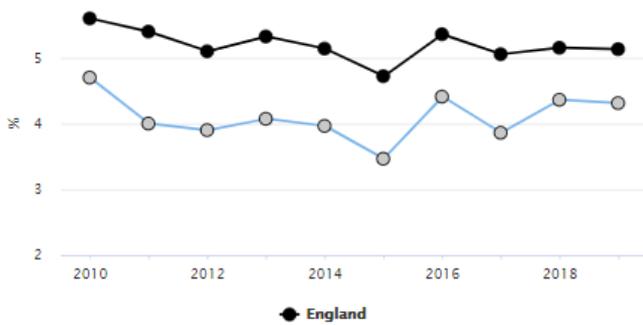
**Map 3:** Level of Nitrogen Dioxide (NO<sub>2</sub>) for Wirral (2017 latest DEFRA estimate)



Source: [Consumer Data Research Centre](#), 2021

The [Public Health England Outcomes Framework](#) has published data (currently up to 2019), showing that Wirral has lower proportion of mortality which can be attributed to particulate air pollution than both England and the North-West overall (4.3% versus 5.1% in England overall and 4.% in the North West overall – see **figure 3** below).

**Figure 3:** Trend in fraction of mortality attributable to particulate air pollution for Wirral (2010 to 2020)



Period	Count	Wirral			North West	England
		Value	95% Lower CI	95% Upper CI		
2010	0	4.7%	-	-	5.1%	5.6%
2011	0	4.0%	-	-	4.6%	5.4%
2012	0	3.9%	-	-	4.4%	5.1%
2013	0	4.1%	-	-	4.6%	5.3%
2014	0	4.0%	-	-	4.4%	5.1%
2015	0	3.5%	-	-	4.1%	4.7%
2016	0	4.4%	-	-	4.6%	5.4%
2017	0	3.9%	-	-	4.1%	5.1%
2018	0	4.4%	-	-	4.3%	5.2%
2019	0	4.3%	-	-	4.5%	5.1%

Source: [Public Health Outcomes Framework](#) (2021)

## Green space

Wirral has a range of fantastic natural leisure assets, many of which can be enjoyed for free. Wirral has 25 miles of stunning coastline and over 1,500 hectares of parks and open spaces which provide endless leisure opportunities for walking, cycling, and enjoying time with friends and family (**Wirral Leisure Strategy: A 2020 Plan**).

Wirral saw an increase in the number of parks awarded Green Flag status in Wirral in 2020 (the largest number in the North-West for the third year running). In 2019, Wirral had 27 sites awarded Green Flag status (all were maintained in 2020, and a further 3 were added). Sites are awarded Green Flag status in recognition of good environmental standards, being well maintained, and providing clean and safe visitor facilities. (see **Map 4** for range of green space options in Wirral).

**Map 4:** Nearby Green Space for Wirral (2017)



Source: [Consumer Data Research Centre](#), 2021

Green space positively influences health and wellbeing; however, inequalities in use of green space are prevalent. A UK study carried out (between 30 April and 1 May 2020) which aimed to explore how movement restrictions had changed during the COVID-19 pandemic, measured time spent visiting green space and experience of green space and how this differed by demographic characteristics.

Overall, 63% of respondents reported a decrease in time spent visiting green space following movement restrictions. Lower social grade respondents were less likely to visit green space both before and after restrictions were enforced (OR: 0.35 (95% CI 0.24 to 0.51); OR: 0.77 (95% CI 0.63 to 0.95)).

Female respondents were more likely than male respondents to agree that green space benefited their mental health more following restrictions (PP: 0.70 vs 0.59). Older (65+ years) respondents were less likely than middle-aged (25–64 years) respondents to have visited green space following the restrictions (OR: 0.79 (95% CI 0.63 to 0.98)).

The conclusions of the study were that inequalities in green space use were sustained, and possibly exacerbated, during movement restrictions (**Source: BMJ Open 2021;11:e044067. doi:10.1136/ bmjopen-2020-044067**).

ONS found something slightly different in that the proportion of people leaving home for exercise increased during the early lockdown period (Spring 2020), as restrictions limited other leisure activities, but that the rise in exercise was at least partly driven by people working from home, who have been more likely to leave the house for exercise than those who travel to work each day (Source: [ONS, 2021](#)).

In July 2020, 46% of [people surveyed by Natural England](#) also said they had spent more time outside than usual during the coronavirus (COVID-19) pandemic, with the analysis indicating that some people turned to nature to cope with feelings such as increased anxiety (41% of people saying that visits to natural spaces were more important to their wellbeing in May 2020 compared with before the pandemic) (Source: ONS, 2021 [How has lockdown changed our relationship with nature?](#))

## Connectedness and social/community networks

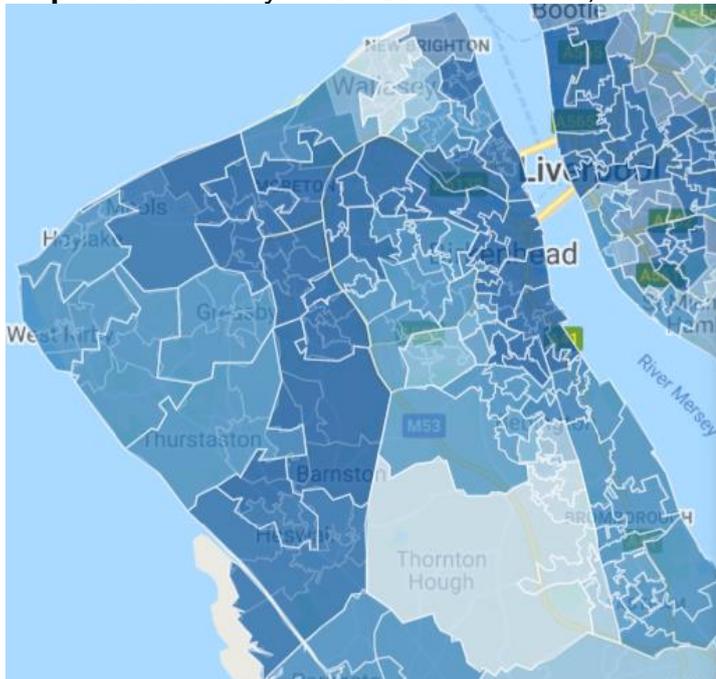
### Community index score

The Community Needs Index was developed to identify areas experiencing poor community and civic infrastructure, relative isolation, and low levels of participation in community life.

The index was created by combining a series of 19 indicators (conceptualised under three domains: Civic Assets, Connectedness and Active and Engaged Community).

A higher score indicates that an area has higher levels of community need. The overall scoring for Wirral indicated a higher level of need compared to England overall (68 in England, compared to 96 in Wirral), but also that there were significant inequalities within Wirral; for example, scoring by ward varied from 130 in Seacombe and 122 in Bidston & St. James ward, to 41 in Clatterbridge and 42 in Wallasey). See **Map 5**.

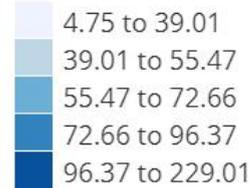
**Map 5: Community Index Score in Wirral, 2019**



**Community Needs Index: Community Needs score**

The colours on the map show Community Needs Index: Community Needs Score (higher = greater need)

Showing all areas at MSOA level



[About the indicator](#)  
[Data for your areas](#)

Source: [Local Insight Wirral](#), 2021

**Transport/car access**

Access to a vehicle is very much linked to deprivation and as such, varies widely across Wirral. Although Census data is now several years old, it remains the definite source of information on vehicle access and the overall trend (that those in areas of deprivation have lower likelihood of having access to a vehicle) is a longstanding one and is unlikely to have shifted. The 2011 Census (see **table 1**) indicated that in Wirral overall, 28% of households (39,000 out of 140,000 households) had no access to a vehicle; this varied from 55.6% of households in Birkenhead & Tranmere to 10% of households in Heswall.

**Table 1: Households with no access to a vehicle by area, 2011**

Area	Households	No cars or vans in household	Percentage of area (%)
Bebington	6,645	1,439	21.7
Bidston & St James	6,889	3,488	50.6
Birkenhead & Tranmere	7,747	4,309	55.6
Bromborough	6,690	1,927	28.8
Clatterbridge	5,924	662	11.2
Cloughton	6,285	1,719	27.4
Eastham	5,955	1,199	20.1
Greasby, Frankby & Irby	5,978	721	12.1
Heswall	5,808	579	10.0
Hoylake & Meols	5,713	1,034	18.1
Leasowe & Moreton East	6,390	2,021	31.6
Liscard	6,891	2,420	35.1
Moreton West & Saughall Massie	6,176	1,243	20.1
New Brighton	6,784	2,115	31.2
Oxton	6,592	1,458	22.1
Pensby & Thingwall	5,803	962	16.6
Prenton	6,051	1,510	25.0
Rock Ferry	6,465	3,010	46.6
Seacombe	6,871	3,156	45.9
Upton	7,127	2,283	32.0
Wallasey	6,313	1,226	19.4
West Kirby & Thurstaston	5,486	910	16.6
<b>Birkenhead Constituency</b>	<b>40,029</b>	<b>15,494</b>	<b>38.7</b>
<b>Wallasey Constituency</b>	<b>39,425</b>	<b>12,181</b>	<b>30.9</b>
<b>Wirral South Constituency</b>	<b>31,022</b>	<b>5,806</b>	<b>18.7</b>
<b>Wirral West Constituency</b>	<b>30,107</b>	<b>5,910</b>	<b>19.6</b>
<b>Wirral</b>	<b>140,583</b>	<b>39,391</b>	<b>28.0</b>

Source: Census, 2011

## Digital exclusion

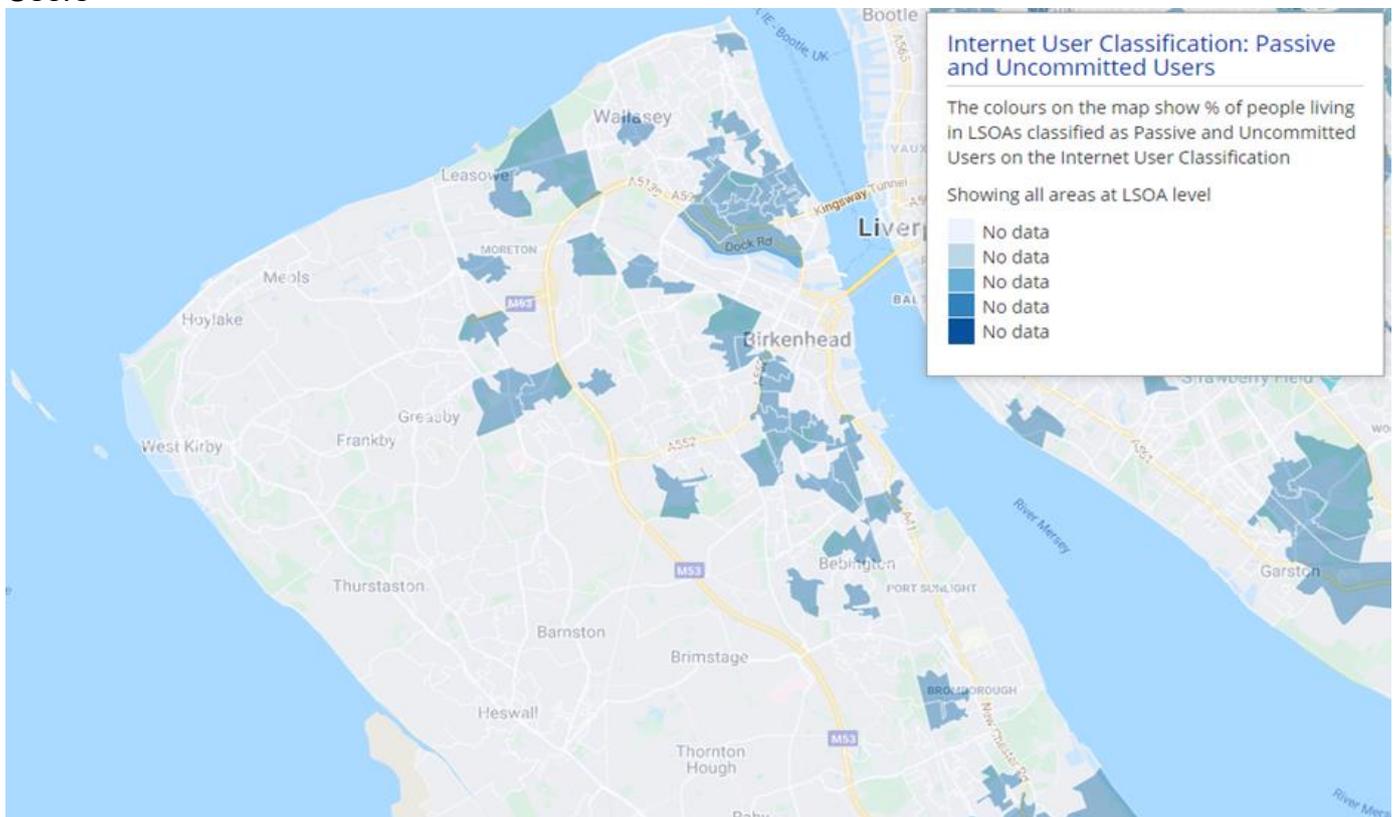
In 2018, the University of Liverpool, in association with the Consumer Data Research Centre (CDRC), produced an Internet User Classification (IUC) by Lower Super Output Area (LSOA). The IUC is a bespoke classification that describes how people in different parts of Great Britain interact with the internet. There are 10 different categorisations which are listed below, with the number in the brackets indicating how many LSOA's in Wirral are categorised as that classification:

- Digital Seniors (n = 24)
- **Passive and Uncommitted Users (n = 48)**
- Settled Offline Communities (n = 7)
- Youthful Urban Fringe (n = 0)
- E-Cultural Creators (n = 0)
- E-Mainstream (n = 37)
- E-Rational Utilitarians (n = 53)
- E-Veterans (n = 9)
- **E-Withdrawn (n = 28)**
- E-Professionals (n = 0)

Passive and Uncommitted Users and e-Withdrawn appear to be the two groups for whom internet access is **least** likely; both have been detailed below, with maps showing where in Wirral these groups are most likely to live and how many people are classified as belonging to these groups.

### Passive and Uncommitted Users

**Map 6:** Lower Super Outputs Areas (LSOA) in Wirral Classified as “Passive and Uncommitted Users”



Source: [Wirral Intelligence Service: Local Insight \(2021\)](#)

The Passive and Uncommitted Users classification is the 2<sup>nd</sup> most prevalent in Wirral (behind E-Rational Utilitarians). The definition of this classification is as follows:

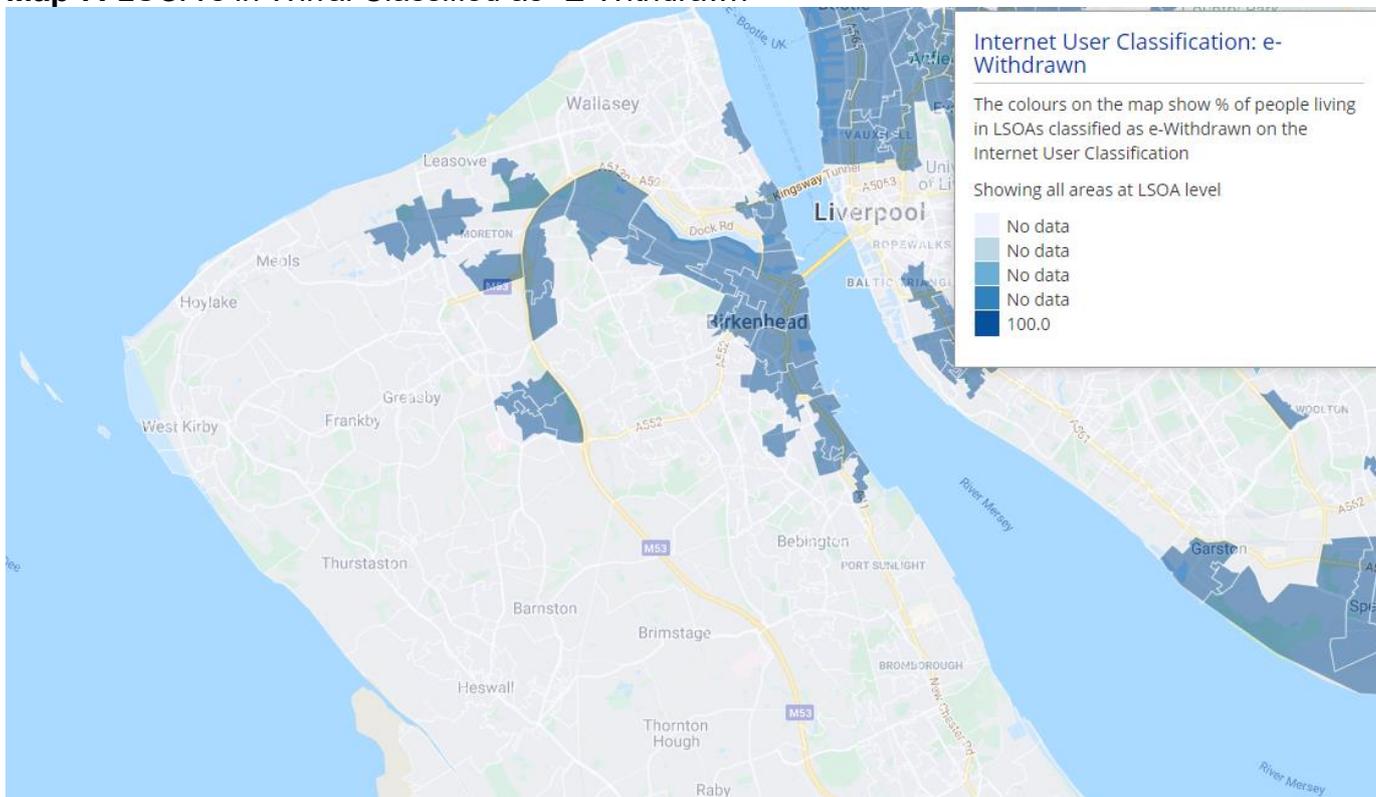
*“The Passive and Uncommitted Users group comprises individuals with limited or no interaction with the Internet. They tend to reside outside city centres and close to the suburbs or semi-rural areas. Members of this Group have few distinctive characteristics in conventional socio-economic terms, albeit higher levels of employment in semi-skilled and blue-collar occupations. Individuals are rarely online, and most commonly report use once a week or less. Access to broadband is well below average, and for those online, there is mild preference for access via smartphones. The Internet is typically used for social networks, gaming, and some limited online shopping.”*

**There are an estimated 76,200 people in Wirral classified as Passive and Uncommitted Users (or 24% of the Wirral population.** The highest concentrations are in Wallasey Constituency (n=28,982 or 32% of the population of the Constituency). On the other hand, 1 in 5 people in Wirral South Constituency and just 1 in 12 Wirral West Constituency are classified as Passive and Uncommitted Users. See **Map 6** above for an indication of where this group live in Wirral.

### E-Withdrawn

“The E-Withdrawn Group is mainly characterised by individuals who are the least engaged with the Internet. Their geography is expressed by areas that are associated with those more deprived neighbourhoods of urban regions. The socio-economic profile of the population is characterised by less affluent white British individuals or areas of high ethnic diversity; and it has the highest rate of unemployment and social housing among all other Groups. The E-Withdrawn Group appears to have the highest ratio of people that do not have access or have access but never engage with the Internet. It also expresses the lowest rates of engagement in terms of information seeking and financial services, as well as the lowest rate in terms of online access via a mobile device. Online shopping is also particularly low, except for Clothing on Credit, suggesting an opportunistic dimension to Internet usage.

**Map 7: LSOA’s in Wirral Classified as “E-Withdrawn”**



Source: [Wirral Intelligence Service: Local Insight \(2021\)](#)

This is further reinforced by the higher than average access to Cable broadband by TV Provider, which may suggest that some individuals have opted into broadband mainly for the TV-

associated benefits. It is possible that many people within this Group have opted out of online engagement, either because it is considered unnecessary or because of economic reasons.”

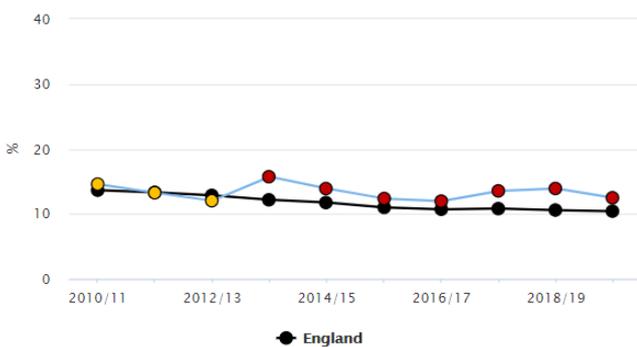
A map showing the location of the LSOA’s classified as E-Withdrawn is shown above in **Map 7**. It shows that the large majority of those classified as E-Withdrawn reside in the Birkenhead area, with very few in Wirral South and Wirral West Constituencies. This reflects the Indices of Multiple Deprivation (IMD) – with a large majority of the LSOA’s highlighted in **Map 7** being within the top 20% most deprived LSOA’s nationally.

Nationally, only 8.8% of people are classified as E-Withdrawn, but this figure is 13.9% in Wirral (n=44,813 people). This overall proportion hides a large variation, with Birkenhead Constituency having 28.4% (or 25,752) of its population classified as E-Withdrawn, compared to just 2.3% of people in Wirral South (n=1,676).

## Lifestyle and behaviour

### Smoking

**Figure 4:** Trend in smoking Status at time of delivery (2010/11 to 2019/20)

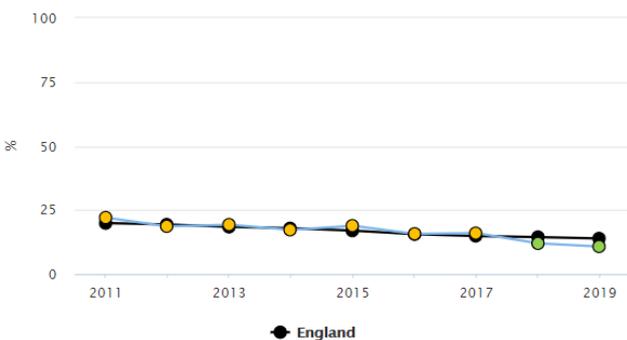


Recent trend: ➔ No significant change

Period		Wirral				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2010/11	●	523	14.6%	13.5%	15.8%	17.8%	13.6%
2011/12	●	479	13.2%	12.2%	14.4%	17.1%	13.3%
2012/13	●	418	12.0%	11.0%	13.1%	16.5%	12.8%
2013/14	●	420	15.7%*	14.4%	17.1%	15.5%	12.2%
2014/15	●	364	13.9%*	12.6%	15.3%	14.8%	11.7%
2015/16	●	354	12.4%*	11.2%	13.6%	13.8%	11.0%
2016/17	●	348	12.0%*	10.8%	13.2%	13.4%	10.7%
2017/18	●	379	13.5%*	12.3%	14.9%	13.4%	10.8%
2018/19	●	422	13.9%	12.7%	15.2%	12.7%*	10.6%
2019/20	●	372	12.5%	11.3%	13.7%	12.2%*	10.4%

Source: [Public Health Outcomes Framework](#) (2021)

**Figure 5:** Trend in smoking Prevalence in adults (18+) – current smokers (2011 to 2019)



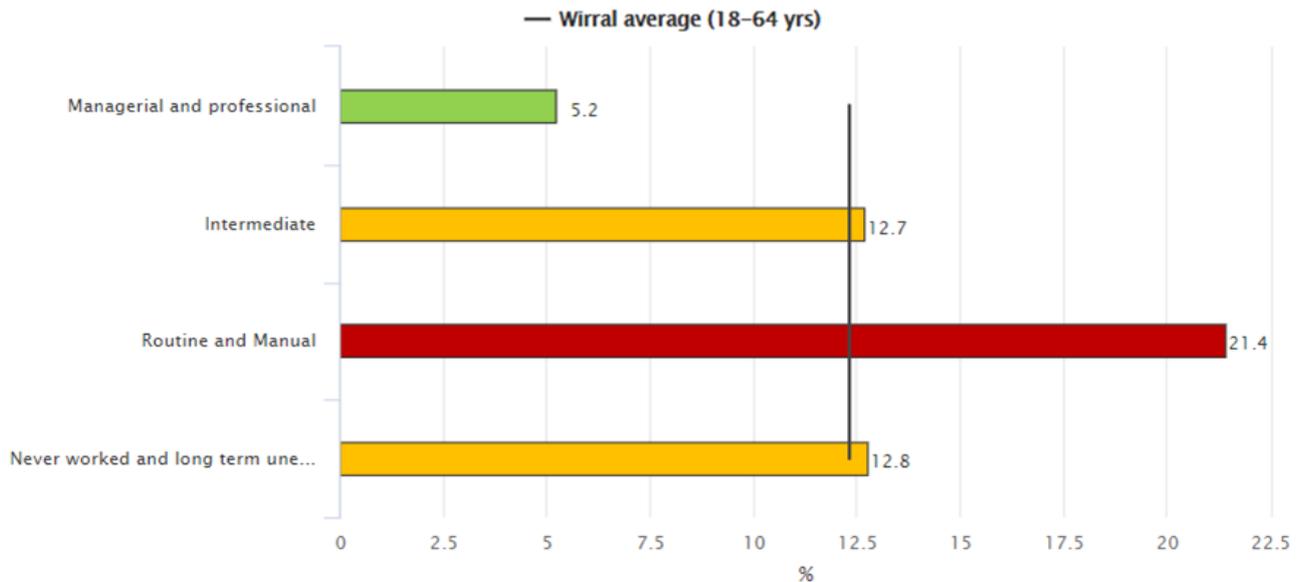
Recent trend: Could not be calculated

Period		Wirral				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2011	●	55,552	22.0%	19.2%	24.9%	21.9%	19.8%
2012	●	47,100	18.6%	16.1%	21.1%	21.1%	19.3%
2013	●	48,818	19.3%	16.6%	22.0%	20.0%	18.4%
2014	●	43,775	17.2%	14.7%	19.8%	19.6%	17.8%
2015	●	47,945	18.9%	16.0%	21.7%	18.6%	16.9%
2016	●	39,952	15.7%	13.0%	18.4%	16.8%	15.5%
2017	●	40,667	15.9%	13.3%	18.6%	16.1%	14.9%
2018	●	30,556	12.0%	9.6%	14.3%	14.7%	14.4%
2019	●	27,545	10.7%	8.5%	13.0%	14.5%	13.9%

Source: [Public Health Outcomes Framework](#) (2021)

Although Wirral is lower than England (13.9%), the overall figure for Wirral of 10.7% (**figure 5**) hides wide inequalities, with prevalence ranging from 21.4% to 5.2% dependent on occupation, see **Figure 6**.

**Figure 6:** Smoking prevalence in adults aged 18+ by working status (2019)



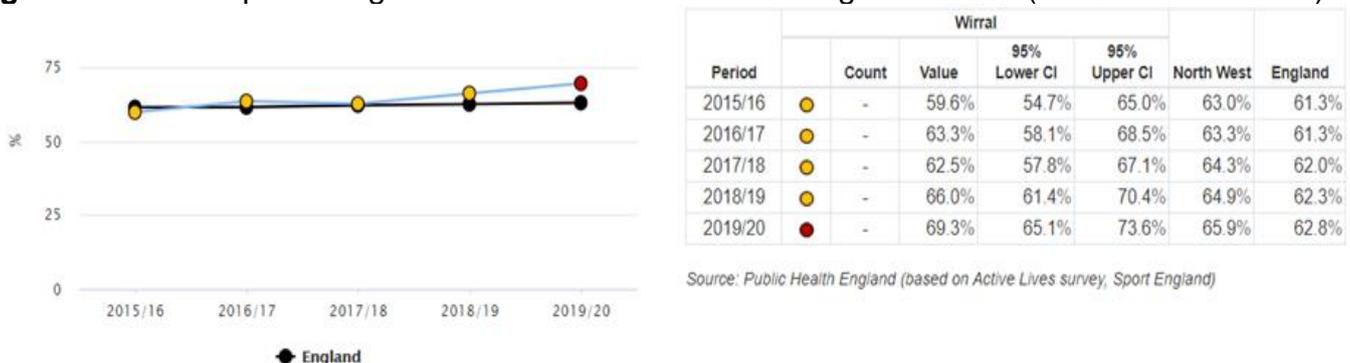
Source: [Public Health Outcomes Framework \(2021\)](#)

## Unhealthy weight and diet (adults)

Data from PHE (**figure 7**), shows that the proportion of adults who are classified as an unhealthy weight (either overweight or obese) has increased in Wirral since 2015/16 to 2019/20; from 59.6% to 69.3% - an increase of almost 10% in 5 years.

This means that more than 2 in 3 of all adults in Wirral are either overweight or obese and as of 2019/20, Wirral was significantly higher than England for the first time since this indicator has been recorded (although not as high as the NW).

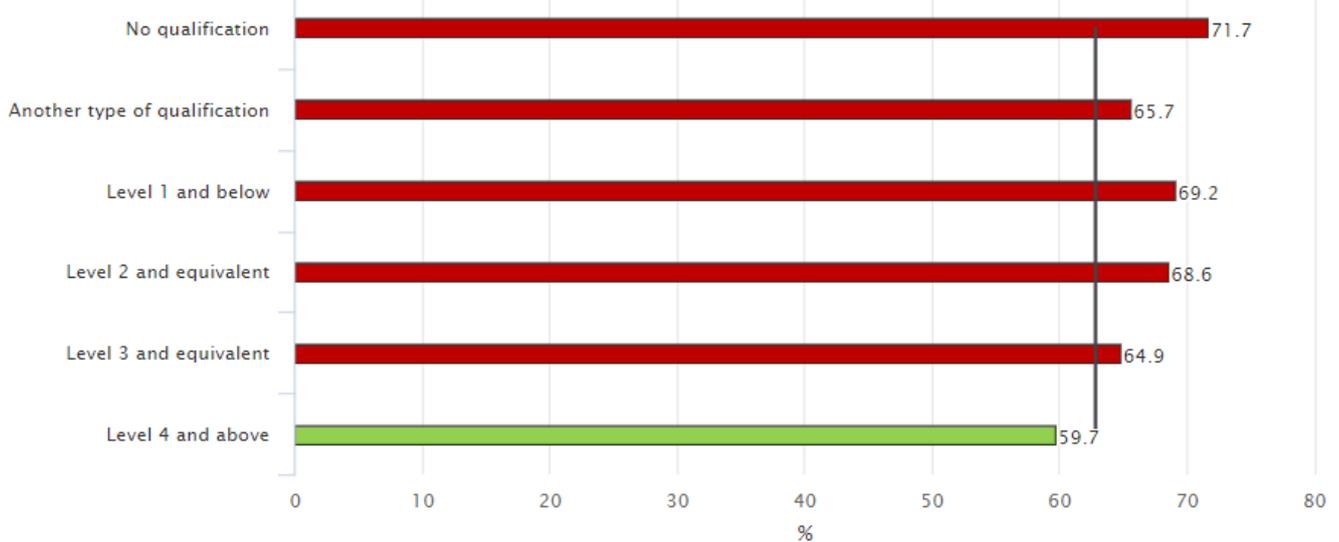
**Figure 7:** Trend in percentage of adults classified as overweight or obese (2015/16 to 2019/20)



Source: [Public Health Outcomes Framework \(2021\)](#)

This overall figure of 69.3% (which is still more than 2 in 3 adults), also hides considerable inequalities however, with the proportion of adults classified as either overweight or obese varying from 71.7% of adults with no qualifications, to 59.7% of adults educated to Level 4 or above (Level 4 or above – Degree level or above; Other Higher Education below degree level). See **Figure 8**.

**Figure 8:** Percentage of adults classified as overweight or obese by level of education (2019/20)

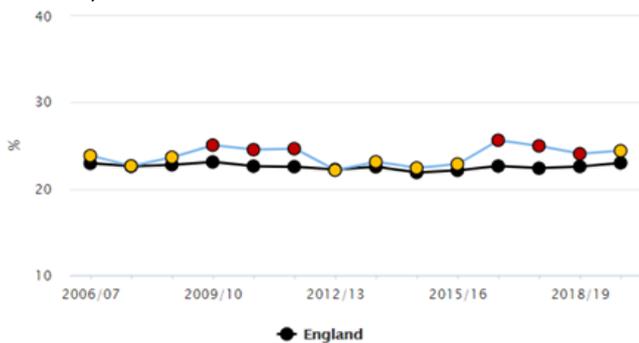


Source: [Public Health Outcomes Framework \(2021\)](#)

### Unhealthy weight and diet (children)

As of 2019/20, almost 1 in 4 Reception aged children (aged 4-5) were either overweight or obese; this was higher than both England overall (24.4% in Wirral, vs 23.0% in England). There has been some fluctuation since 2006/07, but Wirral has generally always had a rate which is above England overall (see **figure 9** below).

**Figure 9:** Trend in prevalence of unhealthy weight (overweight and obese) in Reception age children, 2006/07 to 2019/20



Recent trend: ➔ No significant change

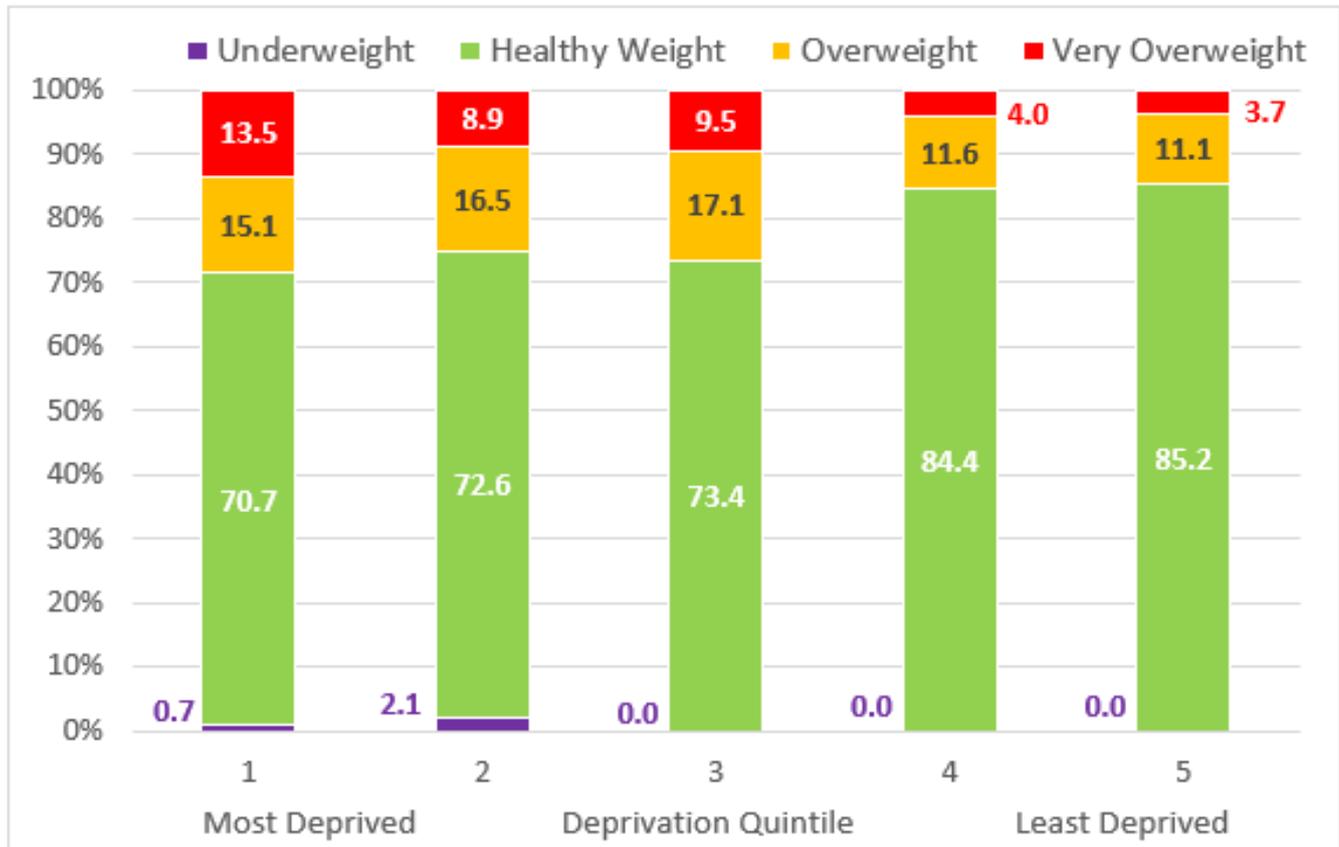
Period	Count	Value	Wirral		North West	England
			95% Lower CI	95% Upper CI		
2006/07	612	23.8%	22.2%	25.5%	*	22.9%
2007/08	700	22.7%	21.2%	24.2%	23.1%	22.6%
2008/09	786	23.7%	22.2%	25.1%	23.1%	22.8%
2009/10	838	25.1%	23.6%	26.5%	23.6%	23.1%
2010/11	859	24.5%	23.1%	26.0%	23.3%	22.6%
2011/12	879	24.6%	23.3%	26.1%	23.2%	22.6%
2012/13	789	22.2%	20.8%	23.6%	23.2%	22.2%
2013/14	838	23.1%	21.8%	24.5%	23.6%	22.5%
2014/15	808	22.4%	21.1%	23.8%	22.9%	21.9%
2015/16	851	22.9%	21.5%	24.2%	23.2%	22.1%
2016/17	979	25.6%	24.3%	27.0%	23.9%	22.6%
2017/18	888	25.0%	23.6%	26.4%	23.9%	22.4%
2018/19	851	24.1%	22.7%	25.5%	24.4%	22.6%
2019/20	345	24.4%*	22.2%	26.7%	25.2%	23.0%

Source: [Public Health Outcomes Framework \(2021\)](#)

Within Wirral, there were wide inequalities in the proportion of Reception aged children classified as either overweight or very overweight (obese) in 2019/20. The chart below (**figure 10**) shows that in Quintile 1 (20% most deprived section of the population), 13.5% of children were very overweight (obese), compared to 3.7% in the least deprived 20% of the population.

In other words, the rate of obesity is more than 3 times higher in areas of deprivation than areas classed as least deprived (or most affluent).

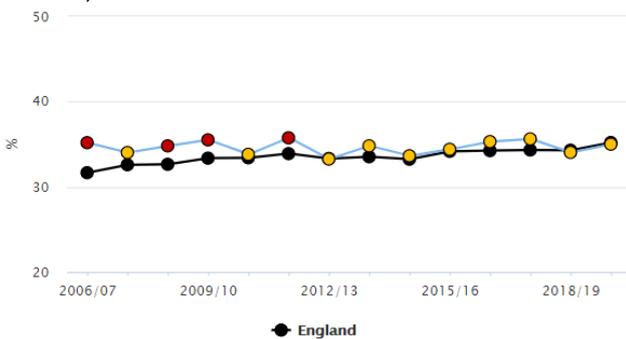
**Figure 10:** Prevalence of unhealthy weight (overweight and obese) in Reception age children, by deprivation quintile, 2019/20



Source: [Public Health Outcomes Framework \(2021\)](#)

By the time children reach Year 6 (age 10-11), a higher proportion are classified as either overweight or obese; in Wirral in 2019/20, this was 35% (**figure 11**). This was not significantly different to England (in fact, it was slightly lower than both the NW and England), but the fact remains that more than 1 in 3 children are overweight or obese by the age of 11 in Wirral; a proportion which has not changed significantly for the past 14 years.

**Figure 11:** Trend in prevalence of unhealthy weight (overweight and obese) in Year 6 age children, 2006/07 to 2019/20



Recent trend: ➔ No significant change

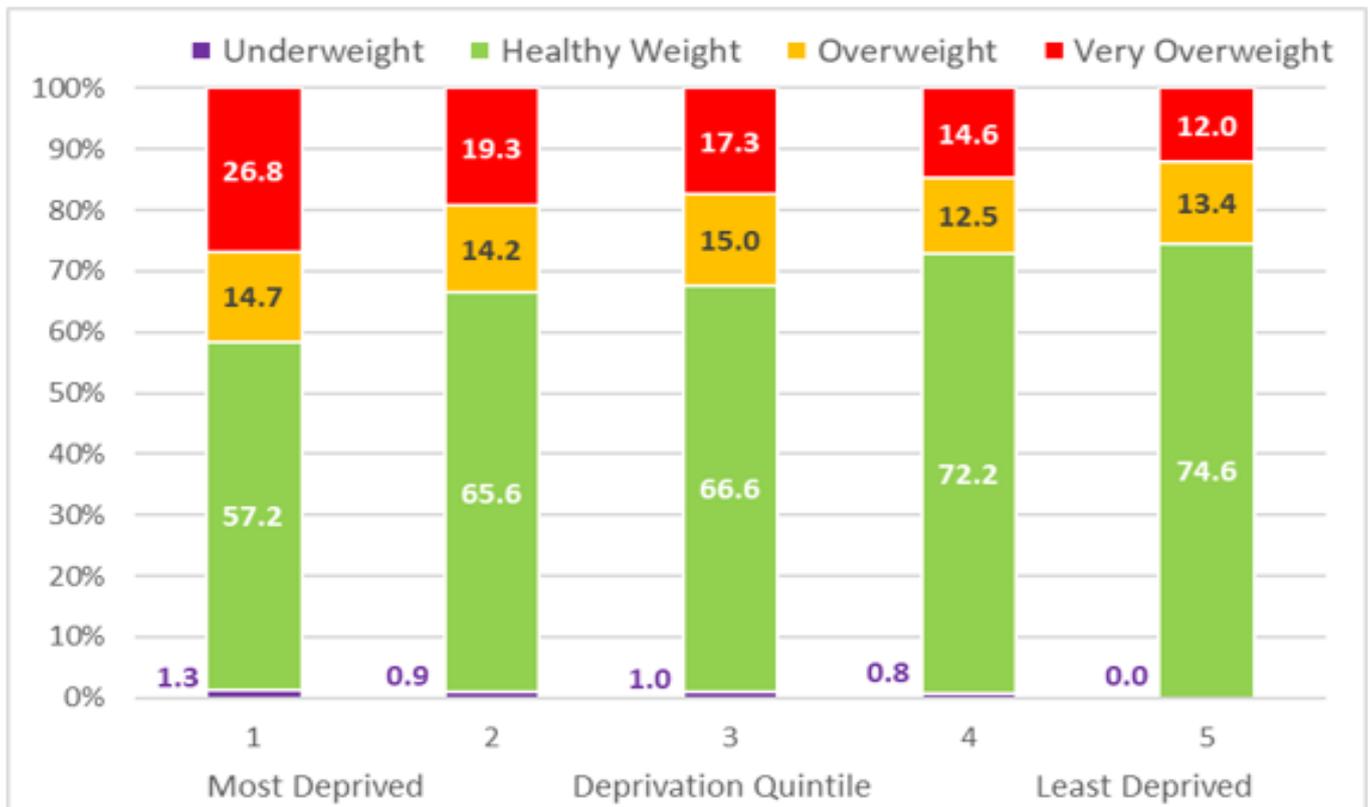
Period	Count	Value	Wirral		North West	England
			95% Lower CI	95% Upper CI		
2006/07	998	35.2%	33.4%	37.0%	*	31.7%
2007/08	1,056	34.0%	32.4%	35.7%	32.7%	32.6%
2008/09	1,127	34.8%	33.2%	36.5%	33.0%	32.6%
2009/10	1,164	35.5%	33.9%	37.2%	34.1%	33.4%
2010/11	1,093	33.8%	32.2%	35.5%	34.3%	33.4%
2011/12	1,130	35.7%	34.1%	37.4%	34.7%	33.9%
2012/13	1,021	33.3%	31.6%	34.9%	34.2%	33.3%
2013/14	1,109	34.8%	33.2%	36.5%	34.4%	33.5%
2014/15	1,105	33.6%	32.0%	35.3%	33.8%	33.2%
2015/16	1,171	34.4%	32.8%	36.0%	35.2%	34.2%
2016/17	1,231	35.3%	33.7%	36.9%	35.2%	34.2%
2017/18	1,262	35.6%	34.1%	37.2%	35.5%	34.3%
2018/19	1,191	34.0%	32.5%	35.6%	35.9%	34.3%
2019/20	1,180	35.0%	33.3%	36.5%	37.4%	35.2%

Source: [Public Health Outcomes Framework \(2021\)](#)

As was the case for Reception aged children, there are stark inequalities in the proportions of children who are overweight and very overweight (obese) for Year 6 within Wirral also. In 2019/20, over a quarter, or 1 in 4 children from the most deprived areas (26.8%) were obese, compared to 12% (or 1 in 8) children from the least deprived areas (12.0%).

In other words, the rate of obesity in the most deprived areas of Wirral, is more than double that of the least deprived areas (**figure 12**).

**Figure 12:** Prevalence of unhealthy weight (overweight and obese) in Year 6 children, by deprivation quintile, 2019/20

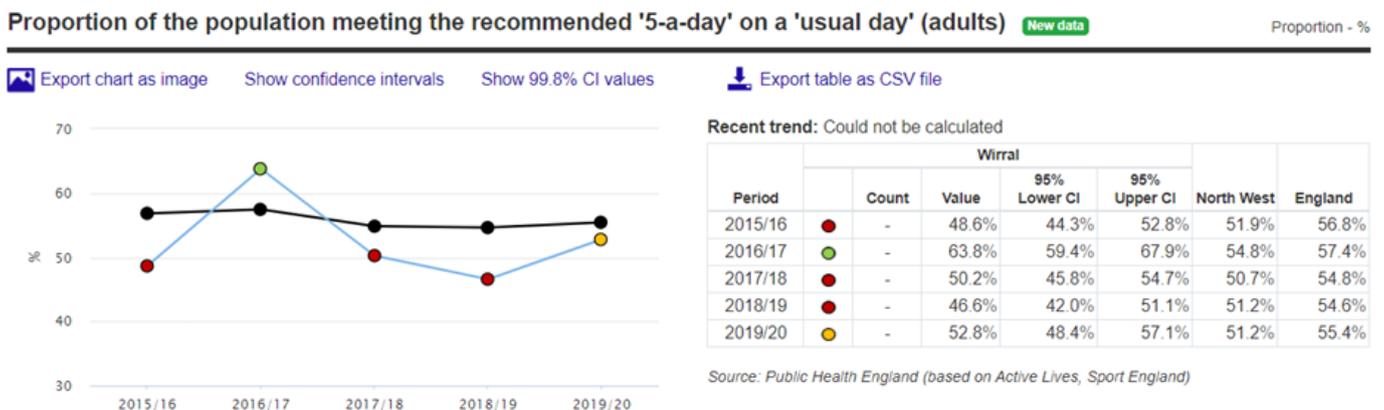


Source: [Public Health Outcomes Framework \(2021\)](#)

## Diet

Wirral is currently just behind England on the proportion of the population meeting the recommendation (to eat at least 5 portions of fruit and veg per day) but not significantly so as seen in **figure 13** below. This is a slight improvement for Wirral, given that in the previous two time periods, Wirral has been significantly worse on this measure than England overall.

**Figure 13:** Trend in percentage of population meeting 5-a-day recommendations, 2015/16 to 2019/20



Source: [Public Health Outcomes Framework \(2021\)](#)

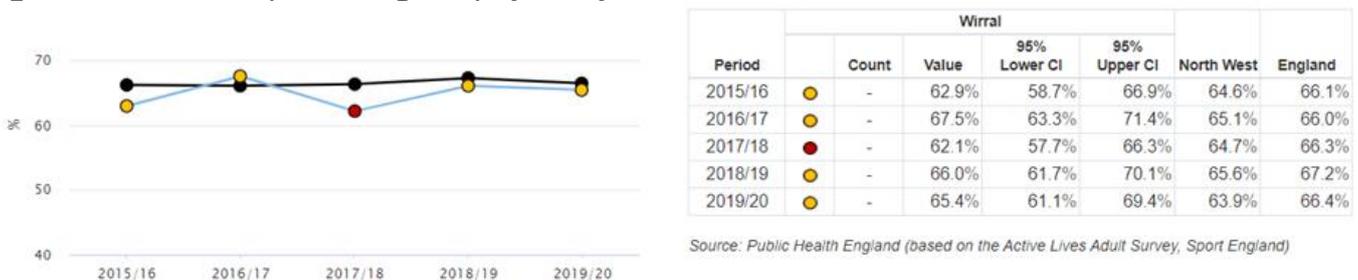
## Physical activity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. The Chief Medical Officer for England (CMO) currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity, or frequency.

**Figure 14** suggests that just under 2 in 3 adults reported being physically active enough to benefit their health\* in Wirral in 2019/20 – meaning 1 in 3 are **not** physically active enough to benefit their health (a proportion which is not significantly different to England or the North-West overall and improving over time).

**Figure 14:** Trend in percentage of physically active adults, 2015/16 to 2019/20



Source: [Public Health Outcomes Framework \(2021\)](#)

Notes: \*Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

The picture for children is worse than that for adults, in 2017/18 (figures are not available for more recent years as they are for adults), less than half reported being physically active enough to benefit their health (44.4% in Wirral, vs 43.3% in England). While Wirral was slightly ahead of England, this was not significant and is still a concerningly low proportion (see **figure 15**).

**Figure 15:** Percentage of physically active children and young people, 2017/18



Source: [Public Health Outcomes Framework \(2021\)](#)

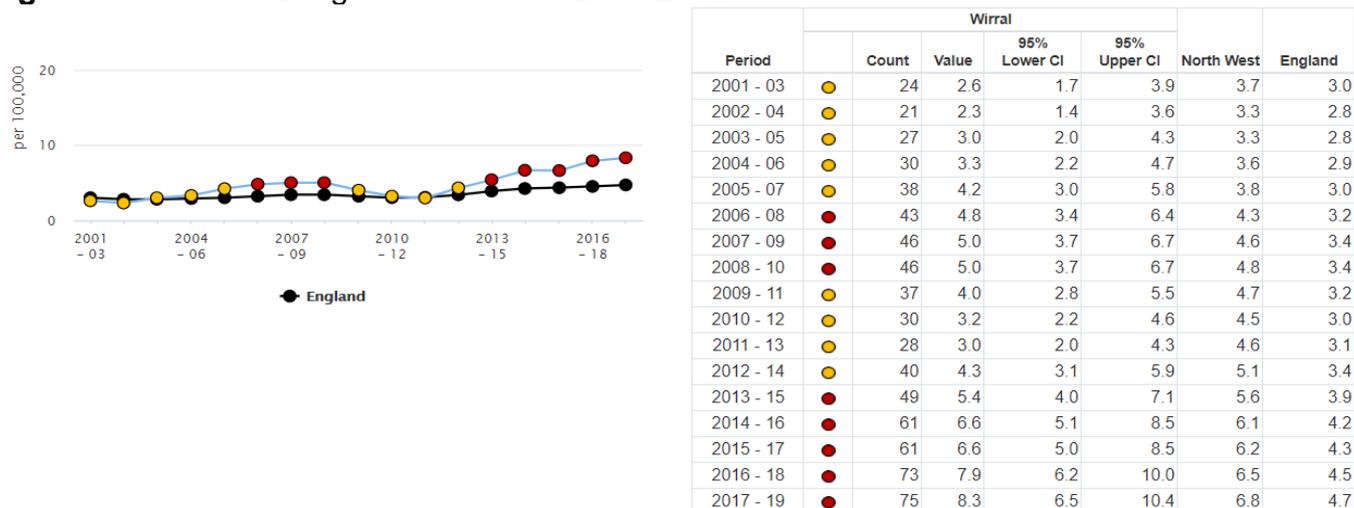
Notes: \*Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)

## Drugs

Wirral [Drug Misuse JSNA chapter](#) gives an in-depth analysis of the impact of drugs misuse on the residents of Wirral, compared to regional and national comparators. The JSNA chapter details how issues such as the rate of client seeking treatment for drug issues and admissions

due to drug misuse are higher in the more deprived areas of Wirral. A summary of some of the information is below, but users are directed to the full chapter for more information.

**Figure 16:** Trend in Drug Misuse deaths 2001-2019



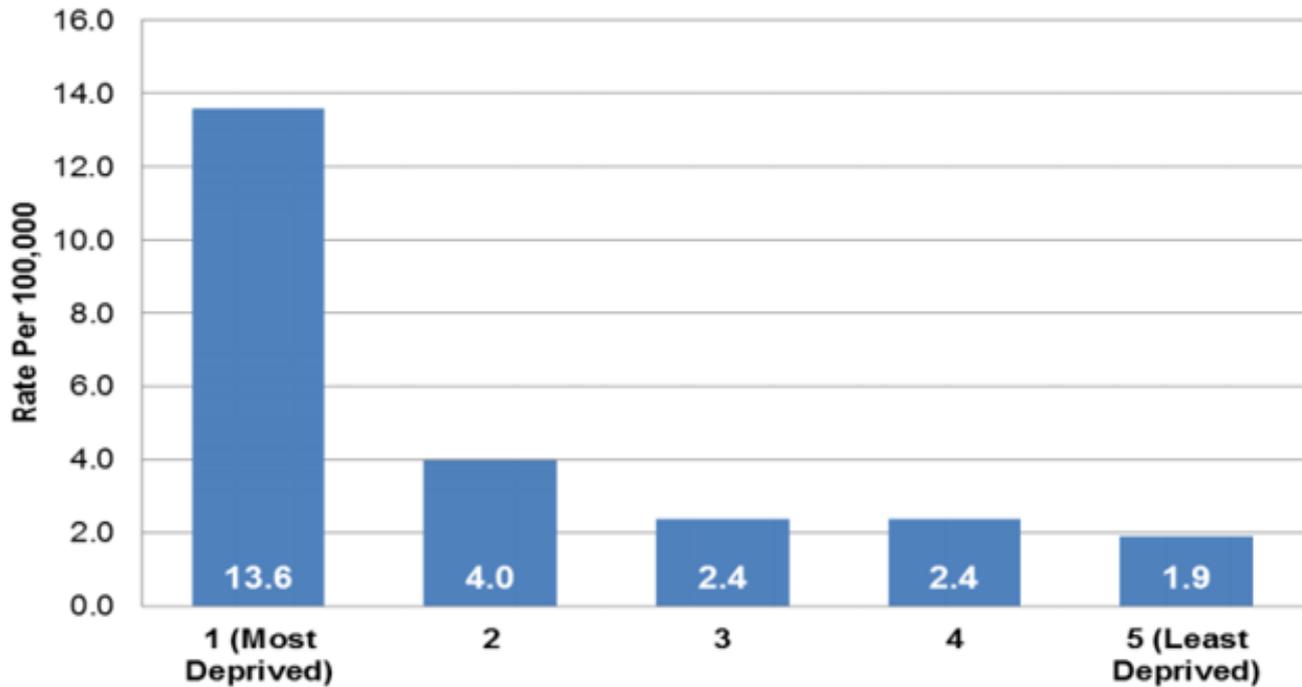
Source: [Public Health Outcomes Framework \(2021\)](#)

**ONS have published the following information which provides some context for the increase in drug-related deaths, which has occurred nationally and internationally, as well as in Wirral:**

- Drug-related deaths have been on an upward trend for the past decade. The reasons behind this are complex and differ by drug type. The overall trend is driven primarily by deaths involving opiates, but also by an increase in deaths involving other substances like cocaine
- Across Europe, rates of deaths involving heroin or morphine have been increasing, while [the number of new heroin and morphine users has fallen](#). This indicates higher rates of death among existing long-term drug users. Possible explanations include:
  - there is an [ageing cohort of drug users](#), likely to be suffering from the effects of long-term drug use and becoming increasingly susceptible to a fatal overdose
  - new trends in taking specific drugs, including [gabapentinoids](#) and [benzodiazepines](#), alongside heroin or morphine, may increase the risk of an overdose
  - [disengagement or non-compliance with opiate substitute therapy \(OST\)](#)
  - The rise in deaths involving cocaine is likely to be a direct consequence of the [increasing prevalence in cocaine use](#). This [increase in cocaine use is also seen across Europe](#)
  - Both [cocaine and heroin have been reported to have high availability in recent years](#), with low prices and high purity levels.

There are wide inequalities in the rate of drug misuse deaths in Wirral and these are shown in **Figure 17** below. It highlights that the rate of drug related deaths in Quintile 1 (most deprived), is 7 times higher than the in Quintile 5 (least deprived).

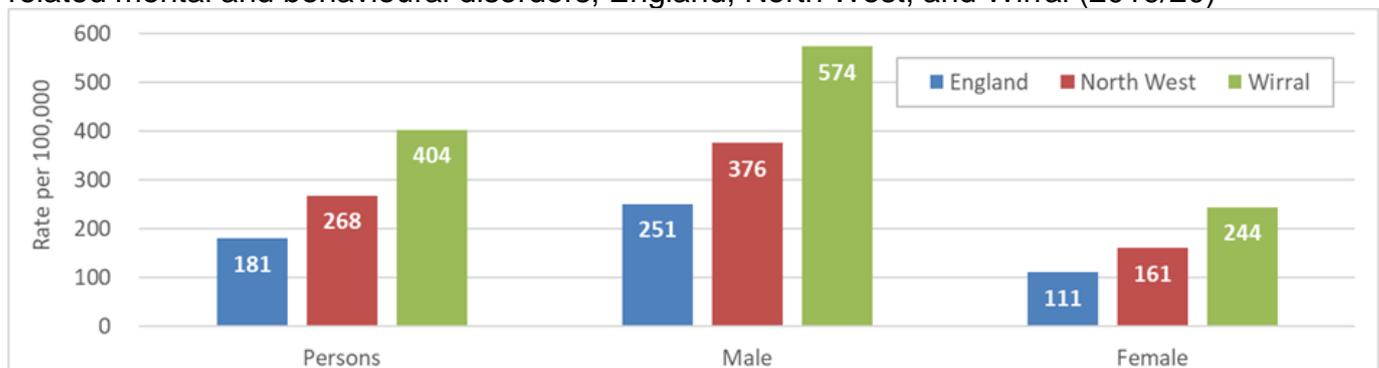
**Figure 17:** Drug Misuse Deaths by Indices of Multiple Deprivation quintile (rate per 100,000), Wirral, 2015-2017



Source: Primary Care Mortality Database (PCMD, 2020)

The number of NHS hospital admissions for drug-related mental and behavioural disorders (primary diagnosis of a drug-related mental and behavioural disorder), is shown in **Figure 18**.

**Figure 18:** Rate of hospital admissions episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders, England, North West, and Wirral (2019/20)

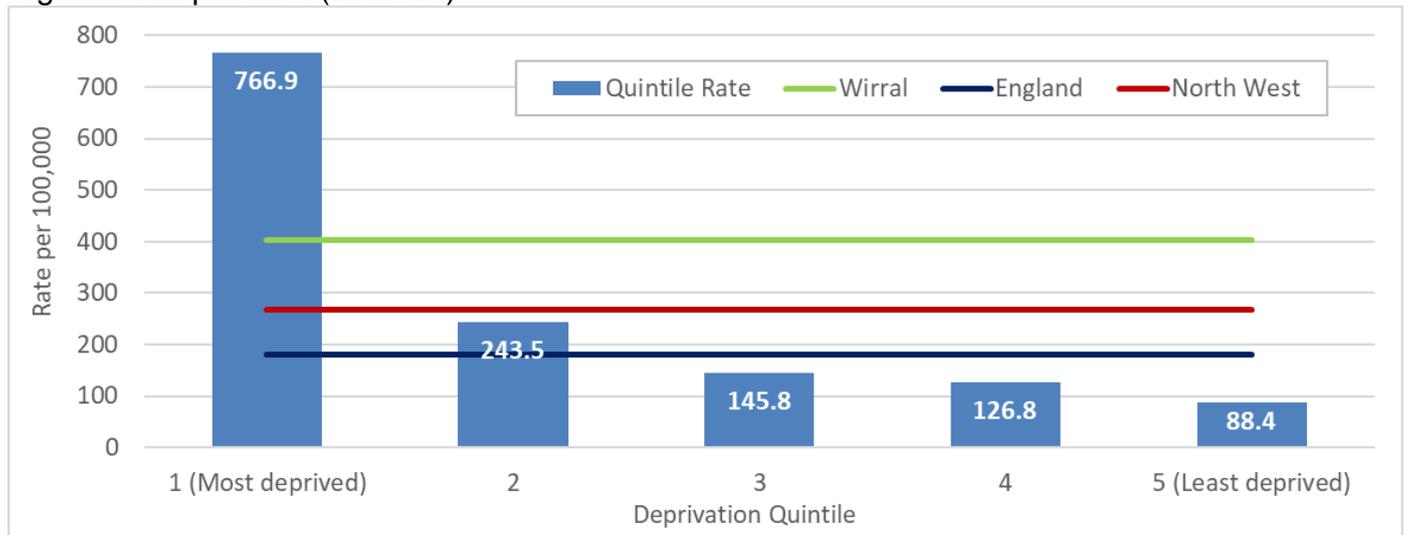


Source: NHS Digital, 2021

There was a total of 1,325 admissions where the primary or secondary diagnosis was drug-related mental and/or behavioural disorders in Wirral in 2019/20; giving an admission rate per 100,000 for Wirral of 404 (more than double the England rate of 181 per 100,000).

As the above chart also shows, rates in males were more than double those for females and for both males and females in Wirral, admission rates were more than double the rates in England overall and were also higher than the North-West overall. Within Wirral, there were also significant inequalities, as **Figure 19** shows

**Figure 19:** Rate of hospital admissions episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders, by Wirral deprivation quintile and with national and regional comparators (2019/20)



Source: NHS Digital, 2021

## Alcohol

On every key alcohol indicator measured by Public Health England, Wirral performs significantly worse than England, see **Figure 20**.

**Figure 20:** Public Health England key alcohol indicators, Wirral outcomes

Indicator	Period	Recent Trend	Wirral		Region England			England		Best
			Count	Value	Value	Value	Worst	Range		
Admission episodes for alcohol-related conditions (Narrow)	2018/19	→	2,858	895	742	664	1,127		389	
Admission episodes for alcohol-related conditions (Broad)	2018/19	↑	10,534	3,162	2736	2367	4,022		1,329	
Admission episodes for alcohol-specific conditions	2019/20	↑	3,960	1,231	891	644	2,590		331	
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	-	95	46.9	43.6	30.7	111.5		7.7	
Alcohol-related mortality	2018	→	201	58.9	54.9	46.5	86.1		26.9	
Alcohol-specific mortality	2017 - 19	-	168	17.0	14.6	10.9	27.3		3.9	

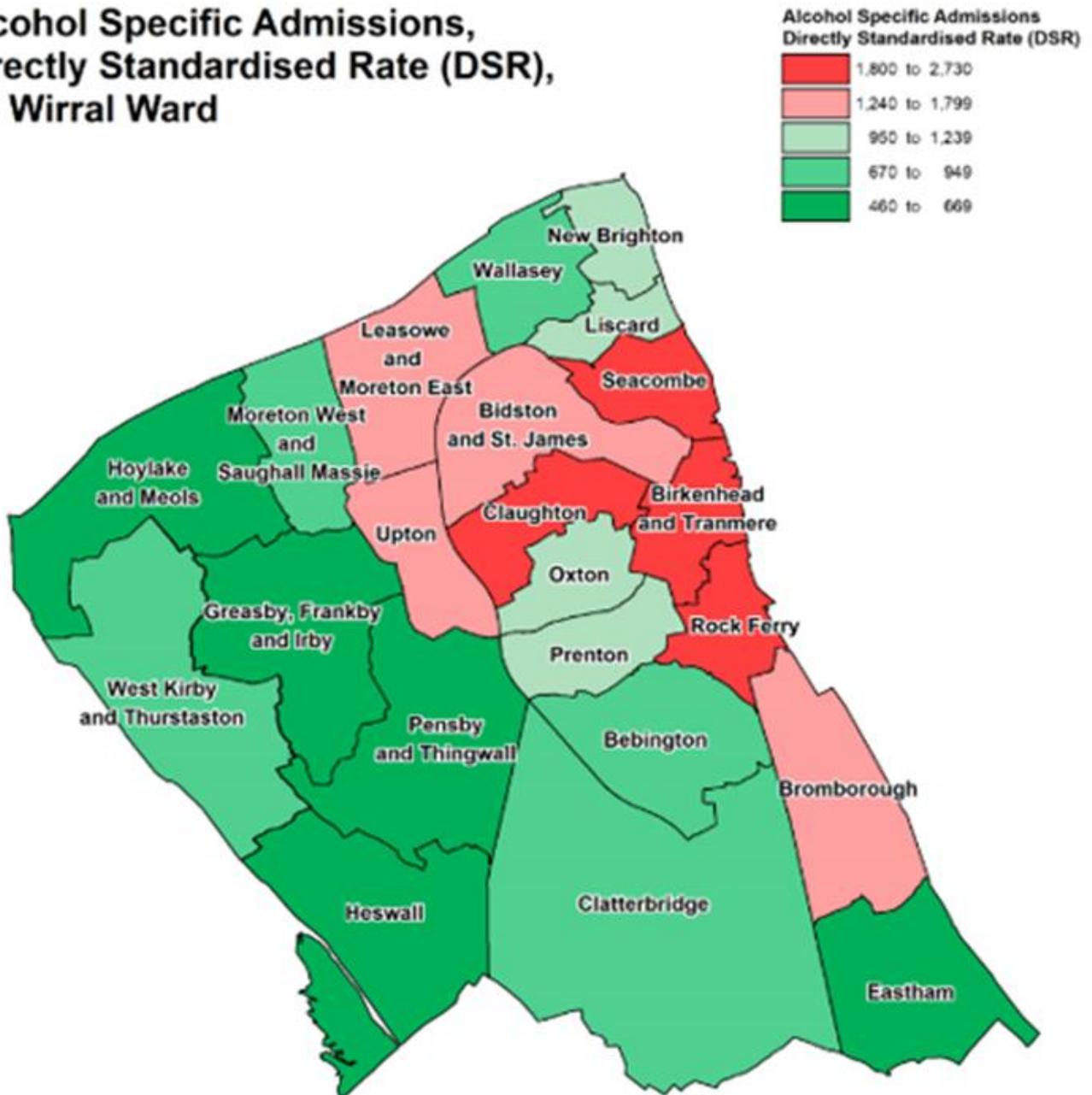
Source: [Public Health Outcomes Framework \(2021\)](#)

There was a total of 3,960 alcohol-specific admissions in Wirral in 2019/20 and they were strongly correlated with deprivation. The most deprived wards in Wirral had the highest admission rates, while the most affluent had the lowest rates. The Wirral overall rate (DSR or Directly Standardised Rate) was 1,140.

Heswall (the most affluent ward in Wirral) had a DSR of 461, while Birkenhead & Tranmere ward (the most deprived ward in Wirral) had a DSR of 2,726. This is a long-standing trend in Wirral. See **Map 8** below.

**Map 8:** Alcohol Specific Admissions (DSRs) by Wirral ward, 2019/20

## Alcohol Specific Admissions, Directly Standardised Rate (DSR), By Wirral Ward

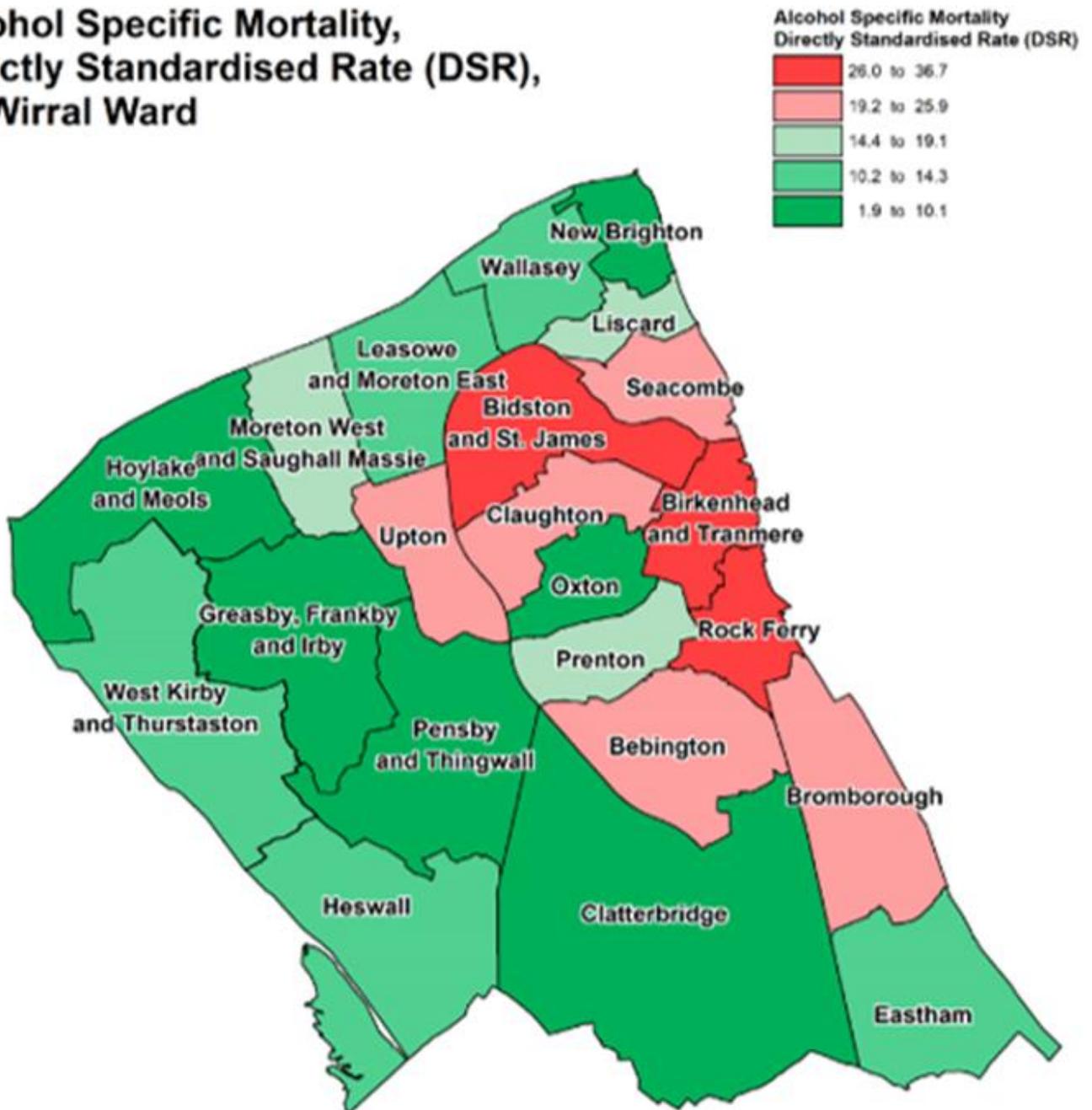


**Source:** SUS, 2020 (2015-19, 5 pooled years)

The same pattern (areas of deprivation having a greater burden of morbidity and mortality related to alcohol) is observable for Alcohol-Specific Mortality rates in Wirral in 2019/20, see **Map 9**

Map 9: Alcohol Specific Mortality (DSRs) by Wirral ward, 2019/20

## Alcohol Specific Mortality, Directly Standardised Rate (DSR), By Wirral Ward

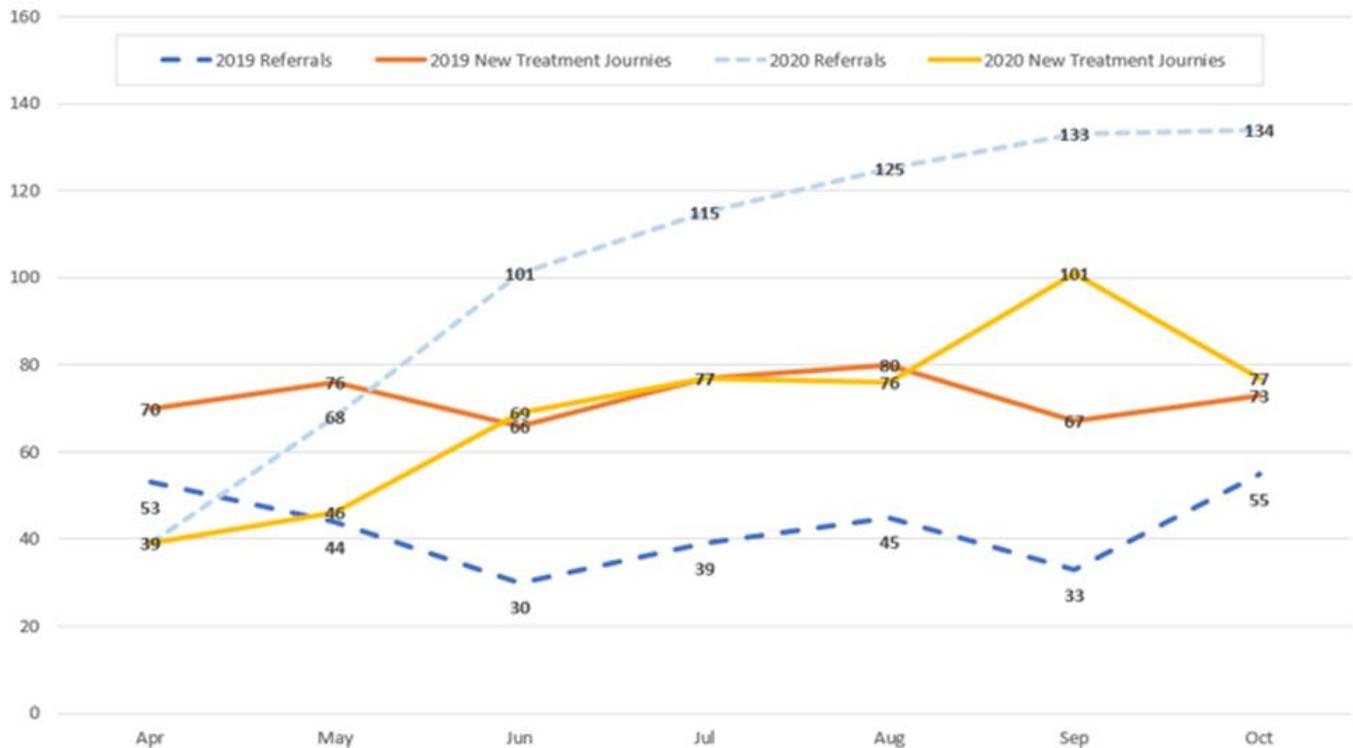


Source: SUS, 2020 (2015-19, 5 pooled years)

### Referrals to alcohol treatment

- **Figure 21** below shows number of alcohol referrals (broken lines) and new treatment journeys (solid lines) for 6 month period April to October 2020, compared to same period in 2019 (to CGL – Change, Grow, Live – Wirral’s main provider of Drug and Alcohol services)
- 299 total referrals for 2019, vs 715 for 2020 (a 139% increase)
- 508 new treatment journeys in 2019, vs 485 for 2020 (a 5% decrease to October)
- The largest increase was in self-referrals (317 in 2020 vs 94 during same 6 month period in 2019)

**Figure 21:** Referrals for alcohol treatment in Wirral: 2019 and 2020 comparison



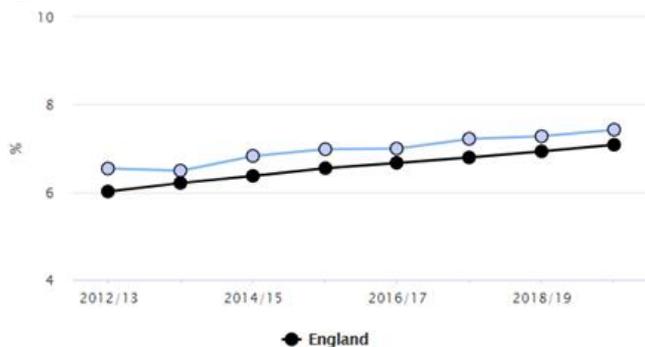
Source: CGL (Change, Grow, Live), 2021

## Long Term Conditions

### Diabetes

Prevalence of diabetes in Wirral in 2019/20 is higher than both the Cheshire & Merseyside area and England overall (7.4% versus 7.1% in Cheshire & Merseyside and England overall) – **figure 22**. Prevalence of diabetes has been steadily increasing in recent years, from 17,504 people in 2012/13 to 20,392 people in 2019/20; an increase of 16.5% in 7 years.

**Figure 22:** Trend in prevalence of diabetes in those aged 17+ (2012/13 to 2019/20)



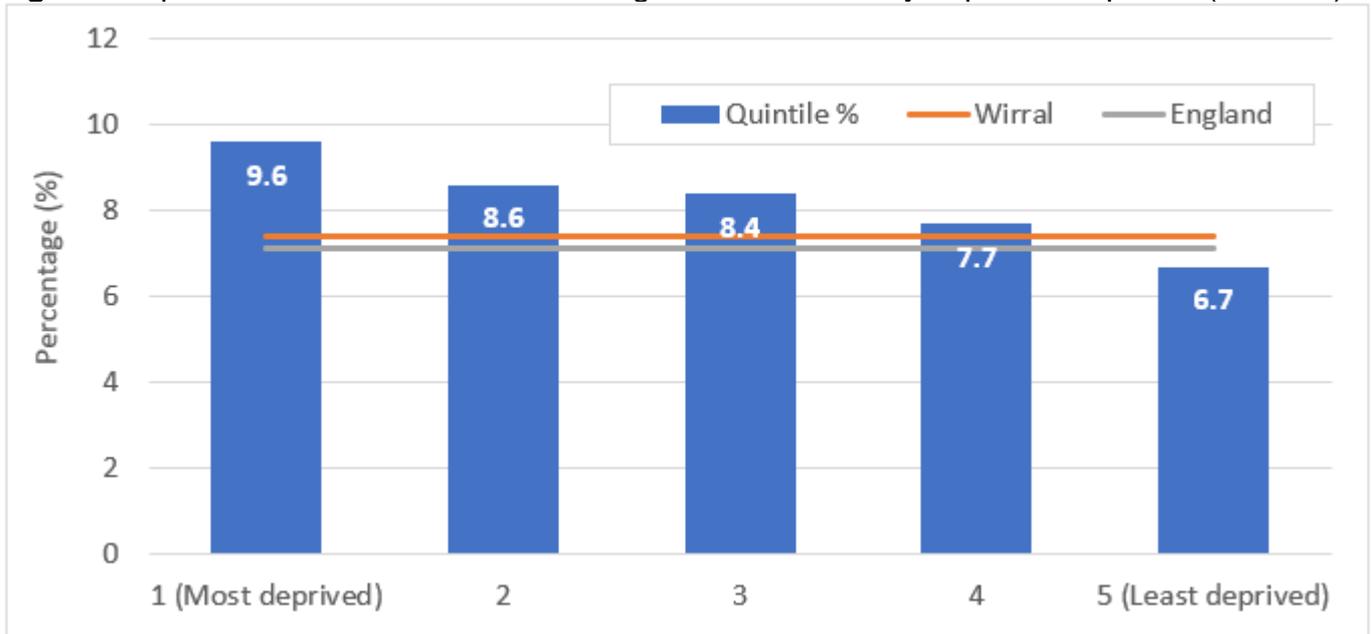
Period	NHS Wirral CCG				Cheshire and Merseyside	England
	Count	Value	95% Lower CI	95% Upper CI		
2012/13	17,504	6.5%	6.4%	6.6%	6.2%*	6.0%
2013/14	17,450	6.5%	6.4%	6.6%	6.3%*	6.2%
2014/15	18,399	6.8%	6.7%	6.9%	6.5%	6.4%
2015/16	18,889	7.0%	6.9%	7.1%	6.7%	6.5%
2016/17	19,428	7.0%	6.9%	7.1%	6.8%	6.7%
2017/18	19,658	7.2%	7.1%	7.3%	6.9%	6.8%
2018/19	19,893	7.3%	7.2%	7.4%	7.0%	6.9%*
2019/20	20,392	7.4%	7.3%	7.5%	7.1%*	7.1%

Source: Quality and Outcomes Framework (QOF), NHS Digital

Source: [Public Health Outcomes Framework \(2021\)](#)

Diabetes prevalence by deprivation quintile in Wirral in 2019/20 is shown in **Figure 23** and is 43% higher in the most deprived quintile of the population (9.6% of the population in the most deprived quintile compared to 6.7% in Quintile 5, the least deprived quintile).

**Figure 23:** prevalence of diabetes in those aged 17+ in Wirral by deprivation quintile (2019/20)

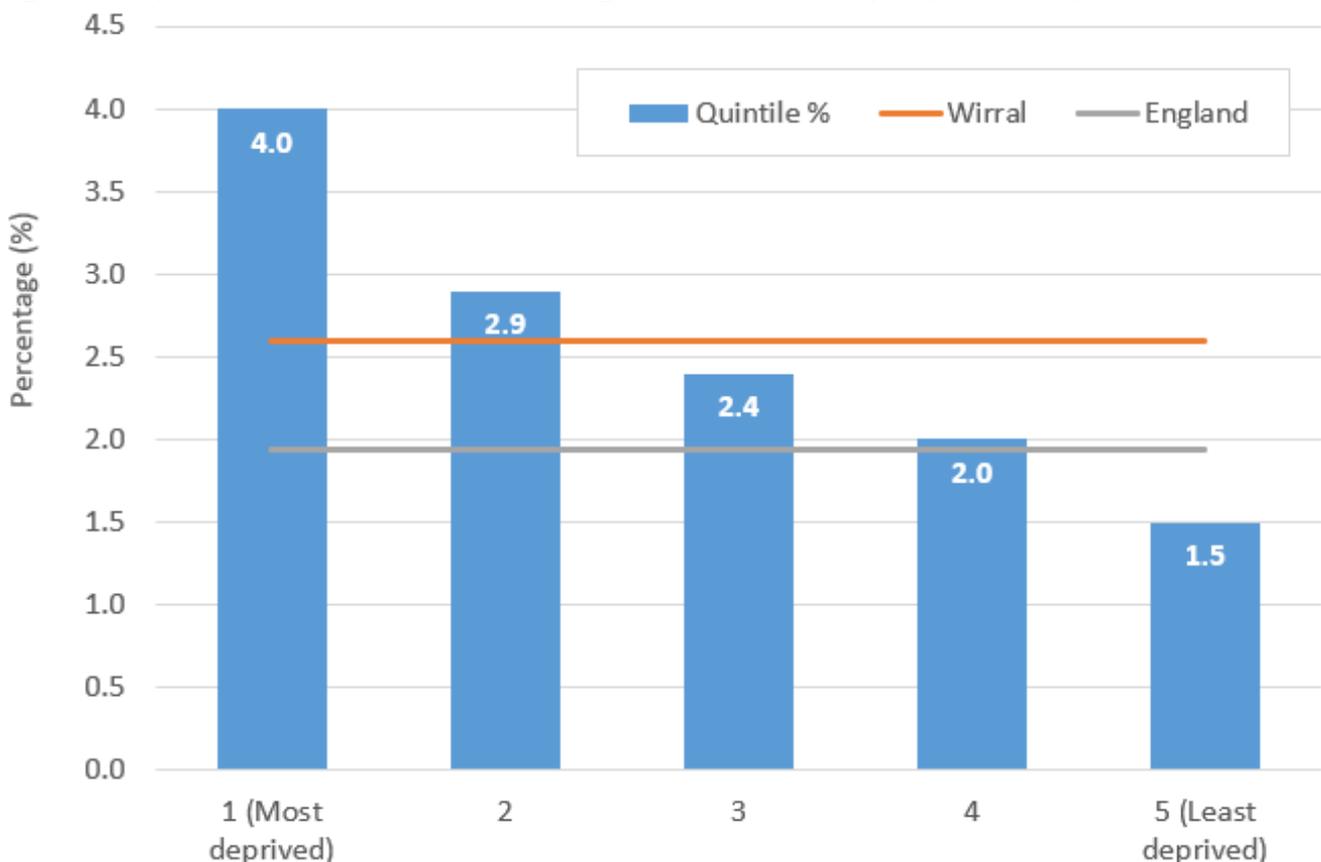


Source: QOF ([Quality & Outcomes Framework](#)), NHS England

## Chronic Obstructive Pulmonary Disease (COPD)

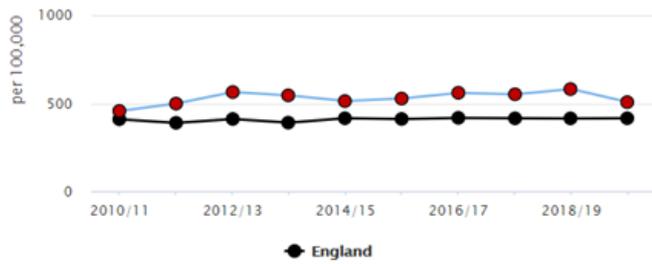
Prevalence of COPD in Wirral in 2019/20 is higher than both the NW and England overall (2.6% versus 2.5% in the NW and 1.9 in England overall). Prevalence of COPD has been steadily increasing in recent years, from 7,814 people in 2012/13 to 8,821 people in 2019/20; an increase of 13% in 7 years. COPD shows a clear association with deprivation, with those in the most deprived quintile, having a rate of COPD which is more than double that of the least deprived quintile (4.0% population in the most deprived quintile versus 1.5% population in the least deprived quintile) see **figure 24** and **figure 25**.

**Figure 24:** prevalence of COPD in those aged 17+ in Wirral by deprivation quintile (2019/20)



Source: QOF ([Quality & Outcomes Framework](#)), NHS England

**Figure 25:** Trend in emergency admissions for COPD, 2010/11 to 2019/20



Period	Count	Value	Wirral		North West	England
			95% Lower CI	95% Upper CI		
2010/11	873	457	427	488	568	410
2011/12	966	499	467	531	526	389
2012/13	1,104	564	531	599	549	411
2013/14	1,077	545	513	579	508	390
2014/15	1,026	513	482	545	553	415
2015/16	1,058	527	496	560	534	411
2016/17	1,148	560	528	594	532	417
2017/18	1,144	552	520	585	532	415
2018/19	1,210	581	549	615	530	414
2019/20	1,075	507	477	538	536	415

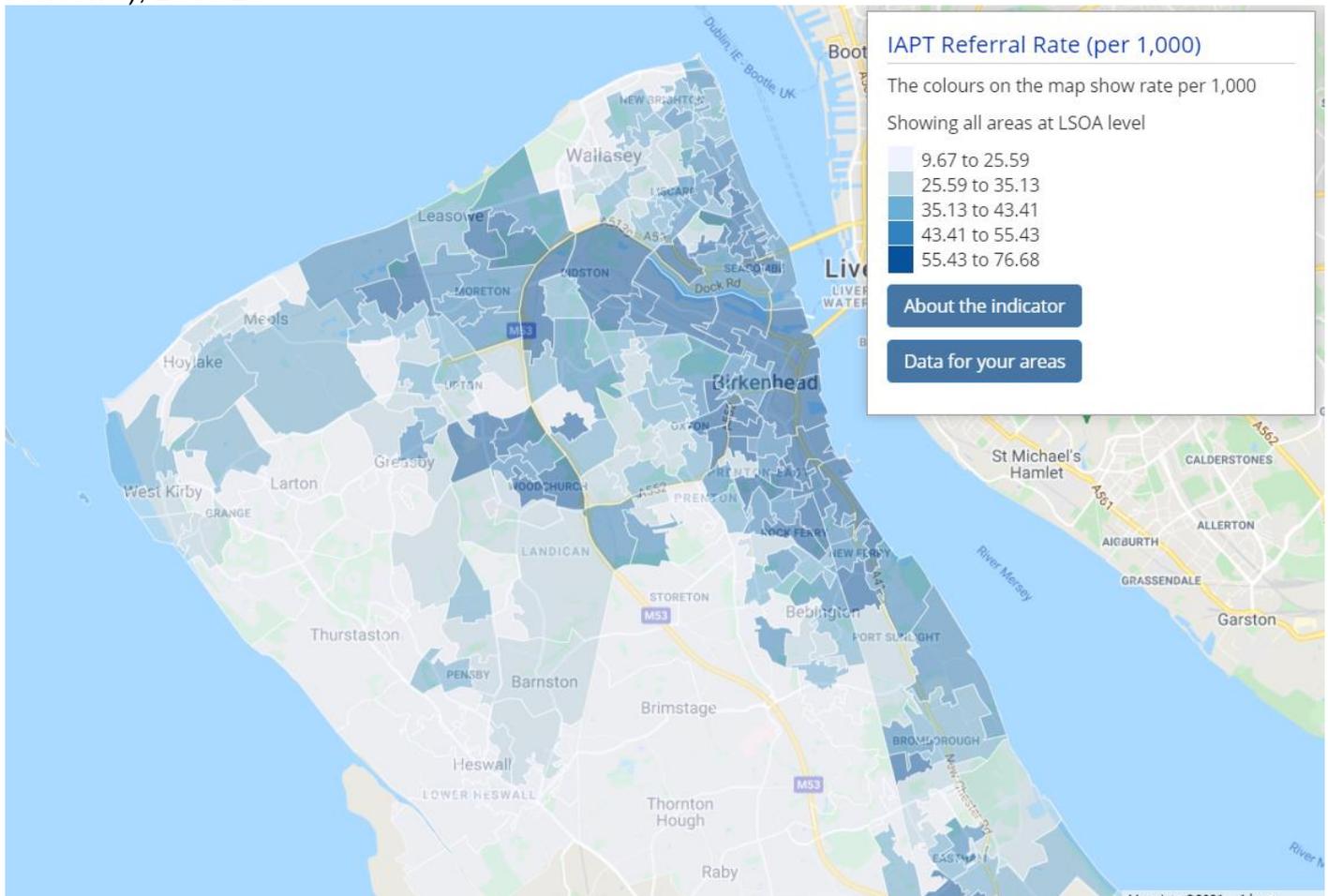
Source: [Public Health Outcomes Framework \(2021\)](#)

## Mental health

### Referral rates for psychological therapy

**Map 10** below shows referrals to IAPT (Improving Access to Psychological Therapy) Service per 1,000 patients registered to GP practices within Wirral CCG in 2019/20. Although not all referrals will enter treatment, it is a fairly good indicator of mental health need

**Map 10:** IAPT (Improving the access to Psychological Therapies), referral rate (per 1,000 residents), 2019/20



Source: Wirral CCG BI Team

As **Map 10** above shows, referral rates vary considerably by ward; the overall rate of referral was 42 per 1,000 residents, but this varied from 61 per 1,000 in Birkenhead & Tranmere ward, to 20 per 1,000 in Heswall ward. In other words, the rate of referral was 3 times higher in areas of deprivation in Wirral, compared to more affluent areas.

## Self-harm

Self-harm events severe enough to warrant hospital admission are shown on the PHOF as a proxy of the prevalence of severe self-harm, these are only the most acute manifestation of poor mental health in relation to the burden of self-harm. Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. However, following an episode of self-harm, there is a significant and persistent risk of suicide which varies markedly between genders and age groups [PHOF, PHE].

In contrast to the trends in completed suicide, the incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people at least, is said to be among the highest in Europe [PHOF, PHE]. Data on self-harm trends using HES data may be somewhat misleading and the large rise they suggest probably reflects improved data collection. Suicide risk is raised 49-fold in the year after self-harm, and the risk is higher with increasing age at initial self-harm [PHOF, PHE].

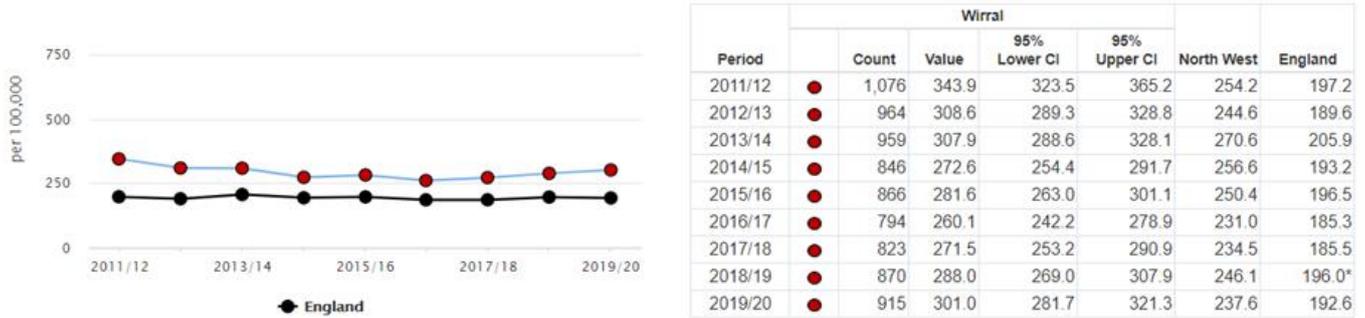
Self-harm is still often poorly understood and people who harm themselves are subject to stigma and hostility; those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. One study of people presenting at Accident & Emergency (A&E) showed a subsequent suicide rate of 0.7% in the first year - 66 times the suicide rate in the general population. After 15 years, 4.8% of males and 1.8% of females had died by suicide.[3] Aside from the obvious danger of death, self-harm and suicide attempts can be seriously detrimental to an individual's long-term physical health if they survive. Paracetamol poisoning is a major cause of acute liver failure. Self-cutting can result in permanent damage to tendons and nerves, not to mention scarring and other disfigurements. The NICE guidelines on self-harm note that people who have survived a medically serious suicide attempt are more likely to have poorer outcomes in terms of life expectancy [PHOF, PHE].

Those at greater risk include [PHOF, PHE]:

- Women - rates of deliberate self-injury are two to three times higher in women than men
- Young people - Self-harming in young people is not uncommon (10-13% of 15-16-year-olds have self-harmed in their lifetime)
- Older people who harm themselves are more likely to do so in an attempt to end their life
- People who have or are recovering from drug and alcohol problems
- Self-harm in prisons is associated with subsequent suicide in this setting, suggesting the prevention and treatment of self-harm is an essential component of suicide prevention in prison
- People who are lesbian, gay, bisexual or gender reassigned
- Socially deprived people living in urban areas
- Women of South-Asian ethnicity
- Individual elements including personality traits, family experiences, life events, exposure to trauma, cultural beliefs, social isolation, and income
- Other factors such as education, housing, and wider macro-socioeconomic trends such as unemployment rates may also contribute directly, or by influencing a person's susceptibility to mental health problems

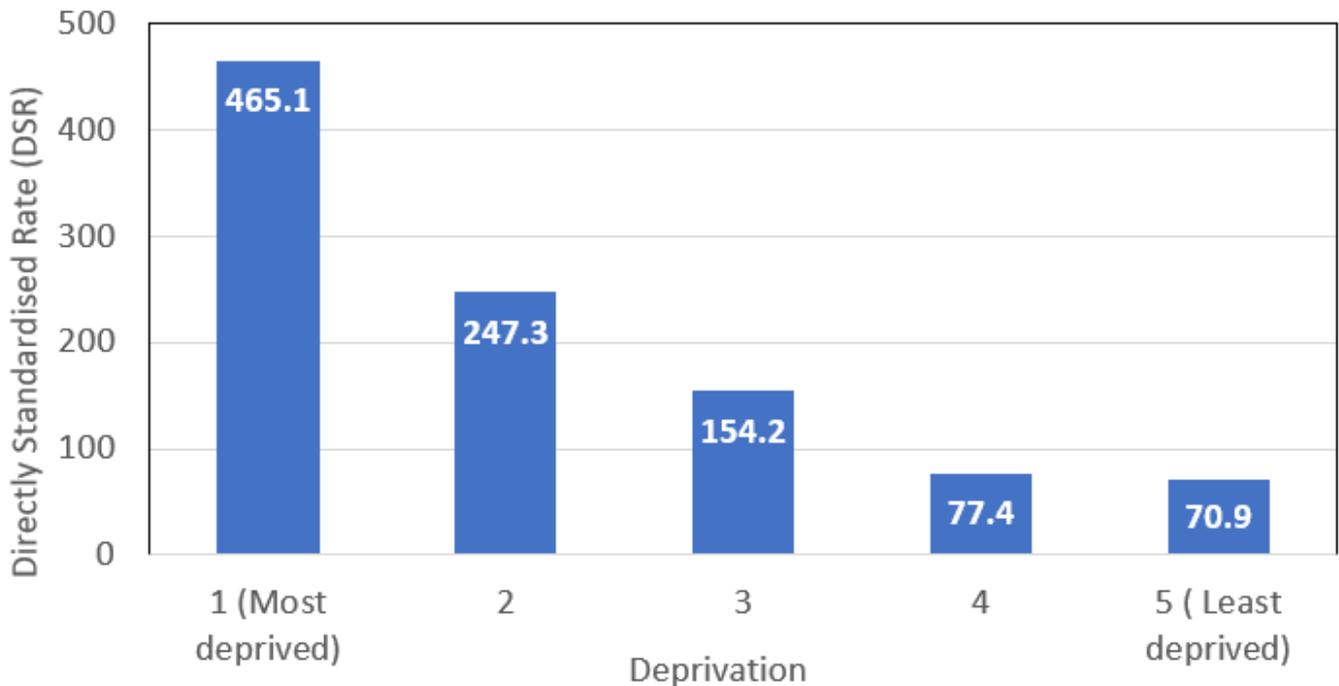
Admissions for self-harm are significantly higher in Wirral than in England overall (301.0 per 100,000 locally, versus 192.6 nationally – or 915 in actual numbers) (**figure 26**) and have been since information on this indicator has been made available. As further breakdown (**figure 27**) shows, these overall numbers show that women are far more likely than men to be admitted as a result of self-harm.

**Figure 26:** Rate (DSR) of Emergency Hospital Admissions for intentional self-harm in Wirral with comparators England, North West (2011/12 – 2019/20)



Source: [Public Health Outcomes Framework \(2021\)](#)

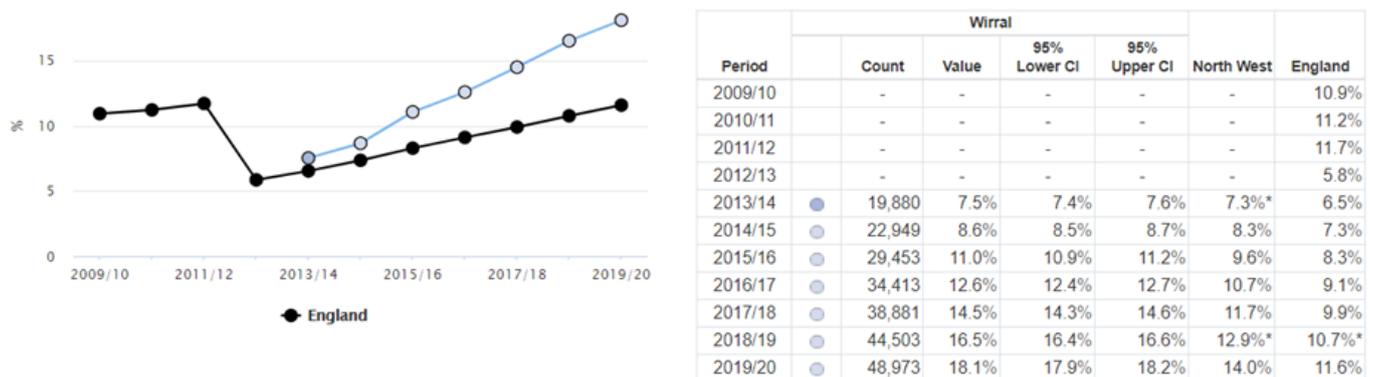
**Figure 27:** Rate of admissions for Self-harm in Wirral by Deprivation Quintile, 2019/20



## Depression

The recorded depression prevalence (**figure 28**) is the number of people with depression recorded on GP practice registers, as a proportion of the practice list size of the CCG aged 18 years or over.

**Figure 28:** Recorded prevalence of Depression (%) (aged 18+) for Wirral with comparators England, North West (2009/10 – 2019/20)



Source: *Quality and Outcomes Framework (QOF), NHS Digital*

Source: [Public Health Outcomes Framework \(2021\)](#)

The prevalence of those recorded as having ever had depression on GP records in Wirral is much higher than England, at 18.1% of the population aged 18+ overall, compared to 11.6% in England. This figure has increased considerably in recent years, in 2013/14 the overall prevalence in Wirral was 7.5% compared to 6.5% in England – meaning prevalence has more than doubled in 6 years.

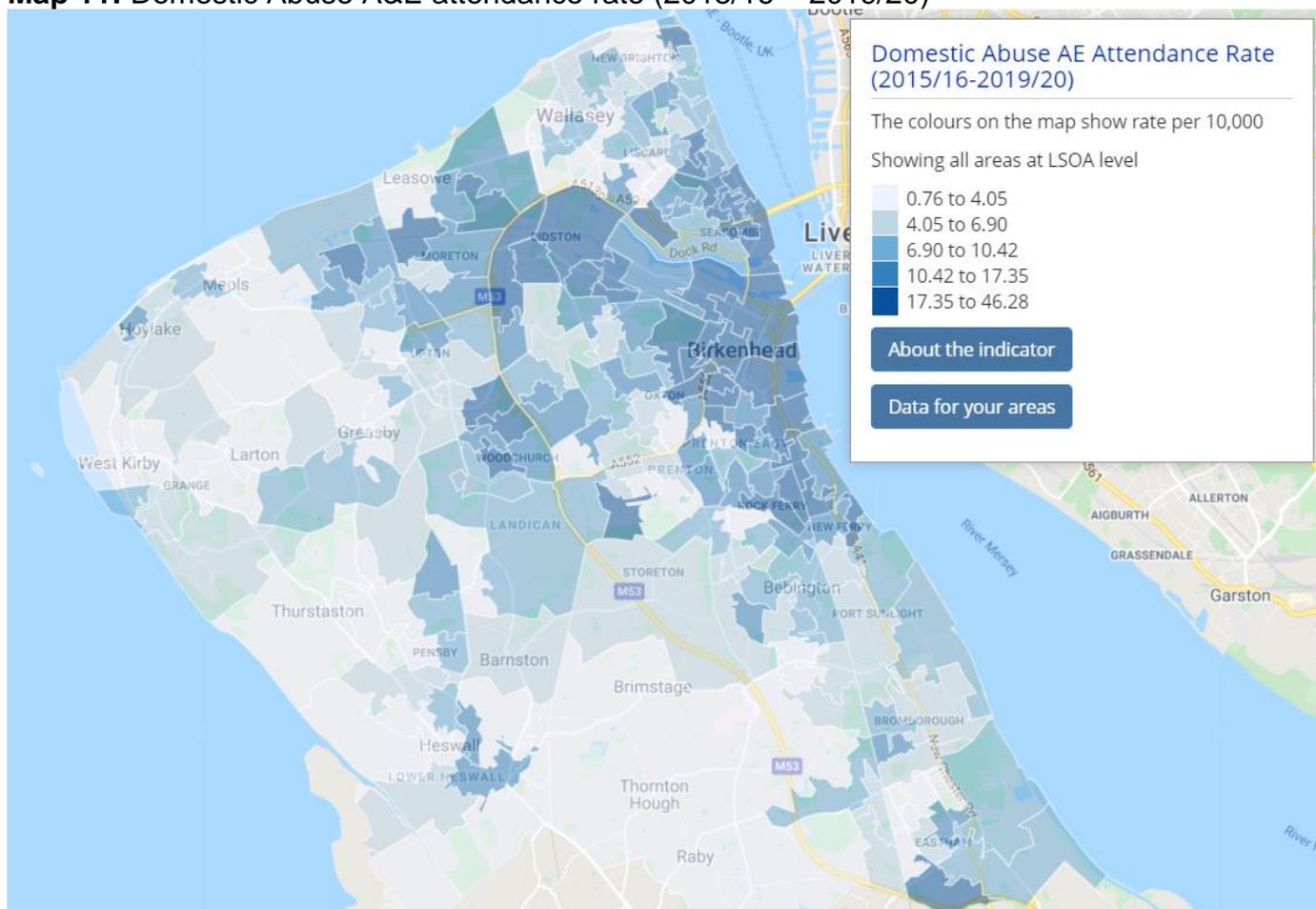
Even this large overall figure, however, hides large inequalities, with some practices with populations in areas of deprivation having as many as 1 in 3 (or 33.6%) of their populations recorded as having depression. In more affluent areas, the equivalent is around 1 in 14 (or 7.7%) of their practice population recorded as having had depression in 2019/20 (Source: [Public Health Outcomes Framework \(2021\)](#)).

## Crime

### Anti-social behaviour

**Map 11** shows the rate of attendances for domestic abuse (5 pooled years); it shows that rate of attendances mirrors the areas of deprivation in Wirral – with rates varying from 26.5 per 10,000 in Birkenhead & Tranmere ward, to 3.7 in West Kirby & Thurstaston ward (overall Wirral rate of 11.2 per 10,000).

**Map 11: Domestic Abuse A&E attendance rate (2015/16 – 2019/20)**



Source: [Local Insight Wirral](#), 2021 (data from Trauma, Injury Intelligence Group (Liverpool John Moores University, 2021))

Attendances at Arroe Park A&E for injuries and assaults reported as being carried out by somebody known to the attendee are compiled by TIIG (Trauma, Injury & Intelligence Group) of LJMU.

Reported incidents of anti-social behaviour (ASB), were located to the point at which they occurred and allocated to the appropriate Constituency; ASB is defined as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person'. The data in **Table 2** below is reported incidents and shows the two calendar years of 2019 and 2020.

**Table 2:** Reported incidents of anti-social behaviour in Wirral, by Constituency, 2019 and 2020 (calendar years)

Area	2019		2020		Change	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	%
<b>Birkenhead</b>	2,283	25.2	3,439	37.9	1,156	50.6
<b>Wallasey</b>	1,433	15.8	2,444	27.0	1,011	70.6
<b>Wirral South</b>	775	10.6	1,409	19.2	634	81.8
<b>Wirral West</b>	797	11.5	1,600	23.0	803	100.8
<b>Wirral</b>	<b>5,288</b>	<b>16.3</b>	<b>8,892</b>	<b>27.4</b>	<b>3,604</b>	<b>68.2</b>

Source: <https://data.police.uk/data/>

As **Table 2** shows, there has been a 68% increase in ASB in Wirral between 2019 and 2020 when a large number of months were spent in lockdown. The overall increase hides large variation between Constituencies, which ranged from 50.6% in Birkenhead (lowest increase, but still the highest number of reported incidents), to 100.8% increase in Wirral West.

## Domestic Abuse

As **Table 3** shows, the number of crimes and incidences of domestic abuse have been increasing in recent years. This may not necessarily be due to increased incidence, but due to increased awareness and willingness to report to the police. It is clear that Wirral has a higher rate than Merseyside, the North West and England overall and this appears to be a long-standing trend.

**Table 3:** Trend in Domestic abuse crimes and incidences in Wirral and comparators, 2010/11 to 2019/20

Year	Wirral	Merseyside	North West	England	
	Crimes and Incidences				Rate per 1,000
2010/11	9,214	*	27.6	22.2	18.4
2011/12	9,416	*	28.8	21.1	18
2012/13	9,591	36.8	29.3	21.4	18.1
2013/14	9,589	36.8	28.4	21.4	19.4
2014/15	9,806	37.5	27.6	20.5	20.4
2015/16	10,308	39.4	26.2	23.5	23.7
2016/17	9,965	38.1	24.6	24.1	24.0
2017/18	10,189	38.9	23.6	25.1	25.1
2018/19	11,942	45.5	25.8	28.6	27.4
2019/20	12,795	48.7	28.8	25.7	28.0

Source: [Wirral Intelligence Service Annual Statistical Compendium, 2021](#)

### Notes and definitions for Table 3

1. Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members. It can include psychological, physical, sexual, financial and/or emotional abuse (Home Office, 2013)
2. Figures from 2015/16 include the new methodology which captures data relating to the new categories of all domestic abuse related crimes and domestic abuse related incidents. Figures from 2015/16 onwards are therefore not comparable with data released in previous years.
3. An incident is an occurrence reported to the police where circumstances are considered as domestic by the call the call handler. An incident may or may not result in a crime record being created
4. A crime is controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality
5. Offences have been recorded as a crime, whereas the number of incidents refers to those that were not recorded as a crime, so the two categories are mutually exclusive of each other
6. Rates have been calculated using the preceding calendar years mid-year population estimated sourced from the Office for National Statistics (ONS)
7. \* notes that data is not available at the time of publishing

Source: *Public Health Outcomes Framework*, [Public Health England \(PHE\)](#) and *Merseyside Police Information Management Systems*

## Life expectancy

Life expectancy is an important marker for the underlying health of the population. Consequently, it is calculated regularly (annually). Life expectancy at birth in England showed dramatic increases throughout the twentieth century as health and living conditions improved.

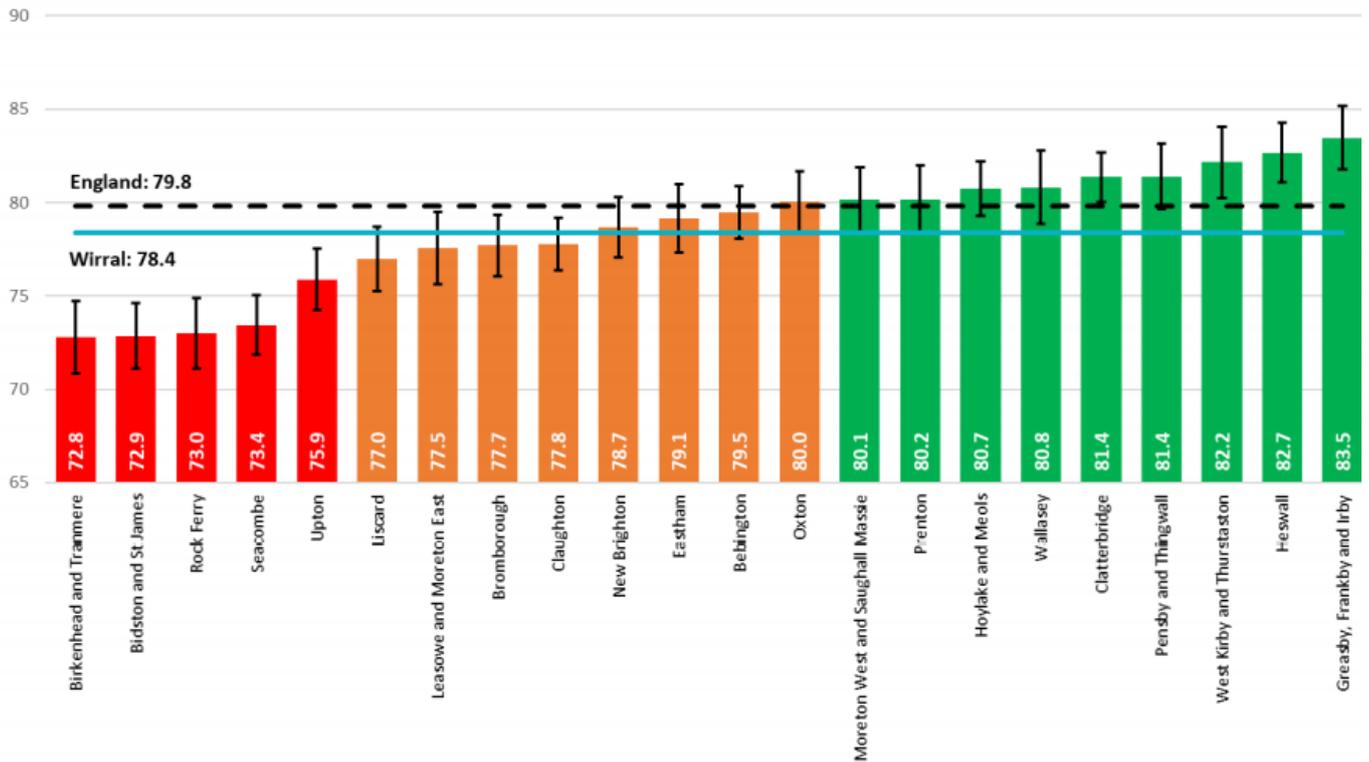
It increased from 46 for males and 50 for females in 1900, to 76 for males and 80 for females in 2000 and has continued to increase since.

However, increases in life expectancy have not been uniform across all social groups and the inequality in life expectancy between those from more deprived areas and those from more affluent areas has continued to increase. A full report on [Life Expectancy in Wirral updated for 2017-19 is available here](#). This report also highlights the causes of the gap between Wirral and England (e.g. showing that the largest cause of the gap was respiratory disease, for both males and females). This analysis on the gap, was originally carried out by Public Health England and more information is available on the [Segment Tool section](#) of the Public Health Outcomes Framework website.

As **Figure 29** shows, there is a gap of 10.7 years between the wards with the highest and lowest male LEx in Wirral for 2017-19 (Birkenhead and Tranmere and Greasby, Frankby and Irby). The average Wirral LEx for males was 78.4 years, whilst the England average was 79.8 for the same time period (1.4 years higher).

The four wards with the lowest LEx are also the four most deprived wards in Wirral according to the IMD 2019: Birkenhead & Tranmere, Bidston & St James, Rock Ferry and Seacombe.

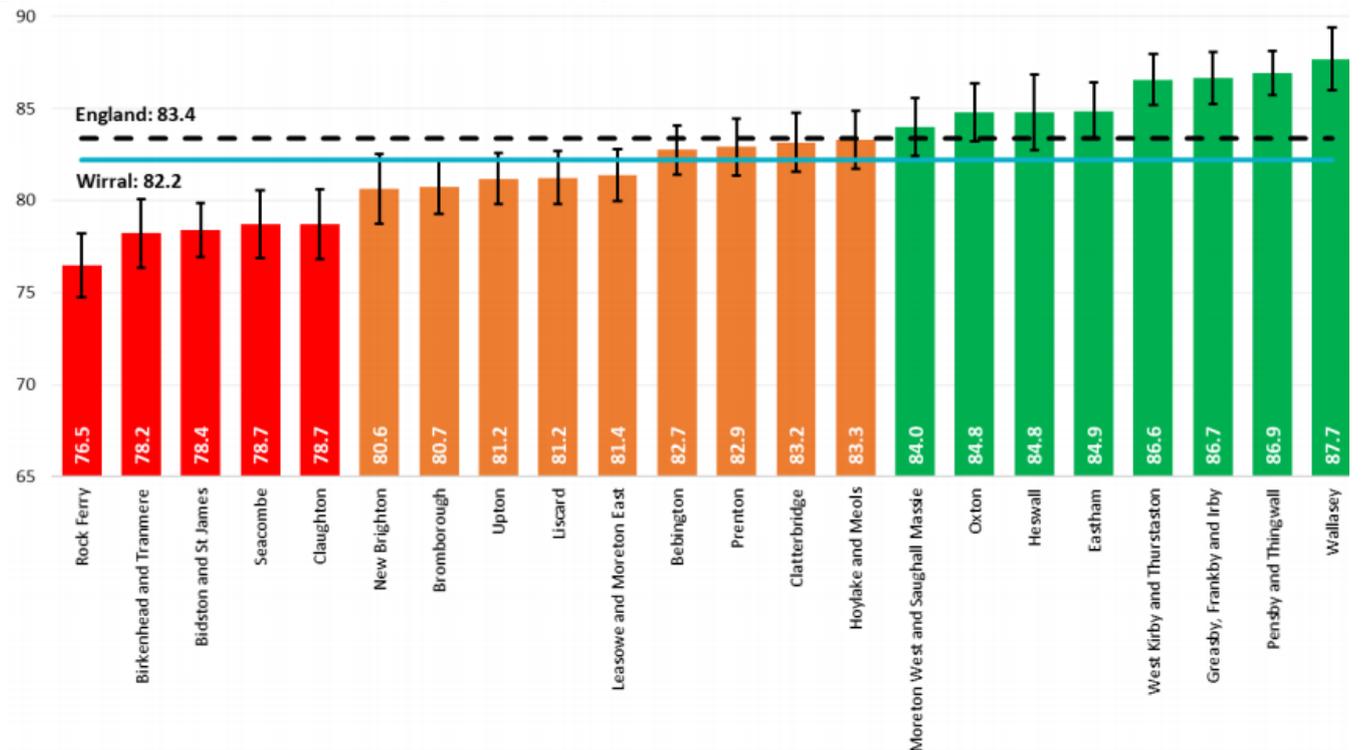
**Figure 29: Male life expectancy at birth, by Wirral Ward, 2017-19**



Source: Public Health Intelligence Team, Wirral Intelligence Service, 2021

As **Figure 30** below shows, in 2017-19, the gap between the Wirral wards with the highest and lowest female LEx was 11.2 years (Rock Ferry and Wallasey). As was the case with males, the four wards with the lowest female LEx are the four most deprived wards in Wirral: Rock Ferry, Birkenhead & Tranmere, Bidston & St. James and Seacombe.

**Figure 30: Female life expectancy at birth, by Wirral Ward, 2017-19**



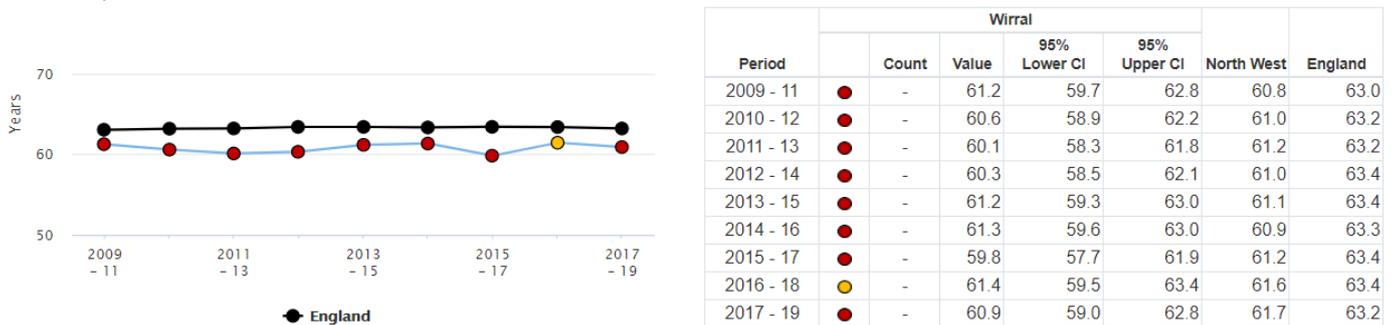
Source: Public Health Intelligence Team, Wirral Intelligence Service, 2021

## Healthy life expectancy

In addition to life expectancy, we also monitor healthy life expectancy (HLE), or the number of years people can expect to live in 'good' health. Increases in HLE have not matched the gains in life expectancy, meaning that although people are living longer, their later years are spent in poorer health, creating greater demands on health and social care services.

In 2017-19, HLE in Wirral was 60.9 years for men compared to 63.2 years for men in England (significantly worse than England, as shown by **figure 31** below). On comparing HLE to LEx, this measure shows that, in Wirral, a male is likely to spend approximately only three-quarters (or 77.6%) of their life in 'good' health and the remainder (22.4% or 17.6 years) in poorer health.

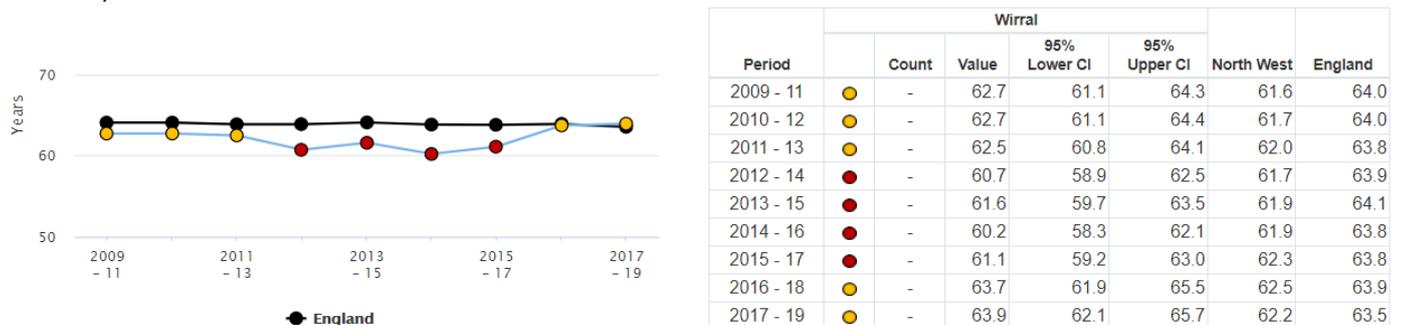
**Figure 31:** Trend in male Healthy Life Expectancy for Wirral and comparators, 2009/11 to 2017/19)



Source: [Public Health Outcomes Framework \(2021\)](#)

Women in Wirral are estimated to spend 77.6% of their life (or 63.9 years) in 'good' health and 22.4% (or 18.4 years) in poorer health. See **figure 32** below. This is marginally higher than women in England overall (but not significantly so).

**Figure 32:** Trend in female Healthy Life Expectancy for Wirral and comparators, 2009/11 to 2017/19)



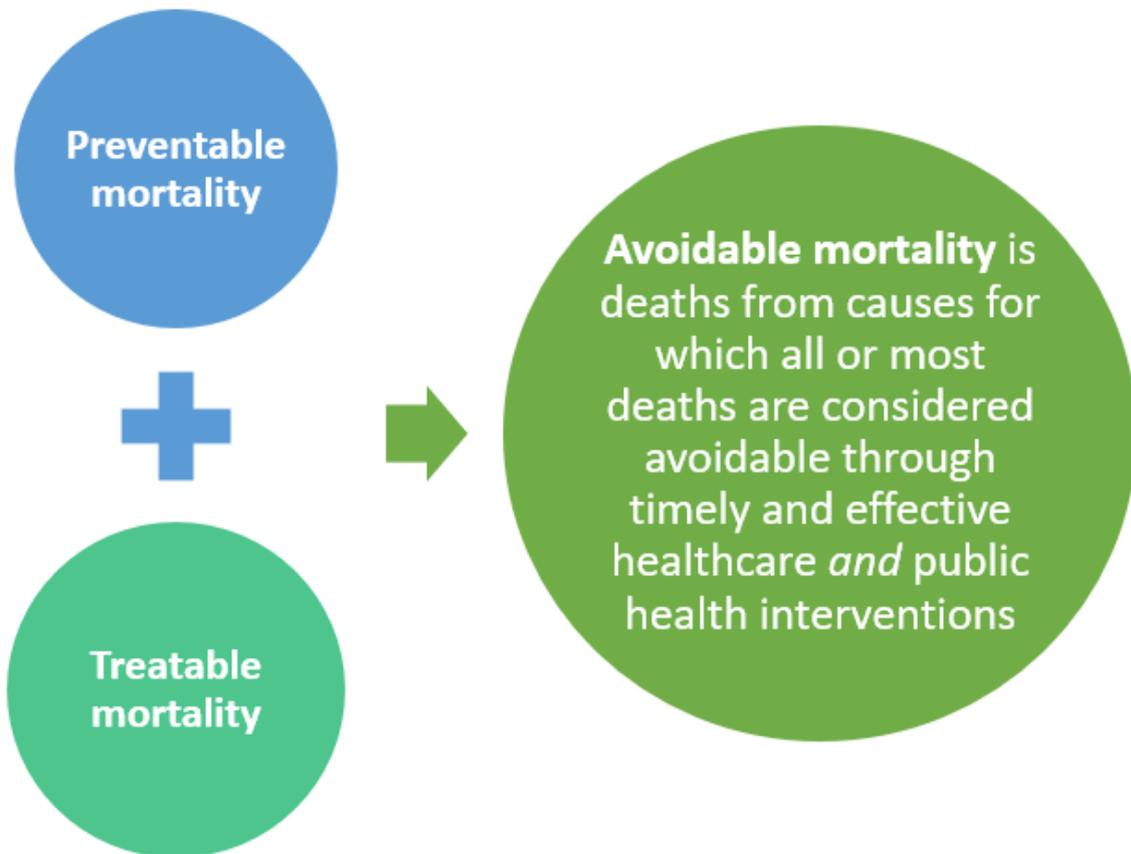
Source: [Public Health Outcomes Framework \(2021\)](#)

## Mortality

### Avoidable mortality

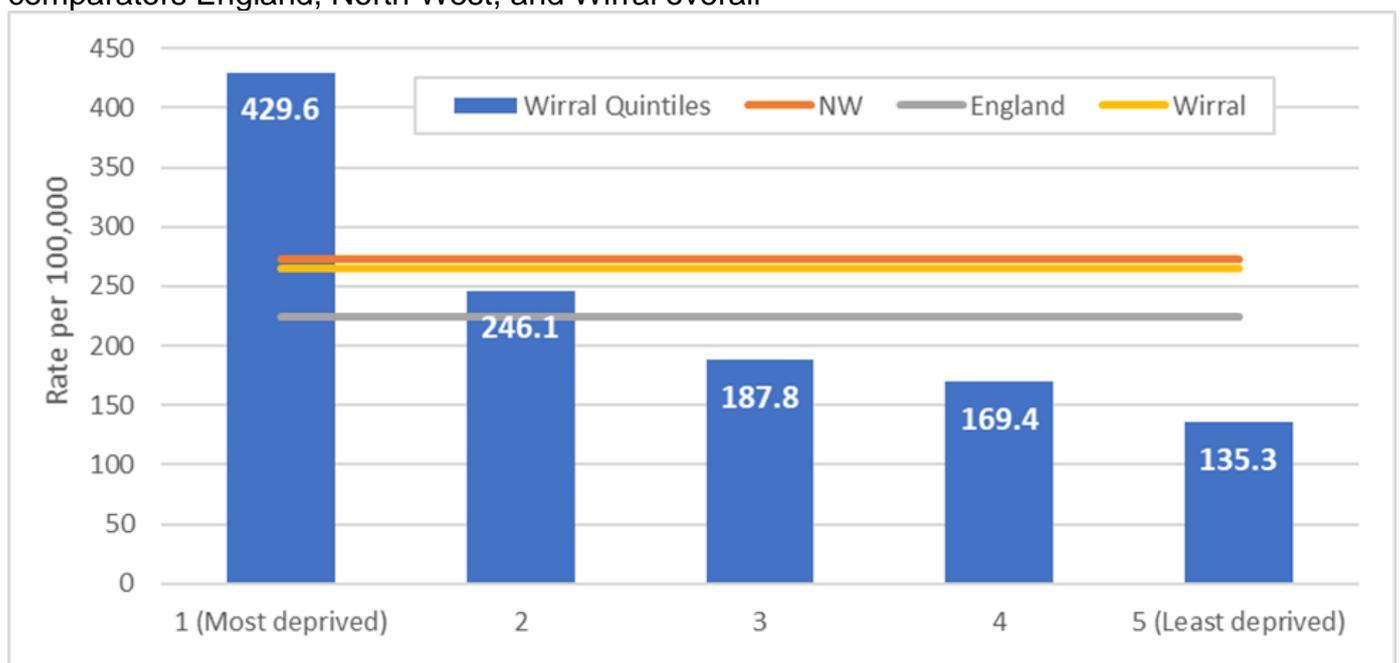
Avoidable mortality is deaths from causes for which all or most deaths are considered avoidable through timely and effective healthcare and public health interventions, specifically:

- Preventable mortality - deaths that can be mainly avoided through effective public health and primary prevention interventions
- Treatable mortality - deaths that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment



**Figure 33** below shows the rate (per 100,000) of avoidable deaths in Wirral by deprivation quintile in 2017-19 (with comparators of England, the North West and Wirral overall as comparator lines).

**Figure 33:** Rate of Avoidable Mortality by Deprivation Quintile in Wirral in 2017-19, with comparators England, North West, and Wirral overall



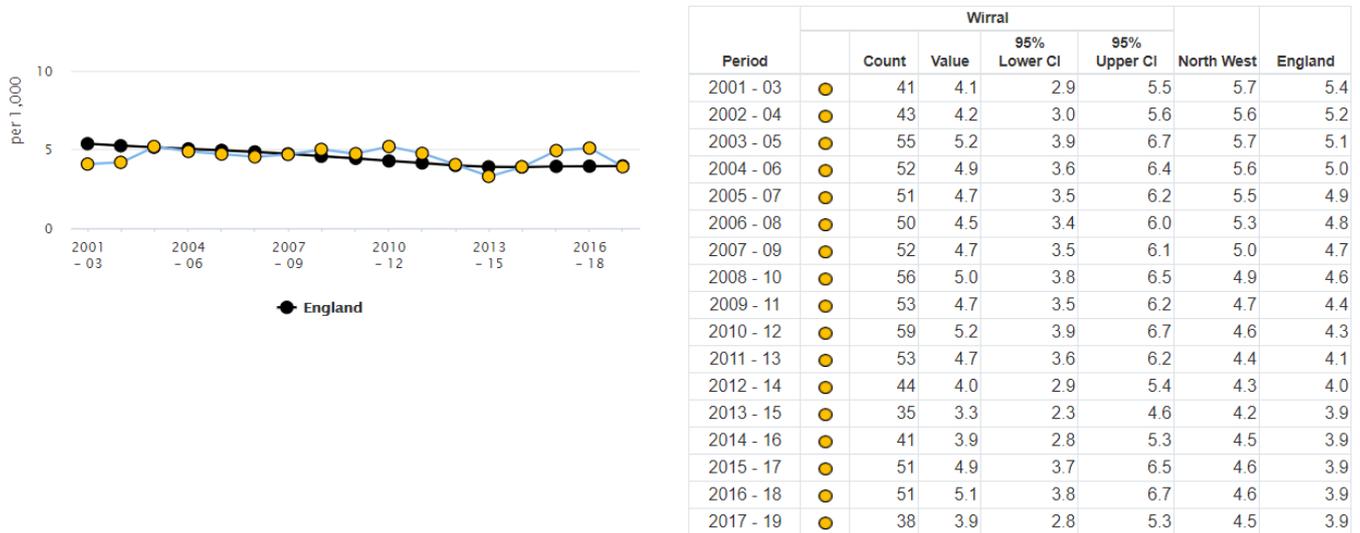
Source: PCMD (Primary Care Mortality Database), 2021

As **Figure 33** shows, the rate of Avoidable Mortality in Wirral in 2017 varied widely by deprivation quintile, with the rate more than 3x higher in the most deprived quintile of the population, compared to the least deprived quintile (429.6 vs 135.3 per 100,000).

## Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social, and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn (see **Figure 34** below).

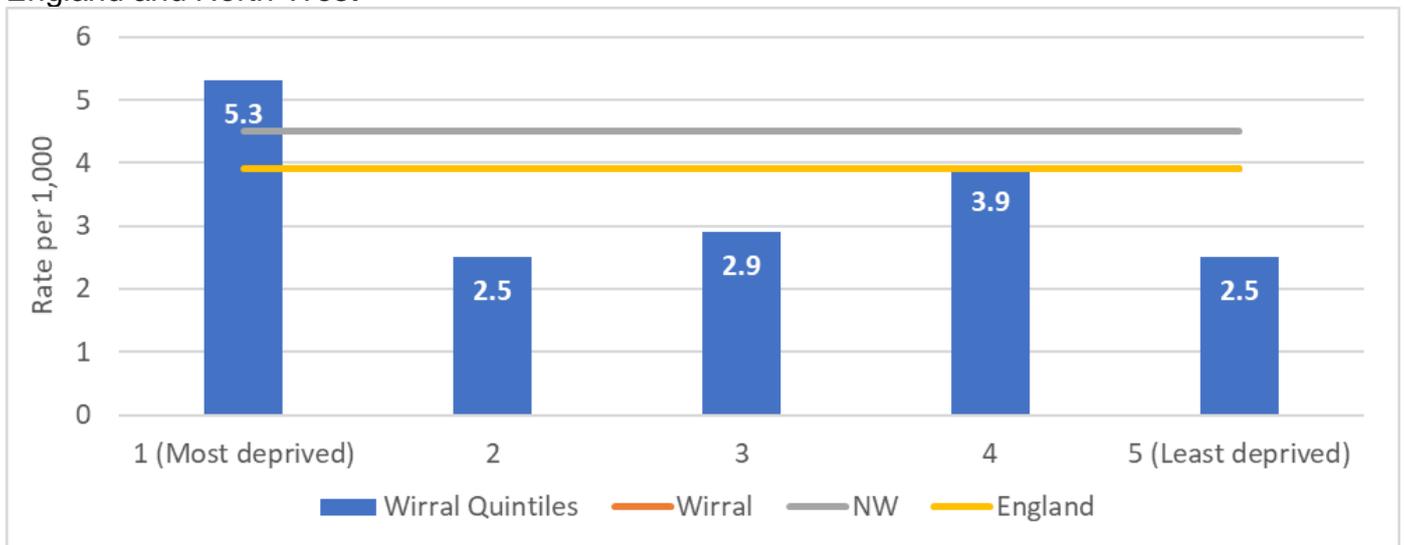
**Figure 34:** Trend in Infant Mortality rate for Wirral and comparators, 2001/03 to 2017/19)



Source: [Public Health Outcomes Framework \(2021\)](#)

In 2017-19, Wirral overall had an infant mortality rate that was exactly the same as England (3.9 per 1,000) and was lower than the North-West overall (4.5 per 1,000). As with so many health issues however, the overall rate hides large inequalities, shown in the **Figure 35** below.

**Figure 35:** Infant mortality in 2017-19 by deprivation quintile in Wirral, with comparators of England and North-West



Source: PCMD, 2021 (Primary Care Mortality Database)

Note: Wirral line is hidden by the England line, as both rates are exactly 3.9

As **Figure 35** shows, the most deprived quintile had an infant mortality rate that was more than double the rate of the least deprived quintile.

Although quintile 4 (for reasons that are unclear but are possibly a product of fairly low numbers (n=38 for the 3 pooled years of 2017-19), has the 2<sup>nd</sup> highest rate, that Quintile 1 has by far and away the highest rates.

### Geographical access

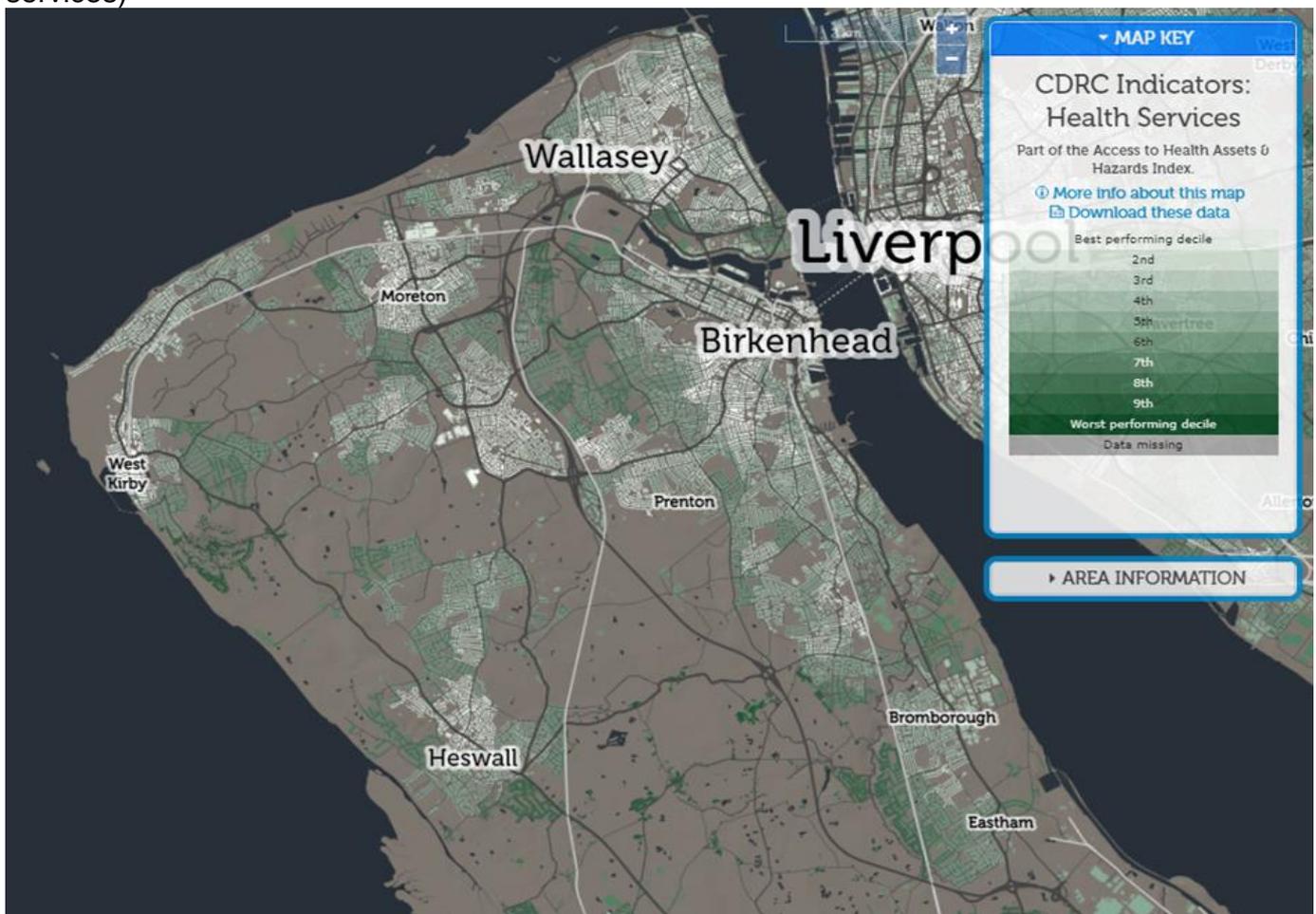
Geographic accessibility to health services has been demonstrated to be associated with use of services. As part of the Index of '[Access to Healthy Assets and Hazards](#)' (AHAH) developed by the University of Liverpool and the CDRC ([Consumer Data Research Centre](#)), accessibility to three 'domains' has been calculated and mapped; the 'domains' are:

- 1) Retail environment
- 2) Health services
- 3) Physical environment

The accessibility to health-related services included distance (km) to: GP surgeries; A&E Hospitals; Pharmacies; Dentists and Leisure Centre's and the **map 12** below shows Wirral's performance on this domain.

**Map 12** below shows a mixed picture in Wirral, with accessibility being poor in both in some areas of deprivation (Bidston, Beechwood, parts of Seacombe, Poulton and Moreton for example), but also in some affluent areas (such as Caldy, Spital, Dibbinsdale, Irby and Thornton Hough), although the much higher likelihood of having access to a vehicle in more affluent areas is likely to mean longer distances to health services is likely to be less of an issue (see **Table 1**).

**Map 12:** Access to health services in Wirral (GPs, hospitals, pharmacies, dentists, leisure services)



Source: [Consumer Data Research Centre](#), 2021

## Waiting times

The NHS England waiting time for non-urgent treatments and procedures is 18 weeks (from the day an appointment is booked, or when the hospital or service receives a referral letter), to the time of treatment. In March 2020, the average waiting time in Wirral (WUTH), was 9.3 weeks (across all specialties), by March 2021, this had increased to 9.4 weeks. The percentage of people seen within the 18 week target in March 2020 was 76.4%; by March 2021 this has reduced to 70.0% of people.

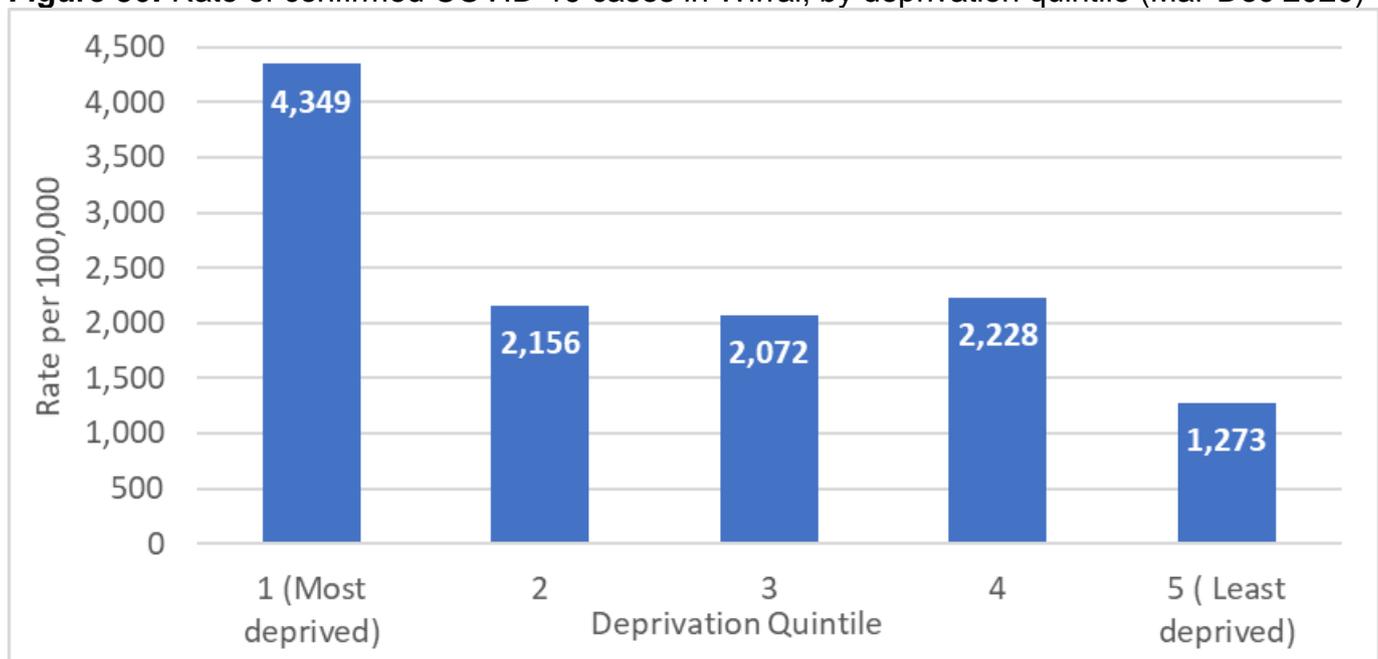
The largest increase in waiting times has been in the Geriatric Medicine specialty, which has gone from 94.1% of people seen within 18 weeks in March 2020, to 61.5% in March 2021 (average waiting time has increased from 4 weeks to 14 weeks).

## COVID-19

### COVID-19 Cases

COVID-19 cases were widely predicted to have a disproportionate impact on the most deprived at the beginning of the pandemic in early 2020 (by organisations such as Red Cross\*, Centre for Progressive Policy etc...) and this turned out to be the case both locally and nationally.

**Figure 36:** Rate of confirmed COVID-19 cases in Wirral, by deprivation quintile (Mar-Dec 2020)



Source: Situational Explorer, Public Health England, 2021

**Figure 36** shows that the rate of COVID-19 infections (March to December 2020) was more than triple the rate in the most deprived quintile, than was the case in the least deprived quintile.

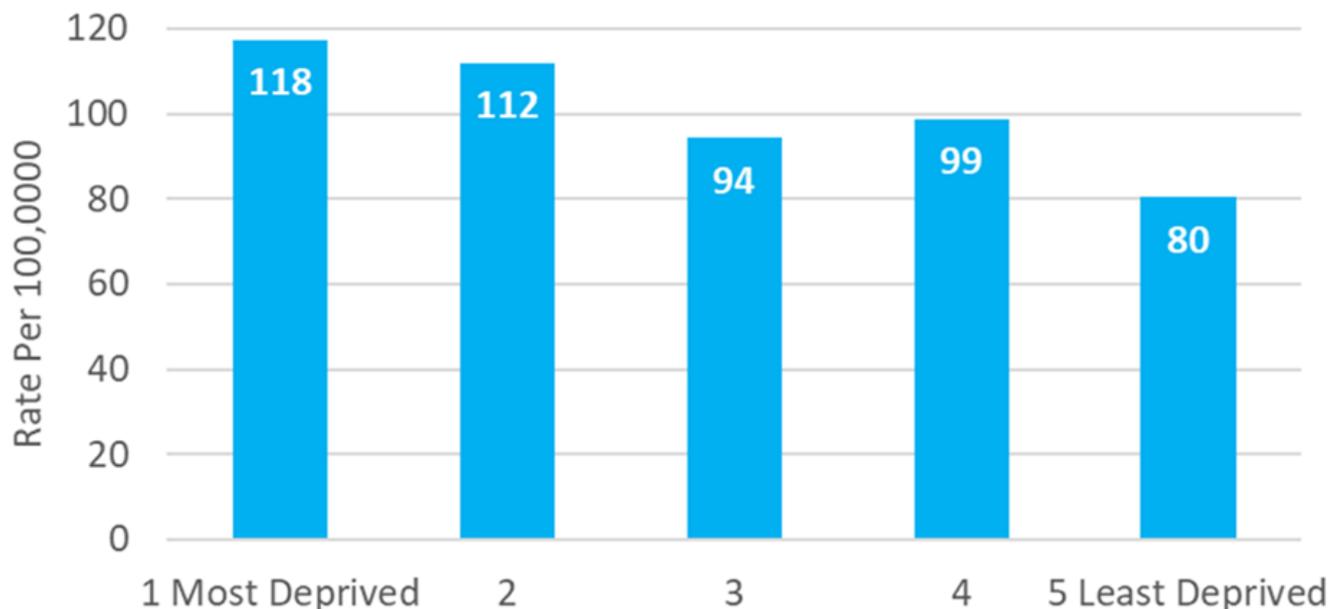
### COVID-19 Mortality

Nationally, PHE has reported that mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females (Source: [Disparities in the risk and outcomes of COVID-19](#). Public Health England, June 2020).

Locally however, the relationship between deaths and deprivation initially appeared less clear, with rates highest in Quintile 4 (second least deprived quintile); A large contributory factor to this, however, was the location of Care Homes in Wirral, as the majority of COVID-19 deaths in Quintile 4 occurred in Care Home residents. When deaths in non-Care Home residents were

analysed separately, the pattern was much more comparable with national findings (i.e., death rates highest in Quintile 1 and lowest in Quintile 5). See **Figure 37**.

**Figure 37:** Rate of COVID-19 deaths (rate per 100,000) in Wirral, in non-Care Home residents by IMD Quintile in 2020



**Source:** Situational Explorer, Public Health England, 2021

As **Figure 37** above shows, when deaths which occurred *outside* of care homes are calculated separately as a rate per 10,000 deaths (for each quintile), the highest rates are seen in Quintile 1 and the lowest seen in Quintile 5.

- Nationally, PHE report that men working as security guards, transport workers, chefs, sales/retail assistants, lower skilled workers in construction and processing plants and social care workers of both genders had significantly high rates of death from COVID-19.
- In Wirral, just 68 out of a total of 616 COVID-19 deaths (to 31/12/2020) were of working age (aged 16-67); almost one in five of those deaths (19%) had a blank field for occupation.
- With the caveat that numbers locally are small, the largest categories of occupational field for deaths from COVID-19 in Wirral were Health & Social Work (13%), Construction (12%) and Motor Trade, Wholesale & Retail (10%).
- The presence of Health & Social Work and Motor Trade, Wholesale & Retail in the top 3 is not surprising, as they are the two largest employment fields in Wirral, employing respectively, 22.8% and 16.6% (almost 40% in total) of the total working population of Wirral.
- In fact, given that 22.8% of Wirral work in Health & Social Work, plus a potential level of exposure to COVID-19 which is higher than the public at large, it is perhaps surprising that the number of deaths is not larger in this group (16.4% of all deaths from COVID-19).
- The most over-represented occupational group in Wirral was Construction, which employs only 4.0% of the Wirral population, but accounted for 14.5% of deaths (caveat of small numbers)

## Local Data

### Indirect impact of COVID on population outcomes

This [short report](#) and its themes, provided by various departments in Wirral Council outline the emerging and evolving evidence about the indirect impacts of COVID-19 across a range of themes that impact upon health.

These themes are based on research evidence nationally, regionally, and locally exploring the impact of the pandemic on health and wellbeing. As validated intelligence systems often have substantial time lag, this information is based on locally collated intelligence. It will need to be regularly reviewed, updated, and validated to better understand the wider impact of the pandemic in order to deliver strategies, services, and programmes relevant to Wirral and our residents.

#### [Short Report: Indirect impact of COVID on population outcomes \(July 2021\)](#)

## Background reports

Life Expectancy in Wirral 2017-19

<https://www.wirralintelligenceservice.org/this-is-wirral/wirral-population/life-expectancy/>

Wirral Council Health & Wellbeing Board (2021) Tackling Health Inequalities through Regeneration: Health & Employment, 16<sup>th</sup> June 2021

Wirral Council, Place & Investment Team, Interim Economic Strategy Evidence Base, March 2021

JSNA: Children & Young People Population & Demographics, January 2020

<https://www.wirralintelligenceservice.org/this-is-wirral/children-young-people/>

This is Wirral: Crime and Safety, December 2019 <https://www.wirralintelligenceservice.org/this-is-wirral/crime-and-safety/>

This is Wirral: Housing, December 2019 <https://www.wirralintelligenceservice.org/this-is-wirral/housing/>

Adult Care & Health Overview and Scrutiny Committee: Public Health and Housing, 27<sup>th</sup> February 2020

Public Health Outcomes Framework, 2021

[Public Health Outcomes Framework - Data - PHE](#)

Community Needs Index – measuring social and cultural factors, OCSI 2021

<https://ocsi.uk/2019/10/21/community-needs-index-measuring-social-and-cultural-factors/>

Wirral Community Insight, OCSI 2021 <https://wirral.communityinsight.org>

This is Wirral: Health & Wellbeing, December 2019 [Health & Wellbeing - Wirral Intelligence Service](#)

Coronavirus (COVID-19) in the UK <https://coronavirus.data.gov.uk/>

CQC (2021) COVID-19 INSIGHT, Issue 12

<https://www.cqc.org.uk/sites/default/files/20210721%20COVID%20V%20Insight%20issue%2012%20slides.pdf>

COVID-19 Mortality in Wirral, March 2021 [COVID-19: The impacts - Wirral Intelligence Service](#)

## Contact details

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# Embracing Optimism

Living with COVID-19

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Director of Public Health for Wirral

Annual Report 2020-2021



# What a year it's been...

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In January 2020 Wirral became one of the first places in the world to respond to COVID-19 when we hosted British residents repatriated from Wuhan, China. Since then, we have all worked hard together to **Keep Wirral Well**.

Although COVID-19 has been the biggest health challenge to affect us all for generations, many of the enduring health problems we faced before the pandemic have worsened as a result.

Whilst the pandemic has touched us all, some people have felt the impact of the virus and the measures to control it more than others. It has also showed us how valuable our health is and how staying healthy protects us all.



**Julie Webster**  
**Director of Public Health**

# Same Virus

## Different Struggles

**The pandemic held up a mirror to the existing health, economic and social inequalities in our borough.**

COVID-19 has made these differences worse, and the heaviest impacts have fallen on the lives of people who are already experiencing health, economic and social inequalities.

These differences are the most significant health challenge in Wirral. They impact on the quality of people's lives; the way residents use services and how individuals and the economy prosper.

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# Health inequalities in Wirral

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Health inequalities are ultimately about differences in the status of people's health. They occur due to factors often outside of people's direct control and as a result people can experience systematic, unfair, and avoidable differences in their health, the care they receive and the opportunities they have to lead healthy lives.

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Research has shown that health inequalities occur because of the different conditions into which we are born, grow, live, work and age.

This diagram shows how these factors interact.

The Dahlgren and Whitehead Health Determinants Model (1991)





# Wirral life course statistics 2021

## A comparison to England

There are many reasons why people do not have the same experience of health as others. The places we live and work, the people we know and how we live all affect our health and wellbeing.

This diagram details how some of these factors affect the health of Wirral residents throughout their life.



# What do we do about it?

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We have made great progress in supporting people to live healthier lives. However, health inequalities are stubbornly persistent.

Crucially we are presented with the opportunity to reduce the gap in health between our communities and the rest of England or face the possibility that failure to act together, and at pace, increases poor health in Wirral.

Tackling health inequalities will benefit every resident of Wirral. The pandemic has shown us what we can achieve when we all work together and the speed at which we can make change happen.

# Recommendations

The following recommendations have been made to improve the health and wellbeing of residents, and reduce health inequalities in Wirral

1

Prioritise economic regeneration and a strong local economy

2

Safeguard a healthy standard of living for all

3

Increase support for children, young people and families

4

Strengthen action to address differences in health outcomes and prevention

5

Residents and partners continue to work together

# 1. Prioritise economic regeneration and a strong local economy

I recommend that:

- Economic development plans are reviewed to ensure that they respond to the impact of the pandemic on residents and communities.
- Economic Regeneration and Development Committee, working with the Health and Wellbeing Board, should consider the development of an Economic Inequalities Strategy for Wirral.
- Employment support services and skills development programmes are available, accessible and sustainable to ensure income maximisation and support those most susceptible to job loss and job insecurity.
- Partners embed a 'Health in All' policies approach to regeneration planning. We can use this approach to ensure that the wide breadth of health impacts of the pandemic is part of routine decision making and to reduce health inequalities.

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## 2. Safeguard a healthy standard of living for all

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### I recommend that:

- Wirral's Housing Strategy is reviewed to reflect the changing needs of residents and to address the challenges that have emerged during the pandemic.
- Page 98 There is an integrated information and advice offer to enable people to access support when they need it.
- Build on the progress made during the pandemic to support people who are homeless.
- Define and streamline fuel poverty support pathways with partners across Wirral learning from COVID response.
- Relevant partners utilise Health Impact Assessment in spatial planning to identify risks to health and ways to mitigate them.



### 3. Increase support for children, young people and families

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I recommend that:

- The impacts of the pandemic on our young people are examined to ensure that children and families have the support they need to predict future areas requiring support and inform the offer for early years support from the Council and other partners.
- Continue to develop the early help and intervention model underpinned by a prevention framework.
- Work with families, early years, schools, further and higher education sectors to ensure all children and young people fulfil their potential through a 'cradle to career' approach.
- Ensure that services are maximising opportunities to mitigate the impact of the pandemic on children, young people and families with a focus on physical and mental health.
- Review existing support and services for our most vulnerable children, young people and families to ensure they are resilient, accessible and driving progress.



## 4. Strengthen action to address differences in health outcomes and prevention

I recommend that:

- Local health and care partners focus on tackling inequalities in healthcare provision - this is their direct responsibility and must be the prime focus of their action.
- Local NHS partners ensure they can access high-quality data to measure performance on reducing health inequalities across services. This includes being able to breakdown outcome and performance data by deprivation and ethnicity.
- NHS partners use their role as local anchor institutions and the choices they make as an employer and a purchaser to reduce inequalities.
- Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes are accelerated across key service areas as outlined within the NHS Long Term Plan.
- The developing integrated care system and local providers have a named executive board level lead for tackling health inequalities and access training made available by local and national partners.
- Local NHS partners engage with and play a supportive role in multi-agency action to improve the social, economic and environmental conditions in which people live.
- Health and care partners focus on good infection prevention control to ensure avoidable infections are prevented.



## 5. Residents and partners continue to work together

I recommend that:

- All partners should continue to build on the strong partnership work developed through our COVID-19 response by implementing the action emerging from the Health and Wellbeing Board Community and Voluntary Sector work.
- Page 100 All partners fully engage local people to co-design services and initiatives to enable residents to recover and improve their health and wellbeing. We need to prioritise our more vulnerable residents who have been disproportionately affected by COVID-19 and use tailored communication methods.
- We undertake a resident listening exercise to learn from the experience of the pandemic to understand local people's experiences and aspirations for the future. This work should be a blueprint for developing a sustainable model for the use of insights gathered from local people.



Thank you

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## HOUSING COMMITTEE

Thursday, 18 November 2021

<b>REPORT TITLE:</b>	<b>WIRRAL PRIVATE SECTOR HOUSING STOCK CONDITIONS</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF REGENERATION AND PLACE</b>

### REPORT SUMMARY

This report sets out the condition of Wirral's private sector housing stock and the range of interventions taken by the Council to remedy any problems.

This report provides information relevant to the Wirral Plan 2021-2026 ensuring equity for people and place, providing an overview of how the Council is working to improve sub-standard housing stock conditions ensuring the Council's available resources are prioritised to the areas of highest need to support vulnerable residents and bring empty properties back into use.

This matter affects all Wards in the Borough.

This is not a Key Decision.

### RECOMMENDATION

Housing Committee is recommended to note the content of and comment on the report.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 This report has been prepared in line with the Housing Committee Work Programme 2020/21 and provides members with the opportunity to consider and comment on both the condition of the private sector housing stock and the range of interventions of the Council.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Increasing the current intervention to improve housing conditions would require further resources over and above those currently available. Conversely, reducing the existing level of intervention will slow the rate of property improvements, particularly in the private rented sector.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Poor housing conditions are a risk to health. A warm and safe home is essential for good mental and physical health. Good quality housing is not only a basic need but a major contributor to an individual's wellbeing and quality of life. Living in an energy efficient property can also reduce levels of fuel poverty.

- 3.2 As part of the Council's obligation to keep housing conditions under review (usually undertaken every 5 years), the Building Research Establishment (BRE) was commissioned to undertake an assessment on Wirral's private sector housing stock in 2018. The assessment is based on modelling various relevant data sets as opposed to undertaking any housing inspections. This assessment established that Wirral's total stock was 148,017 houses, of which 66.4% were owner-occupied and 18.2% were in the private rented sector, with the remaining being in the social housing sector, with regulation for the social sector held by Homes England. It is significant to note that between 2001 and 2011 Wirral's private rented sector nearly doubled from 9%. This is a trend that has been reflected nationally, however, this growth has slowed in more recent years. The assessment also included research into the energy performance of the housing stock. Energy efficiency retrofit activity is discussed in a separate report on this agenda.

### **3.3 Property Conditions**

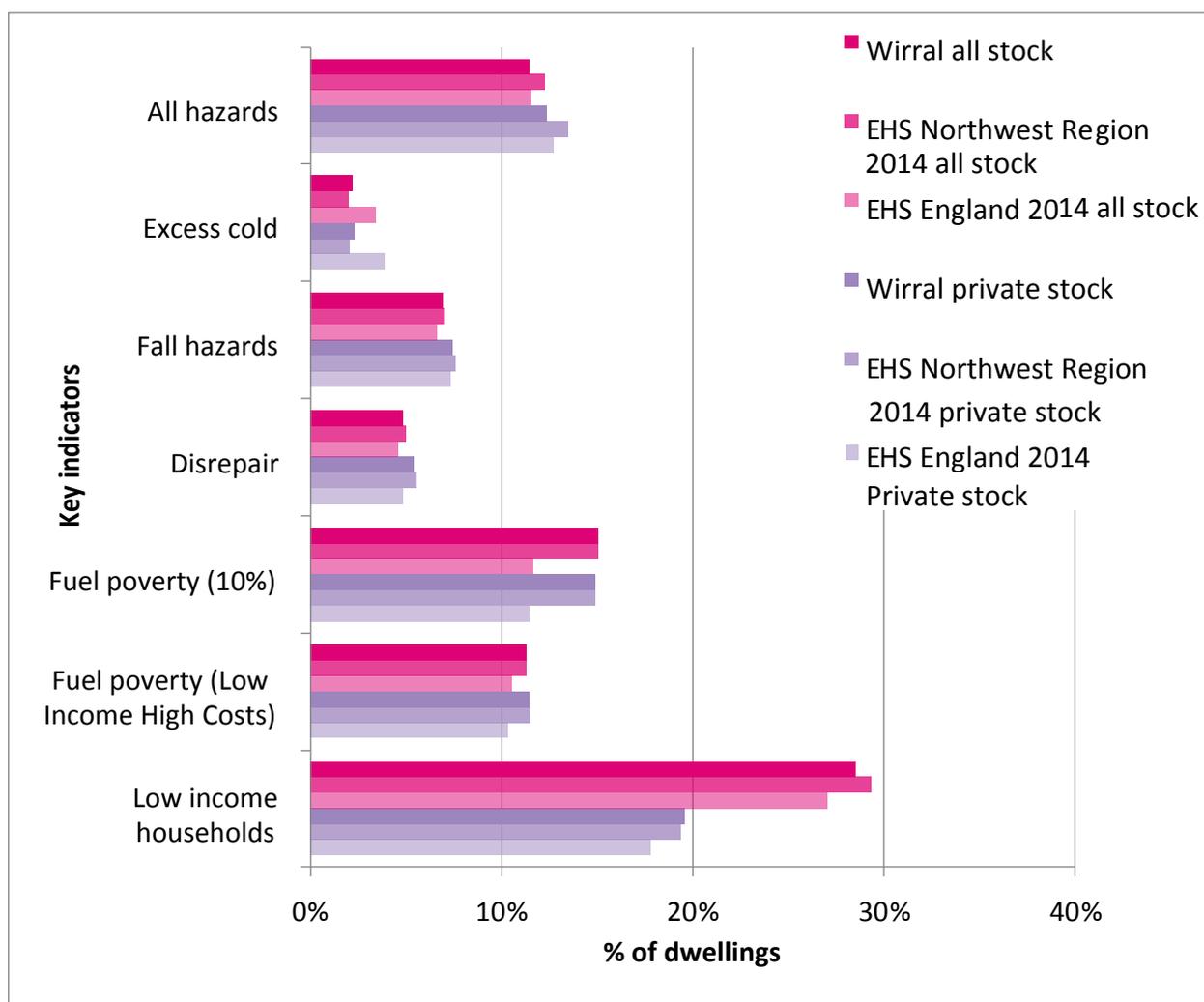
- 3.3.1 Property conditions are currently assessed using the Housing, Health and Safety Rating System (HHSRS) which involves the consideration of 29 potential hazards, such as dampness, risk of falls, provision of sanitation, food safety and heating/excess cold. The inspecting officer considers the likelihood of any hazards causing harm and the severity of the outcome. A scoring system is then used to assess whether the hazard is a Category 1 hazard (the most serious) or a category 2 hazard (less serious hazards). Once a Category 1 hazard is identified the Council is under an obligation to take action to deal with the hazard. This is not the case with Category 2 hazards although the Council may act if it is deemed necessary. The cost of mitigating Category 1 hazards remains the responsibility of the property owner and not the Council. Action to respond to poor housing conditions can vary between the owner occupied and private rented sector, ranging from informal through to formal

enforcement within the private rented sector (where the works are paid for directly by the landlord, or undertaken in default by the Council and the costs recovered) and for those vulnerable residents in need of being supported via the Council's financial assistance policy. From a regulatory point of view, the social housing providers have their own national regulator, known as Homes England, and their regulation includes the 'Decent Homes Standard' which is a higher standard of housing provision that cannot currently be enforced in other tenures. Instead, property conditions in the owner-occupied and privately rented sector rely on the Council both identifying and taking action to deal with category 1 and 2 hazards, as appropriate. This report focusses on conditions and council policy responses in both owner-occupied and privately rented houses.

- 3.3.2 The BRE assessment established that 12% of all owner-occupied properties are likely to have Category 1 hazards present with this figure being 15% in all privately rented properties. Thus, proportionately, the private rented sector has a higher number of serious hazards present. Predominantly poor conditions in this sector are to be found in the older housing stock to the east of the borough. The highest concentration of category 1 hazards based on the BRE modelling is in the Liscard, Seacombe, Birkenhead and Tranmere Wards.
- 3.3.3 In relation to all hazards taken together and excess cold, Wirral compares better than the average across England, but slightly worse than average for the hazards relating to falls and disrepair (see figure 1). On a regional level, Wirral is similar to the average. The costs of mitigating all Category 1 hazards is estimated to be £29m with £21.7m needed for owner-occupiers and £7.3m needed in the private rented sector.

Figure 1 – The main hazards in Wirral, regionally and nationally (BRE 2018)

(Figure 1 below shows the percentage of certain hazards, fuel poverty levels and low-income households in both Wirral's total and private stock and compares this to the English Housing Survey (EHS) Northwest Regional stock 2014 (both total and private sector) and the EHS English stock 2014 (both total and private sector))



A breakdown of the main hazards by tenure can be seen in table 1 below which demonstrates that for all the main hazards the conditions are worst in the private rented sector

Table 1 Main Hazards in Wirral by Tenure, BRE 2018

Indicator		Private sector stock			
		Owner occupied		Private rented	
		No.	%	No.	%
<b>No. of dwellings</b>		98,330	-	26,878	-
<b>HHSRS category 1 hazards</b>	<b>All hazards</b>	11,593	12%	3,919	15%
	<b>Excess cold</b>	2,262	2%	690	3%
	<b>Fall hazards</b>	7,275	7%	2,077	8%
<b>Disrepair</b>		4,871	5%	1,926	7%
<b>Fuel poverty (10%)</b>		14,379	15%	4,254	16%

- 3.3.5 Houses in Multiple Occupation (HMOs) consist of a house or a flat in which 3 or more households live as their only or main residence and where these households share basic facilities, such as a kitchen, toilet or bathroom. HMOs often require more intensive management in order to maintain suitable standards. The risk of fire occurring also increases in this type of property and bedsit accommodation is often occupied by more vulnerable tenants. Experience has shown that HMOs can be problematic in terms of management and conditions.
- 3.3.6 The Housing Act 2004 introduced mandatory licensing of larger HMOs as these properties were much more likely to have a serious hazard than other privately rented properties. Mandatory licensing was extended to cover a wider range of property types in 2018. Currently, any HMO that is occupied by five or more persons who form two or more separate households, and who share basic amenities such as a kitchen, bathroom or toilet, require a licence.
- 3.3.7 The BRE assessment estimated that there were 4691 HMOs in Wirral in 2018, of which 719 would fall under mandatory licensing. The BRE figure for licensable HMOs is based on 4 bedroom properties where there are 3 or more people with different surnames. Wirral Council queried this definition with the BRE research team and the stock modelling data was also run using 5 bedroom properties which produced an estimated number of HMOs of 251, much closer to the number of 250 licensable HMOs based on local records.
- 3.3.8 The most recent data from GOV.UK (2020), as of October 2020, indicated there were 4,858 vacant properties in Wirral, of which 2,231 were classed as long-term empties, meaning just over 45% of all vacant properties in the borough were empty for 6 months or more. Table 2 below shows that Wirral has the second lowest rate of long-term empty properties in the Liverpool City Region. The total number of all vacant properties in the borough has decreased by just under 20% since 2011 and the number of long-term empty properties by over 15% during this period. In 2020, during the pandemic, the number of long-term empty properties increased by over 12% in the Northwest and this increase was replicated nationally by an increase of over 15%.

Table 2 rate of Long-Term Empty Properties by Local Authority as of October 2020.

Local Authority	No of Long-Term Vacant Properties October 2020	% of the private Sector Housing Stock
Wirral	2231	1.8%
Liverpool	4,631	2.96%
Sefton	2,155	2.03%
Knowsley	1,056	2.32%
St Helens	1,223	1.96%
Halton	506	1.13%

<b>LCR Average</b>		<b>2.28%</b>
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Table 2 Long term Empty Property figures and rates for LCR 2020.

### 3.4 **Interventions to Improve Housing Conditions, Licensing Standards and Reduce Vacant Stock**

- 3.4.1 The BRE work sets out the scale and overall condition within the borough and this section sets out a number of interventions which are either mandatory or have been developed to help respond to those issues, ensuring that standards are met and that financial support is targeted to those most vulnerable in our borough. There are currently no corporate targets relating to improving private sector property conditions, however the Wirral 2020 plan included a 5-year target to improve 2250 private sector properties by 2020, a target that was exceeded by 441 property interventions. Proactive inspections ceased temporarily due to government guidance issued relating to the Covid-19 Pandemic, but the teams have been fully mobilised for the last 2 months so that inspections can resume and the full range of interventions to address poor housing are operational.
- 3.4.2 The Council operates a mandatory licensing Scheme for HMOs and a decision was made under delegated powers in 2018 to agree the licence fees to be charged for the scheme. The Council can cover its cost to issue the licence, but it cannot make a profit, nor can the licence fee be used for enforcement of sub-standard HMOs which has to be paid for through mainstream Council resources. Officers give all licensable HMOs a risk rating to determine the frequency of inspections to ensure compliance with licensing conditions as well as adherence to the HMO management Regulations. The Housing Standards Team also offer advice to prospective landlords of HMOs through a chargeable advice service. Wirral currently has 201 HMOs with a licence.
- 3.4.3 Selective Licensing allows the local authority to require all privately rented properties in a specific geographical area have a licence. The licence imposes conditions to ensure suitable management standards are in place and properties are maintained to a good standard. A robust business case has to be made in order to declare a Selective Licensing area and this requires evidence of the need for licensing in an area, such as poor housing conditions, anti-social behaviour, higher than average concentration of privately rented properties, higher than average property vacancy rates. Once declared, failure to obtain a licence is an offence which can lead to prosecution. Wirral declared its first licencing scheme in 2015, focusing on 4 areas in Birkenhead South, Egerton North, Egremont Promenade South and Seacombe Library. Compliance surveys established that the housing conditions were far worse than anticipated, with only 29% of properties visited fully compliant on the first visit. This resulted in extensive property improvements taking place over the maximum 5 year designation period with 558 houses having hazards removed through Council intervention.
- 3.4.4 In October 2018, Cabinet agreed a second selective licensing area scheme involving 4 further areas in Hamilton Square, Seacombe St Pauls, Birkenhead West and Birkenhead Central, which commenced in April 2019.
- 3.4.5 In February 2020, Cabinet agreed to extend Selective Licensing further by declaring 6 areas consisting of the 4 areas originally declared in 2015 and an additional 2

areas in Tranmere Lairds and Egremont South. The commencement of this scheme was delayed until October 2020 due to the Covid 19 Pandemic.

- 3.4.6 The Selective Licensing areas declared by the Council align with the areas with the highest levels of poor housing conditions highlighted in the BRE assessment, which contributes to the business case for each scheme.
- 3.4.7 The Healthy Homes Service is provided primarily in the Selective Licensing areas and consists of a locally developed service that provides 'one on one' support to all residents to improve both health outcomes and property conditions. Following an initial survey, appropriate advice is given, which often includes signposting to numerous agencies that provide appropriate support. The Healthy Homes Service is embedded in the Housing Standards Team enabling joint working to get the best outcomes.
- 3.4.8 The Council has developed a local Financial Assistance policy that provides assistance to both low-income owner occupiers and tenants, residents requiring adaptations in connection with certain health conditions and empty property owners. This assistance can be a grant or loan or a combination of both in certain circumstances. The assistance available to specifically to address disrepair in both occupied and vacant houses, focusses on remedying Category 1 hazards. In the case of empty properties, the assistance available is structured in such a way to achieve standards above the statutory minimum through property accreditation and assist with the council's homelessness obligations. The assistance policy is reviewed on an annual basis to ensure that it is fit for purpose and the most recent review was made by Housing Committee in January 2021. An average of 128 property owners were supported financially to remove serious hazards each year over the last 6 years

### **3.5 Collaboration with Private Landlords**

- 3.5.1 It is recognised that the majority of private rented sector landlords provide good quality accommodation and wish to work with the Council in a constructive manner. Over time the Council has developed mechanisms to engage with landlords including the landlord Steering group, an annual newsletter (latest edition [Landlords Link-Up - Summer 2021 | www.wirral.gov.uk](#)) and forum with guest speakers discussing topical issues and a local landlord mailing list to keep landlords up to date with any relevant developments. This mailing list has proved to be very useful during the Covid 19 pandemic as a means of updating landlords on their responsibilities during the pandemic and lockdown periods.
- 3.5.2 The Council has developed a Property Accreditation scheme for private landlords to join on a voluntary basis. Accreditation secures minimum property condition and management standards and encourages landlords to go beyond the statutory minimum provision using a star rating system. This scheme is boroughwide and landlords are encouraged to use the property accreditation as part of their marketing when seeking new tenants. Accreditation also provides tenants with a degree of certainty that the property meets certain standards and has been checked by the Council. Since the scheme began, almost 7500 properties have been accredited in Wirral and there are currently 801 properties accredited at this time within the borough.

### **3.6 Empty Properties**

- 3.6.1 Reducing the number of empty properties has been a priority for the Council for a number of years now with a previous target included in the Wirral Plan 2020 to bring back into use 1250 empty properties. This target was exceeded and delivered 1437. The Council's response to tackling empty homes was the subject of a Housing Committee report on 27<sup>th</sup> January 2021 and members supported the policy responses being undertaken to reduce empty homes and the proposal to include empty properties brought back into use as part of the Local Plan's housing supply. The potential to bring back empty homes into use across the Plan period will support the overall housing supply in the emerging Local Plan, this includes 100 properties per year for years 1 to 5, 90 properties per year for years 6 to 10 and 80 properties per year for years 10 to 15. Since 2016 the average number of properties returned to use each year via council involvement is 275.
- 3.6.2 In addition to the Empty Property Grants, other action is taken in relation to empty properties, with an emphasis on dealing with longer term (vacant longer than 6 months) vacant properties. A Long-Term Empty Property Toolkit including an Options Appraisal Process has been developed to provide guidance to officers on the process to follow when tackling difficult long term empty properties and support their eventual return to use. The established process ensures a robust approach is taken to dealing with vacant premises and that actions are prioritised based on the circumstances of each individual case. Wherever possible the Housing Standards Team has looked to focus on properties vacant for longer than two years. The action taken in relation to empty properties is detailed in the Housing Committee report 27<sup>th</sup> January 2021 and includes interventions such as the locally developed 'Developer List' to facilitate property disposal to developers, the issuing of VAT exemption letters to property owners to help reduce the cost of certain capital works necessary to bring the property back into use and various marketing to raise the profile of empty properties and to highlight what assistance is available. The Council also charges a Council Tax Premium for longer term empty property (over 2 years). Finally, a range of enforcement action is also widely used to tackle problems where either un-cooperative or no owners are encountered. This can result in works being undertaken by the Council and the costs of such action being recovered.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are no direct financial implications arising from this report, however, many of the interventions discussed do have financial implications for the Council.
- 4.2 Where the Council pays to undertake works in default of a legal notice the cost incurred in taking this action is either recovered directly from the property owner or placed as a legal charge on the property to be recovered at a later point, usually at the point of sale of the property. A legal charge attracts compound interest.
- 4.3 The Local Government Finance Act 2012 provided Councils with the option to charge an additional Council Tax Premium on long term empty properties of up to 50%. Government subsequently introduced an amendment to legislation in 2018 which allowed Council's to further increase the Council Tax Premium on long term empty properties from 1 April 2019 and then incrementally in ensuing years, based on length of time a property has been empty. Following the Council exercising its discretion provided in the amendment, from April 2021 the amount payable for Long Term Empty

Premiums are; empty between 2 to 5 years – 100% premium / empty between 5 to 10 years – 200% premium / empty 10 years or more – 300% premium.

- 4.4 In addition to works in default, interventions by the Council to secure property improvements, can include funding provided by both the Council and Government (Better Care Fund). Capital Programme funding is used to provide Empty Property Grants. The resources available each year for Empty Property Grants is £310,000 and this is available until 2024/25. Better Care Fund resources are used to fund the range of assistance available to support aids and adaptations, including Disabled Facilities Grants and Heating and Renovation grants and loans. Financial monitoring is undertaken on a monthly basis throughout year to ensure spending target are met and reported through Governance structures.
- 4.5 Proactive work, in terms of Selective Licensing, is funded exclusively from licence income.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 A range of legislative powers are available to address both Category 1 and 2 hazards. These powers are used in line with the corporate Enforcement Policy which was updated and agreed by Cabinet in July 2020 along with the Housing Standards Enforcement Policy Statement (the policy statement) which provides more detail about the specific powers available and when they might be used. The policy statement was updated and agreed by Cabinet in July 2019 and was amended following government advice issued during the pandemic. In July 2019, Cabinet also agreed a range of local policies in relation to the use of new powers to deal with issues largely in the private rented sector, including Rent Repayment Orders, Civil Penalties as an alternative to prosecution, Banning Orders, the national Rogue Landlord Database and tests for fit and proper person and satisfactory management arrangements for a HMO Licence and Selective Licence.
- 5.2 In a number of cases, it may be appropriate to prosecute a property owner where it is deemed to be in the public interest. The Council has prosecuted and will continue to prosecute landlords who fail to comply with statutory standards. The Council has prosecuted landlords for over 60 offences since 2015. Successful prosecutions are publicised locally as a deterrent to other non-compliant landlords. Successful prosecutions can lead to a landlord being placed on the national rogue landlord's database and in some cases, a Banning Order can be issued preventing an individual from operating as a private sector landlord.
- 5.3 The Council responds to complaints made about poor housing conditions in the private sector. Both the Housing Standards Team and the Environmental Health Team work together to assist primarily tenants experiencing problems with their properties. Complaints can result in advice being given to relevant parties through to enforcement action/prosecution and in some cases re-housing. The Housing Standards Team has successfully driven the improvement of 1613 Flats and houses between 2015 and 2020 through intervention outside Selective Licensing areas.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 All interventions highlighted within this report are currently managed using existing staffing, ICT and other assets.

## **7.0 RELEVANT RISKS**

7.1 There are no direct risk implications arising, however, it should be noted that both the proactive and reactive interventions discussed above provide a targeted response to the worst conditions found in the private sector, ensuring that available resources are prioritised to those vulnerable and in the greatest need. Should any of the interventions cease for any reason, there is a risk that the effectiveness of the Council's response to tackle poor housing conditions will reduce leaving more residents living in poor and potentially dangerous houses. It should be noted that there is a duty to intervene once a Category 1 Hazard is identified so the Council cannot withdraw intervening in poor housing conditions completely.

7.2 Ceasing interventions could also lead to reputational damage for the Council due to the likely increase in properties with hazards and resultant ill health. Rogue landlords may well also take advantage of any roll back in Council intervention which would put tenants at risk

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 There is no engagement or consultation that has been required for undertaking this report.

## **9.0 EQUALITY IMPLICATIONS**

9.1 There is no direct Equality Impact Assessment for this report, however, a number of EIAs have previously been completed in order to consider the equality implications associated with some of the interventions mentioned. This report makes no material changes to the EIAs referenced below:

Empty Property EIA: [Microsoft Word - Housing Strategy 2016 - 2026 EIA \(wirral.gov.uk\)](#)

Financial Assistance Policy Review EIA: [Private Sector Housing and Regeneration Assistance Policy – Equality Impact Assessment \(wirral.gov.uk\)](#)

Selective Licensing EIA: [Selective Licensing \(wirral.gov.uk\)](#)

Enforcement Policy Review EIA: [Review of Enforcement Policy 2020 – February 2020 \(wirral.gov.uk\)](#)

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 Some of the remedial work undertaken to respond to poor stock conditions such as improvements to heating have a direct impact on climate change and contribute to improved Energy Performance of households in line with the Council's Cool 2 Strategy.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 A considerable amount of work undertaken to tackle stock conditions support the principles of Community Wealth Building through the sustainable agenda of

improving thermal efficiency of homes, reducing energy consumption and use of local labour and supply for carrying out works.

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## **BACKGROUND PAPERS**

BRE Integrated Dwelling Level Housing Stock Modelling and Database for Wirral Council – March 2018

GOV.UK. (2020). Live tables on dwelling stock (including vacants), available at <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Housing Committee: Work Programme Update	<b>19<sup>th</sup> October 2021</b>
Housing Committee: Proposed amendments to the Private Sector Housing Regeneration and Assistance Policy	<b>27<sup>th</sup> January 2021</b>
Housing Committee: Empty Property Update Report	<b>27<sup>th</sup> January 2021</b>
Cabinet: Consideration of a Proposal to Implement Selective Licensing following Consultation	<b>24<sup>th</sup> February 2020</b>
Cabinet: Enforcement Policy 2020	<b>27<sup>th</sup> July 2020</b>
Cabinet: Amendments to existing and creation of new policies relating to private sector housing	<b>22<sup>nd</sup> July 2019</b>

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## HOUSING COMMITTEE

Thursday, 18 November 2021

<b>REPORT TITLE:</b>	<b>UPDATE ON LOW CARBON HOUSING RETROFIT PROGRAMME</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF REGENERATION AND PLACE</b>

### REPORT SUMMARY

This report sets out for members the scale and challenge of carrying out low carbon housing retrofit of Wirral's housing stock. Low carbon housing retrofit supports at least three aims of the Wirral Plan 2021-26:

- Deliver regeneration, growth and transport ambitions;
- Create jobs and support local businesses; and
- Respond to the Climate Change Emergency.

This matter affects all Wards, with a particular focus on the current retrofit programme in parts of the Wards of Bidston & St James, Birkenhead & Tranmere, Bromborough, Cloughton, Greasby, Frankby & Irby, Liscard, Oxton, Prenton, Rock Ferry, Seacombe and Wallasey.

This matter is not a Key Decision.

### RECOMMENDATION

The Housing Committee is recommended to note the report and is further requested to support the current programme of work, which is delivering energy efficiency improvements to Wirral's current housing stock and planning for future delivery as detailed in the report.

## SUPPORTING INFORMATION

### 1.0 REASONS FOR RECOMMENDATION

- 1.1 To enable Members to be fully informed of the scale of retrofit required across the Borough, what is needed to improve Wirral's housing stock and acknowledge the commencement in the last six months of bidding for and delivery of new programmes.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option to not bid for government funds has not been considered as the council needs to maximise all funding opportunities for low carbon housing retrofit to meet the Climate Emergency challenge and to improve people's lives through warmer homes and low energy bills.
- 2.1 The option of bidding for a greater amount of government funding was considered however the level of funding recently requested reflects the current demand for improvements from residents generated from a range of communications whilst meeting deadlines for delivery set by government.

### 3.0 BACKGROUND INFORMATION

#### 3.1 Cool 2

- 3.1.1 Wirral's Climate Change Strategy, Cool 2, has a target of making sure all homes currently below Energy Performance Certificate (EPC) Band C that can be upgraded are improved to this level or better by around 2030. This is one focus of the Cool Wirral Partnership's Low Carbon Buildings Task Force. To assist the Task Force in making recommendations on how this is achieved, Energy Saving Trust (EST) were commissioned to provide the current picture with regards to the energy efficiency of housing in Wirral and to provide scenarios which lead to the EPC Band C target being met by 2030.

#### 3.2 Overview of current performance

- 3.2.1 The Energy Performance Certificate (EPC) rating for a property is an indicator of its overall energy efficiency and running costs. Band A is the most efficient and Band G is the least efficient.

EPC Band	% of Wirral dwellings
A and B	4%
C	22%
D	46%
E	23%
F and G	5%

Compared to larger regional and national trends, Wirral has a lower percentage of properties in the A-C bands and a higher percentage in the E band. This is considered to be the case because Wirral has more large, old properties with

uninsulated, solid walls. For example, 40% of Wirral's housing stock is semi-detached, compared to 34% in the North West and 27% in England.

3.2.2 Lower Super Output Areas (LSOAs) are areas which have been created by the Office for National Statistics which contain between 400 and 1,200 households

The majority of LSOAs in Wirral have an average EPC rating of Band D. There are 28 LSOAs that have an average EPC rating of Band E and these represent the greatest potential for energy efficiency improvements within Wirral. They are clustered around Wallasey in the north, Bebington in the east and Raby, Thornton and Heswall in the south. The LSOAs bordering the M53 between Moreton and Bidston have the highest efficiency within Wirral. This due to the larger concentrations of Registered Provider stock that have been built or retrofitted with a view to higher efficiency.

3.2.3 Key characteristics that contribute towards the energy efficiency performance of Wirral's housing include the following:

- 51% of homes have cavity walls, less than the regional and national averages (74% and 65% respectively). Of these, 78% are insulated;
- 46% of homes have solid walls, more than the regional and national averages (21% and 28% respectively). Of these, just 12% are insulated
- Half of Wirral's properties have at least 150mm thickness of loft insulation installed, which is higher than both the regional (46%) and national (39%) averages. Wirral had a programme of free loft insulation installation during 2010-13 which has probably contributed to this being higher. Around 13% of homes do not have lofts;
- Only 5% of dwellings have floor insulation, which aligns with regional and national averages. 35% of Wirral's homes have suspended timber floors, and although slightly disruptive, can easily be insulated when compared with solid floors;
- A large majority of Wirral properties (92%) use mains gas as their primary heating fuel (10% more than the national average), with only 6% on electricity and 3% on other fuel types;
- In Wirral, nearly 95% of properties have doors and windows that are predominantly double or triple glazed, which is characteristic of the regional trend and slightly higher than the national average;
- Approximately 41% of residential properties in Wirral are suitable for the installation of solar systems (based on roof orientation, property type and listed building status). This is lower than both the regional (45%) and national average (49%).
- 3% of homes in Wirral do not have cavity or solid walls and are either system-built or timber framed.
- Around 2,250 homes in Wirral have photovoltaic panels installed under the old Feed-in tariff scheme

3.2.4 Wirral's ambitions to increase the residential housing stock to a minimum of EPC Band C means there will be more properties requiring more significant retrofitting than in an average local authority.

### 3.3 Improvement Scenarios

3.3.1 In their report, the EST provided three scenarios for Wirral's Low Carbon Buildings Task Force to consider:

1. All properties below a Band C are brought to a Band C where possible, using cost effective improvements ("Band C scenario");
2. All properties, regardless of starting point, are brought to their maximum energy efficiency, using cost effective improvements ("high ambition scenario");
3. All properties, regardless of starting point, achieve their maximum thermal performance cost effectively and heat pumps are included where feasible, excluding flats ("fuel switching scenario").

3.3.2 Maximum thermal performance means that properties are insulated as much as possible considering expenditure on such measures against energy saved. For example, if a loft is not insulated, it is insulated to 300mm thickness. Anything beyond this thickness does not produce much more in terms of energy savings.

3.3.3 The fuel switching scenario was further divided into:

- a) A "realistic scenario" where heat pumps would only be installed in suitable off-gas or on-gas properties with a current EPC Band C or higher (i.e. efficient enough that electrifying heat should not adversely impact fuel bills); and
- b) An "Upper bound scenario" where heat pumps for all buildings that are currently suitable (i.e. excluding flats) have one installed.

3.3.4 All scenarios provide the number and type of improvements required, which are substantial. The Band C scenario, as an example, states the following requirements:

- 50% of lighting outlets upgraded to low energy lightbulbs;
- Condensing boilers and thermostatic radiator valves installed in around 50,000 properties;
- New insulated uPVC doors, draught proofed external doors, and A-rated uPVC glazing in around 40,000 homes;
- Loft insulation top-ups are recommended in over 37,000 properties;
- Internal wall insulation and suspended wooden floor insulation in around 26,000 properties;
- External wall insulation in around 17,000 properties; and
- Cavity wall insulation in around 12,000 properties.

The EST report precedes the recent government announcement on the phase out of the installation of new natural gas boilers from 2035, which may impact upon decision making when a gas central heating boiler requires replacement.

3.3.5 A summary of measures, investment, energy bills savings and CO<sub>2</sub> emissions savings for the scenarios is as follows:

Scenario statistic	Band C	High ambition	Fuel switching	
			Realistic	Upper
Total recommended measures	470,575	892,061	898,076	914,855
Recommended measures per home (average)	4.0	5.9	5.9	5.9
Total investment	£0.8 billion	£1.8 billion	£1.9 billion	£2.4 billion
Investment per home	£6,894	£11,799	£12,458	£15,760
Energy bill savings per home	£287/yr	£307/yr	£280/yr	£227/yr
Total CO <sub>2</sub> reduction from housing in Wirral	14%	20%	20.5%	26%

3.3.6 The fuel bill savings are lower in the Fuel Switching scenario compared to the High Ambition scenario because heat pumps increase electricity consumption, which is a higher cost fuel than gas, thereby resulting in higher fuel bills.

3.3.7 Although the figures above may seem daunting, it provides a good insight into the scale of the challenge ahead. In addition, it gives an indication as to the local opportunities available in this employment sector and the value to the local economy.

### 3.4 Area-based targeting

3.4.1 As part of their commission, EST also provided an address-level database to assist the Council in targeting of geographic areas. Each address has around 70 datasets, providing many variables by which an area may be chosen, for example to target local communications on a national grant scheme or to select areas in which to focus local energy efficiency grant schemes so that they have the biggest impact on addressing fuel poverty. The latter approach has been utilised by the Council for bidding and implementation of the Government Programme - Green Homes Grants Local Authority Delivery.

### 3.5 Fuel Poverty & Energy Efficiency Programme

3.5.1 An important part of low carbon retrofit is the provision of tailored impartial advice where residents can seek information on energy efficiency improvements and what financial assistance is available for them. The Council's Fuel Poverty & Energy Efficiency Programme contract, currently with Energy Projects Plus, is a key part of this. Contract outputs are focussed on the provision of telephone advice, in-home / virtual in-depth advice and assistance with grant applications and communicating the assistance available through mailings to residents.

3.5.2 In addition, the current service delivered under the Council contract links in with other projects based at Energy Projects Plus that provide low-cost energy efficiency measures, fuel debt clearance, grants for first time central heating, grants for replacement boilers and the LCR Collective Energy Switch. It has also provided a

springboard, due to the council contract, for bidding for and delivering other funding streams including the Council's COVID Winter Grant Scheme 2020-21.

### **3.6 Current Retrofit Programme Delivery**

- 3.6.1 Since spring 2021 and the Government's change to delivery of the National Green Homes Grant Programme, Wirral Council has been working with the Liverpool City Region Combined Authority (LCRCA) and its constituent local authorities on setting up a delivery mechanism across the LCR for Green Homes Grant Local Authority Delivery Phase 2 (LAD2). The LCRCA is the local accountable body for the scheme.
- 3.6.2 Through LAD2, owner-occupied low-income households can receive an average of £10k, whilst tenants in social or private rented properties can receive up to £5k of grant if this is matched by landlords contributing at least one third of total costs. Low income is defined as a household income of less than £30k per annum before housing costs, or £20k per annum after housing costs. There are, however, flexibilities provided to local authorities to select other criteria to target fuel poor households that may need bigger incomes due to larger family sizes. Councils within the Liverpool City Region have adopted this approach.
- 3.6.3 Social homes can only be included in LAD2 where it enables cost effective delivery of the scheme in neighbouring privately-owned properties, for example in a multi-tenure block of flats. Social housing is not part of the Wirral scheme due to this restriction as most of the poor efficiency social housing does not neighbour poor efficiency private housing. Registered Providers of social homes are instead bidding for the Social Housing Decarbonisation Fund (see 3.7 of this report), which also provides greater funding levels per property to allow whole-house retrofit to bring the properties up to EPC Band C.
- 3.6.4 Under Phase 2 of the scheme, the Liverpool City Region (LCR) received around £10m of capital funding with £2.3m of capital funding being made initially to Wirral to improve the energy efficiency of homes in the Borough. This will equate to around 250 grants being delivered to Wirral residents.
- 3.6.5 Over the spring and summer, whilst LCRCA have been setting up internal resources and mechanisms to deliver the scheme and have been procuring contractors to survey properties and install measures, Wirral Council has been promoting the scheme to residents. 20 LSOAs were selected for the scheme, based upon energy efficiency and household income characteristics taken from the extensive EST data. Interest in the grant from residents led to over 500 households making contact, with around 310 being assessed as eligible and moving on to survey stage. At the time of report writing, 105 surveys have been completed, which is the highest number of all local authorities in the LCR.
- 3.6.6 In late September 2021, Next Energy were appointed by the LCRCA as the managing agent for delivery. The company is based in Knowsley and has a good track record of delivering low carbon retrofit projects. Installation of measures commenced week beginning 11<sup>th</sup> October 2021 and as at 31<sup>st</sup> October 2021, 28 Wirral homes had received improvements (28 solar PV, 1 underfloor insulation, 1 loft insulation and 2 glazing).

3.6.7 The scheme will deliver some installations of solid wall insulation, but not as many as envisaged when the programme delivery was first looked at in spring 2021. The main limiting factor is cost. Solid wall insulation costs have risen, due in part to the additional standards introduced within the accreditation scheme. Solid wall insulation for an average house now costs between £15,000 and £20,000, with the average grant across all properties needing to be £10,000. Some properties will receive the measure whilst other properties will only receive lower cost measures. How properties will be selected to receive solid wall insulation through the grant in Wirral are still being worked through. It is likely to include technical ease, due to tight delivery timescales. Installation is to occur when weather will be a limiting factor on speed of installation. Subject to a successful LCR Combined Authority bid outcome for a further funding pot known as Sustainable Warmth (see section 3.7), there will be an opportunity to revisit homes identified under LAD2 as needing solid wall insulation.

### **3.7 Sustainable Warmth and Social Housing Decarbonisation Fund**

3.7.1 On 28th May 2021, the government put a call out for expressions of interest in the next round of retrofit funding, with a deadline of 18th June 2021. Known as “Sustainable Warmth”, it combines a LAD Phase 3 (£200m nationally) with a new funding stream called Home Upgrade Grant (£150m nationally) for properties not heated by gas. This is a competitive round of funding, different to LAD2 where funding has been allocated to each region.

3.7.2 Both funding streams are again to be focussed on privately owned homes and those that are in Bands E, F or G. Due to the work already undertaken across the LCR as part of LAD 2 and for Wirral’s bid to be more competitive in a bidding framework, the LCRCA submitted a bid on behalf of the LCR local authorities and has agreed to act as accountable body for the Sustainable Warmth programme. An announcement was expected in early October 2021 and then as part of the Spending Review however the bid outcome has yet to be announced. The LCR has bid for £27.9m from Sustainable Warmth. If approved at the level requested by Wirral of £5.3m, the programme would see a further 500 Wirral properties improved.

3.7.3 A call for bids was also made for the Social Housing Decarbonisation Fund Wave 1 which is aimed at the housing stock belonging to Registered Providers (RPs) of social housing, with a closing date of 15<sup>th</sup> October 2021. Again, the LCRCA agreed to lead the submission and be the accountable body. Nine RPs make up the final bid that was submitted, with three of these submitting around 260 Wirral properties for improvement. The bid outcome is due in December 2021 with delivery to commence in January 2022. The RP properties are focussed on North Birkenhead (Magenta), Greasby (Plus Dane) and Central Birkenhead, Tranmere and Seacombe (Regenda). Housing stock in these areas has been selected by the RPs due to being the worst performing in terms of energy use.

### **3.8 Future Programmes and Government Policy**

3.8.1 The government have stated that any future state-funded programmes are subject to spending reviews however there will be future phases of the Social Housing Decarbonisation Fund and Home Upgrade Grant, but not Green Homes Grant Local Authority Delivery.

- 3.8.2 The Energy Company Obligation (ECO) is a government energy efficiency scheme for low income and vulnerable energy customers which aims to reduce energy bills and carbon emissions. The scheme is supplier led and paid for by a levy on customer bills. ECO is likely to continue its focus on targeting energy efficiency improvements to privately owned fuel poor households in the 2022-26 period. It will however change to more of a “whole house retrofit” approach in order that, where possible, one single grant intervention is able to bring EPC Band F or G properties occupied by fuel poor households to at least EPC Band D, and EPC Band D or E properties to at least EPC Band C. It would also be a “fabric first” approach, whereby insulation improvements are prioritised.
- 3.8.3 As part of the government’s Spending Review, the LCRCA requested more long-term funding for low carbon housing retrofit, at a greater level, to reflect the region’s poorer quality housing stock.
- 3.8.4 For improvements to the private rented sector, the government have proposed a tightening of the Minimum Energy Efficiency Standard regulations, which currently require properties to meet EPC Band E. The proposals suggest a transition to 2028, by when private rented properties will need to be EPC Band C.
- 3.8.5 Regulation for low carbon improvements to social homes is expected in a reformed Decent Homes Standard, which the government has committed to review within their Social Housing White Paper.
- 3.8.6 Within the owner-occupied housing sector not occupied by fuel poor households, which makes up most of the housing in need of improvement, there is so far, no clear path on how the transition to low or zero carbon is to be achieved. The government released their Heat and Buildings Strategy on 19<sup>th</sup> October 2021, within which there is a focus on the decarbonisation of heat through phasing out tradition boilers from 2035 and introducing financial support for heat pumps with grants of £5,000. With regards to financial support for wider energy efficiency improvements, including the thermal upgrades required to ensure the operating costs of heat pumps do not push households into fuel poverty, the government are still reviewing options. There does however seem to be a focus exploring tighter regulation, for instance when a property is renovated or extended, as well as the provision of green finance through mortgage lenders, to take advantage of the key moments in a home’s lifecycle where energy efficiency upgrades can be implemented.
- 3.8.7 Building regulations are to be tightened for new-build properties over the coming years, eventually with the introduction of the Future Homes Standard, which will ensure that from 2025, new buildings are constructed to a high standard of energy efficiency with low carbon heat sources without later need for retrofitting.

### 3.9 Local Supply Chains

- 3.9.1 There is a desire amongst the LCRCA and its constituent local authorities to ensure that wherever possible, local companies can benefit from low carbon retrofit projects and that local people are able to receive the training and skills necessary for the delivery of retrofit projects, from Retrofit Co-ordinators to installers. The main constraining factor recently has been the stop-start funding from central government,

which can lead to investment by companies in expansion and accreditation but then de-investment when schemes come to end, which happened with the Green Homes Grant Voucher Scheme.

- 3.9.2 To be able to deliver the various elements of retrofit projects using government funding, companies must be accredited under the TrustMark scheme or the Microgeneration Certification Scheme for renewable energy installations. Quite rightly, this relatively recent accreditation process for retrofit projects ensures good quality advice, surveys and installations which will mean fewer negative issues arising, immediately or into the future, from poor delivery.
- 3.9.3 The pool of accredited companies and individuals based in the LCR to carry out the installation work is small, and even smaller in Wirral consisting of only 11 Retrofit Assessors, 3 Retrofit Co-ordinators and 3 installation companies. The LCRCA is working to understand the challenges faced in upskilling and growing installer supply chains. The outcome of a questionnaire and survey of low carbon housing related companies carried out earlier in the year should help the LCRCA and the Local Authorities target initiatives for businesses to improve and bolster the supply chain. The LCRCA is also ideally placed as it facilitates the Kickstart Scheme.
- 3.9.4 The procurement framework which has been developed by the LCRCA does stipulate that contractors ensure inclusion of local companies and supply chains as well as ensuring opportunities for training and apprenticeships are realised, which will be implemented by Next Energy.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are no direct financial implications for Members to consider however it should be noted that the works which are being delivered as part of the LAD 2 programme is through £2.3m of grant funding secured as part of the wider LCRCA Retrofit Programme which includes costs associated with programme delivery including promotion off the scheme.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 The Council and the LCRCA have signed a joint Memorandum of Understanding for LAD2 to ensure each organisation's roles and responsibilities under the programme are clearly set out.
- 5.2 There are no legal implications arising out of this report.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 The delivery of the LAD 2 programme is being managed through an external contract however staff from within Housing Services are required to support the programme, ensure alignment with the overall wider LCRCA programme and ensure compliance via a Memorandum of Understanding with the LCRCA.

## **7.0 RELEVANT RISKS**

- 7.1 The LCRCA have a risk register for delivery of the current LAD2 programme, which is constantly updated and reported to the Programme Board monthly, with mitigation in place.
- 7.2 Delivery of solid wall insulation within the timescales given is a challenge, as the average installation now takes five weeks, however properties will only be selected if it is certain the installation can complete in time. Eligible properties that cannot have solid wall insulation installed in LAD2 will be rolled-forward to Sustainable Warmth, subject to a successful bid outcome.
- 7.3 As this report is for information only, there are no risks associated with the recommendation.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Briefings have been shared with Ward and Committee Members regarding the LAD2 delivery. Communications to owner occupiers, private tenants and private landlords on LAD Phase 2 has occurred through several media including letters, press releases and social media.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.
- 9.2 The Retrofit Programmes are available to those households who live in homes that have been identified as being in fuel poverty and have the greatest need to see improvements in thermal efficiency therefore bridging the gap on inequality of those living in fuel poor homes and likely to be more susceptible to health problems made worse by cold or damp homes.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The activity contained within the report will lead to direct CO<sub>2</sub> savings from homes and contribute to the Cool 2 Climate Change ambitions.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 As outlined in 3.9 of this report, Council officers are keen to ensure that local employment and training opportunities are maximised through retrofit programmes.
- 11.2 Low carbon housing retrofit will lead to energy bill savings, resulting in a greater level of disposable income for households.

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## APPENDICES

None.

## BACKGROUND PAPERS

1. *Cool 2*, Wirral Council, December 2019.
2. *Decarbonising Wirral Buildings – Final Report*, Energy Saving Trust, December 2020.
3. *Home Energy Performance Retrofit: funding for local authorities and housing associations to help improve the energy performance of homes*, Department for Business, Energy & Industrial Strategy website, June 2021.
4. *Design of the Energy Company Obligation ECO4: 2022-2026*, Department for Business, Energy & Industrial Strategy website, July 2021.
5. *Improving the energy performance of privately rented homes*, Department for Business, Energy & Industrial Strategy website, September 2020.
6. *The charter for social housing residents: social housing white paper*, Ministry of Housing, Communities & Local Government, November 2020.
7. *Heat and buildings strategy*, Department for Business, Energy & Industrial Strategy, October 2021.

## SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
Item 6, "A new Climate Change Strategy for Wirral", Environment Overview and Scrutiny Committee	12 <sup>th</sup> March 2020
Item 21, "Environment and Climate Emergency", Extraordinary Meeting, Council	15 <sup>th</sup> July 2019

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## HOUSING COMMITTEE

Thursday, 18 November 2021

<b>REPORT TITLE:</b>	<b>2020/21 REVENUE AND CAPITAL OUTTURN</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF REGENERATION AND PLACE</b>

### REPORT SUMMARY

This report provides a summary of the year-end revenue outturn and capital position for the Housing Committee as at the end of March 2021 for the 2020/21 financial year.

The Council's response to the Covid-19 pandemic continues to present financial risk due to uncertainty and fluidity in the external environment.

The overall financial position for the Council remains challenging, and a number of actions were instigated during the year to mitigate the overall position including limiting spending to essential areas of service delivery only, with Corporate Directors supported to mitigate the risk of overspending. This is not a key decision

### RECOMMENDATIONS

The Housing Committee is requested to :

1. Note the year-end revenue outturn variance of £0.102m favourable position for 2020/21.
2. Note the Capital Programme Report.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Regular monitoring and reporting of revenue and capital budgets, reserves, savings achievements and Medium-Term Financial Strategy (MTFS) position enables decisions to be taken faster, which may produce revenue benefits and will improve financial control of Wirral Council.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other reporting frequencies could be considered, but quarterly reporting is standard practice.

### 3.0 BACKGROUND INFORMATION

#### Revenue Forecast Position

- 3.1 This report provides a summary of the year-end revenue outturn position as at the end of March 2021 for 2020/21 financial year.
- 3.2 Housing has an overall favourable variance outturn of £0.102m against a budget of £6.159m, with service utilising the Better Care Fund to offset eligible service expenditure across the Housing function.

**TABLE 1: 2020/21 Housing – Service Budget & Forecast**

Objective	Budget	Outturn	Variance (+ Fav, - Adv)		Adv/Fav
	£000	£000	£000	%	
Housing Strategy & Investment	461	438	23	5%	Favourable
Housing Standards	763	568	195	20%	Favourable
Homelessness	764	1,084	-320	-40%	Adverse
Supported Housing	4,171	3,967	204	5%	Favourable
<b>Directorate Surplus / (Deficit)</b>	<b>6,159</b>	<b>6,057</b>	<b>102</b>	<b>1%</b>	<b>Favourable</b>
Support / Admin Building Overhead	882	882	0	0%	
<b>Total Surplus / (Deficit)</b>	<b>7,041</b>	<b>6,939</b>	<b>102</b>	<b>1%</b>	<b>Favourable</b>

- 3.3 **Housing Standards:** A favourable variance of £0.195m is reported for 2020-21, due to lower non-pay costs of £0.080m and selective licence fee income of £0.123m.

- 3.4 **Homelessness** : An adverse outturn variance of £0.320m is reported for 2020-21, with the service significantly impacted by Covid-19, both in terms of demand and changes to statutory requirements.
- 3.5 **Supported Housing service** : A favourable variance of £0.204m is reported for 2020-21. This relates to an increase in income recovery from minor works carried out by the home adaptation team.

**TABLE 2: 2020/21 Housing – Subjective Budget & Forecast**

Subjective	Budget £000	Outturn £000	Variance (+ Fav, - Adv)		Adv/Fav
			£000	%	
Income	-1,699	-3,808	2,108	124%	<b>Favourable</b>
<b>Expenditure</b>					
Employee	3,422	3,427	-5	0%	Adverse
Non-Pay	4,436	6,438	-2,001	-45%	Adverse
Total Expenditure	<b>7,858</b>	<b>9,865</b>	<b>-2,006</b>	<b>-25%</b>	<b>Adverse</b>
<b>Directorate Surplus / (Deficit)</b>	<b>6,159</b>	<b>6,057</b>	<b>102</b>	<b>1%</b>	<b>Favourable</b>
Support / Admin Building Overhead	882	882	0	0%	
Movement on Reserves	0	0	0	0%	
<b>Total Surplus / (Deficit)</b>	<b>7,041</b>	<b>6,939</b>	<b>102</b>	<b>1%</b>	<b>Favourable</b>

- 3.6 **Income:** A favourable variance of £2.108m is reported for 2020-21. This relates to mainly to grant support income relating to Homelessness and Supported Housing activities.
- 3.7 **Non Pay:** An adverse variance of £2.001m is reported for 2020-21. This relates to forecast costs for Homelessness which is mainly covered by Grant funding income.

## 2020/21 COMMITTEE CAPITAL BUDGET

**TABLE 5: 2020/21 – Housing Committee Capital Budget & Forecast**

Scheme	2020/21		
	Budget at 01.04.20 £000	Outturn £000	Variance £000
<b>Housing</b>			
Aids, Adaptations and Disabled Facility Grants	7,340	3,148	4,192
Clearance	228	483	-255
Empty Property Grant Scheme	0	157	-157
Home Improvements	238	131	107
<b>Total Housing</b>	<b>7,806</b>	<b>3,919</b>	<b>3,887</b>

- 3.8 Table 5 summarises the forecast expenditure against Capital Budgets, which shows a favourable variance of £3.887m.
- 3.9 Aids, Adaptations and Disabled Facilities Grants has spent £3.148m in 2020-21 on the provision of essential works giving people better freedom of movement in and around their homes. A further £4.192m has been transferred into 2021-22 for committed/planned programmes which will incur expenditure next financial year.
- 3.10 Home Improvements has previously been approved by Members with budget provision top sliced from the Better Care Fund grant.
- 3.11 Members should note the majority of the housing capital programme operates on a rolling programme basis related to approvals and works being undertaken therefore expenditure against available budgets can fluctuate across financial years.

## 4 FINANCIAL IMPLICATIONS

- 4.1 This is the Outturn budget monitoring report that provides information on the outturn for the Council for Financial Year 2020/21. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to Policy & Resources Committee, the financial position is routinely reported at Directorate Management Team meetings and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year.

## 5 LEGAL IMPLICATIONS

- 5.1 Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly

monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.

- 5.2 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves. This is in addition to the personal duty on the Chief Finance (Section 151) Officer to make a report, if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.
- 5.3 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered and that new expenditure is contained within the available resources.

## **6 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 There are no implications arising directly from this report.

## **7 RELEVANT RISKS**

- 7.1 The possible failure to deliver the Revenue Budget is being mitigated by:
1. Senior Leadership / Directorate Teams regularly reviewing the financial position.
  2. Availability of General Fund Balances.
  3. Review of existing services and service provision.

## **8 ENGAGEMENT/CONSULTATION**

- 8.1 The priorities in the Council Plan 2025 were informed by stakeholder engagement carried out in 2019.

## **9 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 There are no equality implications arising specifically from this report.

## **10 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The Wirral Plan 2025 includes a set of goals and objectives to create a sustainable environment which urgently tackles the environment emergency. These are based on developing and delivering plans that improve the environment for Wirral residents. The performance report will include information on key areas where environment and climate related outcomes are delivered.

10.2 No direct implications. The content and/or recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no community wealth implication arising directly from this report.

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## APPENDICES

None

## BACKGROUND PAPERS

- 2020/21 BUDGET MONITORING
- P&R Revenue Outturn Report 2020-21
- P&R Capital Outturn Report 2020-21

## SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>
Housing Committee	26 November 2020
Housing Committee	27 January 2021
Housing Committee	10 March 2021
Housing Committee	19 October 2021



## HOUSING COMMITTEE

Thursday, 18 November 2021

<b>REPORT TITLE:</b>	<b>QUARTER 2 MONITOR REPORT</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF REGENERATION AND PLACE</b>

### REPORT SUMMARY

This report provides a summary of the projected year-end revenue and capital position for Housing Committee as at the end of Quarter 2 (to September 2021) of the 2021/22 financial year. The report provides Members with an overview of budget performance to enable the Committee to take ownership of their specific budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

The Committee is accountable for ensuring that the committee budgets remain within the relevant envelope and will take collective responsibility via the Policy and Resources Committee to ensure that the whole Council budget remains in balance at all times, by agreeing mitigating actions to bring the budget back in line, should a deficit be forecast.

### RECOMMENDATIONS

The Housing Committee is requested to:

1. Note the projected year-end revenue forecast variance of £0.071m favourable position as reported at quarter 2 (Jul-Sep) of 2021-22.
2. Note progress on the achievement of approved savings and the projected year-end forecast position at quarter 2 (Jul-Sep) of 2021-22.
3. Note the reserves allocated to the Committee for future one-off commitments
4. Note the projected year-end capital forecast expenditure position of £6.926m as reported at quarter 2 (Jul-Sep) of 2021-22.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Regular monitoring and reporting of revenue and capital budgets, reserves, savings achievements and Medium-Term Financial Strategy (MTFS) position enables decisions to be taken faster, which may produce revenue benefits and will improve financial control of Wirral Council.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other reporting frequencies could be considered, but quarterly reporting is standard practice.

### 3.0 BACKGROUND INFORMATION

#### Revenue Forecast Position

- 3.1 This section provides a summary of the projected year-end revenue position as at the end of Quarter 2, Month 6 (September 2021) of 2021/22 financial year.
- 3.2 As at the end of September 2021, the forecast year-end position for the Housing service is a favourable variance of £0.071m against a budget of £7.583m.

**TABLE 1: 2021/22 Housing – Service Budget & Forecast**

Objective	Budget	Forecast	Variance (+ Fav, - Adv)		Adv/Fav
	£000	£000	£000	%	
Housing Strategy & Investment	481	482	-1	0%	
Housing Standards	855	847	8	1%	Favourable
Homelessness	1,004	1,004	0	0%	
Supported Housing	4,361	4,297	64	2%	Favourable
<b>Directorate Surplus / (Deficit)</b>	<b>6,701</b>	<b>6,630</b>	<b>71</b>	<b>1%</b>	<b>Favourable</b>
Support / Admin Building Overhead	882	882	0	0%	
<b>Total Surplus / (Deficit)</b>	<b>7,583</b>	<b>7,512</b>	<b>71</b>	<b>1%</b>	<b>Favourable</b>

- 3.3 **Housing:** A favourable variance of £0.071m is reported for 2021-22, with grant support being received to support a number of activities, including Homelessness, Rough Sleepers and the Refugee Programme.

- 3.4 **Supported Housing service**– Favourable variance of £0.064m. This relates to Supported Housing lower staff costs of £0.039m and grant support for Hospital Discharge / Minor Adaptions.

**TABLE 2: 2021/22 Housing – Subjective Budget & Forecast**

Subjective	Budget £000	Forecast £000	Variance (+ Fav, - Adv)		Adv/Fav
			£000	%	
Income	-2,809	-3,852	1,042	37%	<b>Favourable</b>
<b>Expenditure</b>					
Employee	3,608	3,981	-373	-10%	Adverse
Non-Pay	5,903	6,501	-599	-2%	Adverse
Total Expenditure	<b>9,295</b>	<b>10,482</b>	<b>-971</b>	<b>-10%</b>	<b>Adverse</b>
<b>Directorate Surplus / (Deficit)</b>	<b>6,701</b>	<b>6,630</b>	<b>71</b>	<b>1%</b>	<b>Favourable</b>
Support / Admin Building Overhead	882	882	0	0%	
Movement on Reserves	0	0	0	0%	
<b>Total Surplus / (Deficit)</b>	<b>7,583</b>	<b>7,512</b>	<b>71</b>	<b>1%</b>	<b>Favourable</b>

- 3.5 **Income:** A favourable variance of £1.042m is reported for 2021-22. This relates to mainly to grant support income, including the Resettlement Programme, Homelessness and the Rough Sleeper Initiative.
- 3.6 **Employees:** An adverse variance of £0.373m is reported for 2021-22. This relates to increased costs associated with new grant awards (as shown in Income), with interim staff support to ensure services and projects can be delivered. This is offset by a favourable variance on increased income associated to support this.
- 3.7 **Non Pay:** An adverse variance of £0.599m is reported for 2021-22. This mainly relates to forecast costs for Homelessness which is covered by Grant funding income.

### **Budget Saving Achievement Progress**

- 3.8 Within each Committee's revenue budget there are a number of savings proposals, that were based on either actual known figures or best estimates available at the time. At any point during the year, these estimated figures could change and need to be monitored closely to ensure, if adverse, mitigating actions can be taken

immediately to ensure a balanced forecast budget can be reported to the end of the year.

**TABLE 3: 2021/22 Housing – Budget Savings**

Saving Title	Agreed Value	Forecast Value	RAG Rating	Comments
Cease support for Community Alarms	£0.20m	£0.20m	<b>AMBER</b>	Saving will be delivered through mitigation whilst a review of the Community Alarms service is undertaken.
<b>Total</b>	<b>£0.2m</b>	<b>£0.2m</b>		

### Earmarked Reserves

3.9 Earmarked reserves are amounts set aside for a specific purpose or projects.

**TABLE 4 : Housing Committee Reserves**

Reserves	2021-22 Opening balance (£000)
Selective Licensing	-538
HMO Licence Fees	-131
Maintenance & Emergency repairs	-71
Challenge Fund Properties	-22
<b>Total</b>	<b>-762</b>

### 2021/22 COMMITTEE CAPITAL BUDGET

**TABLE 5: 2021/22 – Housing Committee Capital Budget & Forecast**

Scheme	2021/22		
	Budget at 01.04.21 £000	Forecast Outturn £000	Variance £000
<b>Housing</b>			
Aids, Adaptations and Disabled Facility Grants	7,782	6,386	-1,396
Clearance	390	10	-380
Empty Property Grant Scheme	380	210	-170
Home Improvements	0	250	250
Property Pooled Plus I.T System	0	70	70
<b>Total Housing</b>	<b>8,552</b>	<b>6,926</b>	<b>-1,626</b>

3.10 Table 5 summarises the forecast expenditure against Capital Budgets, which shows a favourable variance of £1.626m.

- 3.11 Aids, Adaptations and Disabled Facilities Grants has slipped £1.396m into 2022-23 for committed/planned programmes which will incur expenditure next financial year.
- 3.12 Home Improvements has previously been approved by Members with budget provision top sliced from the Better Care Fund grant.
- 3.13 Members should note the majority of the housing capital programme operates on a rolling programme basis related to approvals and works being undertaken therefore expenditure against available budgets can fluctuate across financial years.

#### **4 FINANCIAL IMPLICATIONS**

- 4.1 This is the budget monitoring report that provides information on the forecast outturn for the Housing Committee for 2021/22. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to the Policy & Resources Committee, the financial position is routinely reported at Directorate Management Team meetings and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year.

#### **5 LEGAL IMPLICATIONS**

- 5.1 Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 5.2 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves. This is in addition to the personal duty on the Chief Finance (Section 151) Officer to make a report, if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.
- 5.3 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered and that new expenditure is contained within the available resources.

#### **6 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 There are no implications arising directly from this report.

## **7 RELEVANT RISKS**

- 7.1 The possible failure to deliver the Revenue Budget is being mitigated by:
1. Senior Leadership / Directorate Teams regularly reviewing the financial position.
  2. Availability of General Fund Balances.
  3. Review of existing services and service provision.

## **8 ENGAGEMENT/CONSULTATION**

- 8.1 The priorities in the Council Plan 2025 were informed by stakeholder engagement carried out in 2019.

## **9 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 There are no equality implications arising specifically from this report.

## **10 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The Wirral Plan 2025 includes a set of goals and objectives to create a sustainable environment which urgently tackles the environment emergency. These are based on developing and delivering plans that improve the environment for Wirral residents. The performance report will include information on key areas where environment and climate related outcomes are delivered.
- 10.2 No direct implications. The content and/or recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 There are no community wealth implication arising directly from this report.

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## **APPENDICES**

None

## **BACKGROUND PAPERS**

- 2021/22 BUDGET MONITORING
- P&R Budget Monitoring 2021/22 Quarter 2

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Housing Committee	26 November 2020
Housing Committee	27 January 2021
Housing Committee	10 March 2021
Housing Committee	19 October 2021

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## HOUSING COMMITTEE

Thursday, 18 November 2021

<b>REPORT TITLE:</b>	<b>OUTCOMES OF BUDGET WORKSHOPS</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF REGENERATION AND PLACE</b>

### REPORT SUMMARY

The purpose of this report is for the Committee to consider feedback and outcomes from the Budget Workshops which have been held in recent months. The workshops enabled officer and member liaison on proposed budget options, to facilitate discussion and allow direction to be obtained on further analysis required. The Budget Workshops also provided an opportunity for alternative proposals to be considered.

The Policy and Service Committees are responsible for those services being delivered under their operational headings within their annual budget envelope. The Policy and Resources Committee, in consultation with the respective Policy and Service Committees, has been charged by Council to formulate a draft Medium Term Financial Plan (MTFP) and budget to recommend to the Council.

The Budget Workshops considered whether the proposals included in the MTFP for the 2022/23 budget, and beyond, are to be taken forward or whether they are to be replaced by alternative proposals that the committees will recommend.

### RECOMMENDATIONS

It is recommended:

1. That the Committee agrees the Budget Workshop feedback and outcomes, as detailed in appendix 1, being reported to Policy and Resources Committee for consideration.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATIONS**

- 1.1 The Council has a legal responsibility to set an annual balanced budget, which establishes how financial resources are to be allocated and utilised. To successfully do so, engagement with members, staff and residents is undertaken; the recommendations in this report are an initial step in this approach and act as a precursor to budget proposals, scheduled to be made to Full Council on 28 February 2022, following the schedule of activity shown in Appendix 2.
- 1.2 Failure to set a lawful budget in time may lead to a loss of revenue, significant additional administrative costs, as well as reputational damage. Failure to set a budget may lead to intervention from the Secretary of State under section 15 the Local Government Act 1999.
- 1.3 The scale of the financial challenge that the Council faces cannot be overstated. The short-term support afforded by government in the form of a capitalisation directive does not extend beyond 2021/22, reinforcing the requirement for an in-depth review of Council operations to enable considered and robust proposals to be made to Council in February 2022 for the 2022/23 budget allocation. This will require difficult decisions to ensure that a balanced budget can be presented. Regular Member engagement on the process, which this report forms part of, is considered essential for effective budget formulation.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 A report does not have to be provided to the Committee to outline activity at this stage, however it is considered appropriate to do so in order to ensure that the Committee has up-to-date information in respect of the financial context that the Council is operating within and set out the budget setting stages that are expected to follow; in order that the Committee can comment accordingly and reduce the risk that it will not have the relevant information required to make an informed decision in respect of budget proposals to Full Council.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The Policy & Resources Committee is responsible for co-ordinating processes for the development of the Budget and Policy Framework, together with decision making on cross-cutting policies not part of the Policy Framework. The Policy and Service Committees are responsible for those services being delivered under their operational headings within their annual budget envelope. The Policy and Resources Committee, in consultation with the respective Policy and Service Committees, has been charged by Council to formulate a draft Medium Term Financial Plan (MTFP) and budget to recommend to the Council.
- 3.2 Budget setting activity has been undertaken in line with the recommendations accepted by the Committee in June 2021, which built upon the approach outlined in March 2021.

- 3.3 The Senior Leadership Team (SLT) has met regularly to discuss the budget setting process, budget proposals, the budget gap that the Council faces and the associated uncertainty on funding. The Chartered Institute of Public Finance (CIPFA) were engaged by the Director of Resources to support progress on developing robust business cases for budget proposals, to provide an additional level of scrutiny and external insight to matters. Member engagement in the process has taken place through Budget Workshops.
- 3.4 These Budget workshops were convened to enable officer and member liaison on proposed budget options, in order to facilitate discussion and allow direction to be obtained on further analysis required. The Budget Workshops also provided an opportunity for alternative proposals to be considered.
- 3.5 The five-year medium term financial plan (MTFP) produced to satisfy the requirement of The Ministry of Housing, Communities and Local Government (MHCLG) (now known as The Department for Levelling Up, Housing and Communities (DLUHC)) for exceptional financial support, formed the basis of Budget Workshop discussions. Consideration has been given as to whether the proposals included in the MTFP for the 2022/23 budget, and beyond, are to be taken forward or whether they are to be replaced by alternative proposals that the committees will recommend.
- 3.6 The outcomes of these workshops are to be reported to meetings of those committees (in November) and will in turn be communicated to the Policy & Resources Committee (in December).
- 3.7 Details of the government's comprehensive spending review, which will outline funding implications for local government, is expected at the end of 2021. The outcome of the review will provide clarity on the funding assumptions currently in place, which in turn will demonstrate the specific funding gap that the Council will need to bridge as part of the budget proposals to be considered.
- 3.8 The impact of the government's comprehensive spending review on the Council's financial assumptions will be taken into account, along with feedback from the consultation process and the budget proposals developed through the Service Committee and Policy & Resources Committee (P&R) Budget Workshop approach to present a robust position on financial matters to be considered in formulating a budget proposal to Full Council. Further details of the key milestones associated with the 2022/23 budget setting process is shown at Appendix 2, which illustrates the proposed timetable for budget setting.
- 3.9 Policy & Resources Committee budget recommendations will be proposed in February 2022 in respect of the agreement of the annual Budget, setting of the council tax requirement and related matters to the Council, which will be debated by Full Council and voted upon by a simple majority.
- 3.10 With a potential revised budget gap in excess of £30m (as reported in the Pre-Budget Report presented to Policy & Resources Committee on 25 October 2021), the current level/breadth of services provided by the Council is not considered feasible and viable for continuance, hence the requirement to continue to develop a

number of potential budget proposals via the policy and service committees to ensure this gap can be closed.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This report provides the Committee with an update on recent budget setting activity and describes the context in which the budget for 2022/23 is being set, where a prudent approach is being undertaken to develop budget proposals amidst an uncertain financial landscape.
- 4.2 Delivering financial sustainability is vitally important for the Council, with the capitalisation directive aspects of recent years reinforcing the need to develop a revised approach to operations, in order that any future crisis situation can be managed within available resources. This is reflective of comments made by Grant Thornton, the Council's external auditor, who noted as part of their value for money review during the audit of the 219/20 accounts, "We note that the capitalisation directive will only provide support to the Council for 2020/21 and 2021/22. As such, the Council needs to ensure that it delivers against its revised MTFs. It will need to put in place clear plans to reduce its future recurring service expenditure and move to a balanced revenue position that does not rely on reserves".

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The Policy and Resources Committee, in consultation with the respective Policy and Service Committees, has been charged by Council to formulate a draft Medium Term Financial Plan (MTFP) and budget to recommend to the Council.
- 5.2 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 5.3 Section 30(6) of the Local Government Finance Act 1992 provides that the Council has to set its budget before 11<sup>th</sup> March in the financial year preceding the one in respect of which the budget is set.
- 5.4 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.
- 5.5 When considering options, Members must bear in mind their fiduciary duty to the council taxpayers of Wirral. Members must have adequate evidence on which to base their decisions on the level of quality at which services should be provided.

- 5.6 Where a service is provided pursuant to a statutory duty, it would not be lawful to fail to discharge it properly or abandon it, and where there is discretion as to how it is to be discharged, that discretion should be exercised reasonably.
- 5.7 The report sets out the relevant considerations for Members to consider during their deliberations and Members are reminded of the need to ignore irrelevant considerations. Members have a duty to seek to ensure that the Council acts lawfully. Members must not come to a decision which no reasonable authority could come to; balancing the nature, quality and level of services which they consider should be provided, against the costs of providing such services.
- 5.8 There is a particular requirement to take into consideration the Council's fiduciary duty and the public sector equality duty in coming to its decision.
- 5.9 The public sector equality duty is that a public authority must, in the exercise of its functions, have due regard to the need to: (1) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; (2) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (3) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.10 Any decision made in the exercise of any function is potentially open to challenge if the duty has been disregarded. The duty applies both to Full Council when setting the budget and to the Policy and Services Committees when considering decisions.
- 5.11 Once a budget is in place, Council has delegated responsibility to the Policy and Services Committees to implement it. The Committees may not act contrary to the Budget without consent of Council other than in accordance with the Procedure Rules set out at Part 4(3) of the Constitution.
- 5.12 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that agreed savings are delivered and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 At this time, there are no additional resource implications. However, where the budget is unbalanced and further proposals are required, then there may be resource implications, and these will be addressed within the relevant business cases presented to the Committee.

## **7.0 RELEVANT RISKS**

- 7.1 The Council's ability to maintain a balanced budget is dependent on a proactive approach due to estimated figures being provided in the calculation for the budget, albeit the best estimates available at the time, plus any amount of internal and

external factors that could impact on the budget position. Examples of which are new legislation, increased demand, loss of income, increased funding, decreased funding, inability to recruit to posts, ongoing impact of the pandemic, etc.

- 7.2 A robust monitoring and management process for the budget is in place. If at any time during the year an adverse position is forecast, remedial action must be agreed and implemented immediately to ensure the budget can be brought back to balanced position.
- 7.3 The risk of this not being able to be achieved could mean that the Council does not have enough funding to offset its expenditure commitments for the year and therefore not be able report a balanced budget at the end of the year. This could result in the Section 151 Officer issuing a Section 114 notice.
- 7.4 A key risk to the Council's financial plans is that funding and demand assumptions in particular can change as more information becomes available. As such, the MTFP is regularly reviewed and updated as part of routine financial management.
- 7.5 A balanced MTFP is fundamental in demonstrating robust and secure financial management. Delivering a balanced position requires continual review and revision of plans to allow alternative financial proposals to be developed and embedded in plans as situations change. A delay in agreeing these may put the timetable for setting the 2022/23 budget at risk and may result in a balanced budget not being identified in time for the deadline of 11 March 2022.
- 7.7 Assumptions have been made in the current budget outlook for income and funding from business rates and council tax and social care grants as the main sources of funding. If there is an adverse change to these assumptions as a result of the CSR, additional savings proposals or reduced expenditure would need to be identified as soon as possible to ensure a balanced five-year MTFP can be achieved. Committees will be kept updated with any announcements regarding the CSR through the year.
- 7.8 Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Consultation has been carried out with the Senior Leadership Team (SLT) in arriving at the governance process for the 2022/23 budget setting process. SLT have overseen the production of the budget scenarios laid out in this report.
- 8.2 Engagement with local residents and businesses will be part of the budget setting process.

## **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 At this time, there are no further equality implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be equality implications associated with these, and these will be addressed within the relevant business cases presented to the Committee.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 At this time, there are no additional environmental and climate implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be environment and climate implications associated with these that will be addressed within the relevant business cases presented to the Committee.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 This report has no direct community wealth implications however the budget proposals under consideration should take account of related matters across headings such as the following:
- **Progressive Procurement and Social Value**  
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.
  - **More local & community ownership of the economy**  
Supporting more cooperatives and community businesses.  
Enabling greater opportunities for local businesses.  
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
  - **Decent and Fair Employment**  
Paying all employees a fair and reasonable wage.
  - **Making wealth work for local places**

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## **APPENDICES**

APPENDIX 1 – BUDGET WORKSHOP FEEDBACK AND OUTCOMES

APPENDIX 2 – BUDGET SETTING MILESTONES

## **BACKGROUND PAPERS**

CIPFA's Financial Management Code

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Policy and Resources Committee</b>	<b>17 March 2021</b>
<b>Full Council</b>	<b>1 March 2021</b>
<b>Policy and Resources Committee</b>	<b>9 June 2021</b>
<b>Policy and Resources Committee</b>	<b>25 October 2021</b>

## APPENDIX 1 – BUDGET WORKSHOP FEEDBACK AND OUTCOMES



<b>Budget Workshops</b>
<b>Subject:</b> Housing Committee
<b>Date:</b> 23 September 2021
<b>From:</b> Bryn Griffiths, Senior Democratic Services Officer <a href="mailto:bryngriffiths@wirral.gov.uk">bryngriffiths@wirral.gov.uk</a>
<b>To:</b> P&R Committee

### 1. Background

All local authorities are required to set a balanced budget by 10 March each year. The Regeneration and Place Directorate has developed efficiency options for consideration by the Housing Committee before their recommendations are put forward to the Policy and Resources Committee (P&R) for review. Workshops to gather the below feedback were held on 23 September 2021 with the 2<sup>nd</sup> session planned to be held before the end of November 2021. This will inform the P&R Committee's proposals and final budget recommendation to Council. Members were made aware that the Indicative Budget gap for 2022/23 currently stands at £31.6m and that Officer proposals (savings/income) to bridge that gap total £24.8m. Members were advised that one of the requirements of submitting the capitalisation request to MHCLG was a 5 year balanced MTFP

Members were then informed that as at 17 March P&R Committee the gap was balanced but since then some additional pressures have emerged and some estimated savings have reduced. With all the officer proposals the current gap is now £6.8m. Some assumptions have been made which may change this gap which will not be known until later in the year.

### 2. Key Considerations Housing Service Context

- 7 teams deliver a diverse range of services
- Not included within mainstream budgets but funding allocations and income generated through team equates to almost £31.6m over 5 year period
- Team works with RP partners to deliver housing growth and increase affordable housing supply - 1,506 affordable housing units completed in the last 5 years, generating £137m worth of investment
- Services have expanded to respond to new initiatives such as Resettlement programmes and also introduction of selective licensing schemes across key areas.
- The annual DFG allocation has increased by almost 300% since 2015 with national shortages of OTs and TOs as well as more clients living with a disability and needing home adaptations putting increased demands on the service,

- Housing team provides significant support to other Departmental and Corporate objectives including alternative options for residential care for older people and those with learning disabilities, care leavers, those fleeing domestic violence, mental health
- Key Participation in delivering LCR/CA Programmes – Retrofit, Housing First, Refugee Resettlement, Trailblazer Prevention Programme
- Homeless Case levels increased by 24% since pre 18/19
- Predicted increases in demand - full retraction of Government's 'tenants protection from eviction' from 1<sup>st</sup> October 2021, will return to the pre-pandemic serving of a 2 month NTQ period, in addition to ending of furlough scheme 30<sup>th</sup> September and UC top ups end 6<sup>th</sup> October.
- Evicted households presenting with inflated rent arrears levels due to delayed possession action - levels ranging from £4000 to a maximum of £13,000, significant challenges for rehousing
- Wirral is placed second highest behind Liverpool in terms of number of homeless application, with 1149 completed from the year 2020/21 ( Liverpool's 1260, Knowsley 1092, Sefton 719, St Helens 739),. A total of 98% of applications resulted in a homeless duty being awarded.
- Increased demand on supported housing due to the complexity of referrals and limited provision to move on to - 74% of clients exceeded duration, an increase compared to 2019/20.
- Waiting list at 12,566 - 30% increase since lockdown and 14.5% increase on those priority band A-C with the largest increase being those owed a homeless relief duty which has risen by 81.8%
- Rough Sleeping figures down considerably and at near zero on any one night since 'Everyone In' Campaign due to the targeted work and investment being placed on triage assessment and outreach services
- Need to deliver the 5 year Capital Programme for empty homes to support Brownfield first approach to Local Plan
- 50% increase in expenditure relating to financial assistance from pre covid time period
- 5 Year Selective Licensing scheme to be delivered - over 1700 licenses issued to date, (majority to still be inspected) out of a predicted 2,600 anticipated during the next 4 years
- Speed of pace to contribute to the Regeneration agenda and link with RPs on Masterplan areas including Seacombe Corridor and Hamilton Park

## Proposals

### Housing Committee Proposals (2022/23):

Community Alarms	
Housing Benchmark Savings	
<b>Total projected savings:</b>	<b>£800k</b>

### Officer Proposals (2022/23):

<b>Housing Standards Capitalisation</b>	Staff posts capitalised that deliver regeneration and capital
<b>Housing Investment Capitalisation</b>	Staff posts capitalised that deliver regeneration programme
<b>Potential Capitalisation of other staff costs and recharge of staffing against funding programmes – subject to advice - £TBD</b>	Staff posts capitalised against capital programme projects and funding programmes
<b>Total projected savings:</b>	<b>£231K + (Savings dependant on options taken where impact is variable)</b>

## Member Questions

- Q: Is the outreach team that were based in the YMCA still operational?**
- A: Yes, we're still commissioning through the Rough Sleeper Initiative funding the YMCA and have an outreach team the we have commissioned directly for.
- Q: Isn't Wirral Council close to it's minimum revenue provision for loan repayments and interest payments or is there some headroom there?**
- A: This was recently assessed by CIPFA and we're not close to any limits so have some headroom. This was also confirmed by our external auditors as well.
- Q: One of the slides mentioned that £24m in savings has been identified by officers, where can I see that and how it's been compiled?**
- A: Information is in appendix that was shared with Members. Note that the appendix showed £20m in savings and there is an additional £4m in capital receipts that make it up to £24m.
- Q: I would expect to see a pressure to spend more money on housing, particularly housing support. How can the same team deal with 20-25% more demand for homeless support in bands A, B and C without more capacity? It was also mentioned that supported housing schemes are over subscribed and that people are staying longer than is hoped because there's nowhere else to move. Understand that supported housing is protected from the right to buy – surely a prime area for the Council to buy/build and acquire supported housing. Could this be pursued? It's not particularly revenue heavy, it's more capital intensive so would not impact so much on the budget.**
- A: Would still need to be done within the budget envelope but if that was something the committee wanted to explore it could be discussed with SLT and the Director of Finance.

**Q: With this £20 million of additional pressures that other committees have identified, Housing hasn't identified any savings directly and I would expect to see something.**

A: We're not offering up direct savings, instead the Housing service is looking at capitalisation, which takes some of the pressure off of the revenue budget but with no service impact.

It's also noted that the Housing service has secured a number of grants from central government to help support service areas such as homelessness at the moment. These grants have relieved the pressures to declare any pressures on the service currently.

**Q: Can we expect to get government funding for homelessness support.**

A: We have been receiving flexible support grants for the past 4-5 years and we're expecting this to continue to some degree. The service has been quite successful at bidding for additional funding packages that the government offers nationally for specific issues.

**Q: It appears that the costs of Property Pro Plus is around £480k per year, can the costs of Running Property Pro Plus be recovered from the housing associations?**

A: It is discretionary for the housing associations to sign up to Property Pro Plus, work is being done to encourage larger providers to sign up and the Council does still have some contributions from other social landlords.

**Q: If we were able to build some social housing, would that not be able to generate some income for us in the long term?**

A: we brought forward proposals last year using various grants and capital programs through into Section 106 Affordable Housing money to acquire some houses in a new development in Rock Ferry and some income will be generated from those. However overall it will be covering costs rather than making a profit.

Members agreed for the Director of Regeneration and Place to work up the suggested options given.

## APPENDIX 2 – BUDGET SETTING MILESTONES

MONTH	ACTIVITY
June to September	<ul style="list-style-type: none"> <li>• Policy &amp; Resources Committee (P&amp;R) agreed approach to budget setting (9<sup>th</sup> June 2021)</li> <li>• Budget workshops commenced to identify savings/income/reductions in pressures for 2022/23 (26<sup>th</sup> July 2021 onwards)</li> </ul>
October	<ul style="list-style-type: none"> <li>• P&amp;R 2022/23 Pre-Budget Report (25<sup>th</sup> October)</li> <li>• Ongoing budget service committee workshops (leading to budget setting outcomes reports)</li> <li>• Chancellor's Autumn Statement – indication of how resources to be aligned (27<sup>th</sup> October 2021)</li> </ul>
November	<ul style="list-style-type: none"> <li>• Undertake generic budget consultation</li> <li>• P&amp;R budget Sub-committee initiated (subject to approval)</li> <li>• Budget setting workshop activity - outcomes report - for consideration of Service Committees &amp; P&amp;R</li> <li>• Collation of budget proposals for potential incorporation within 2022/23 budget options</li> </ul>
December	<ul style="list-style-type: none"> <li>• Annual government finance settlement</li> <li>• Service Committees &amp; P&amp;R - Business Case Development/ Validation</li> <li>• P&amp;R Committee meeting (15<sup>th</sup> December 2021)</li> </ul>
January	<ul style="list-style-type: none"> <li>• Report to P&amp;R to provide an update on budget assumptions and the budget gap (13<sup>th</sup> January 2022)</li> </ul>
February	<ul style="list-style-type: none"> <li>• P&amp;R recommend 22/23 Budget to Council (15<sup>th</sup> February 2022)</li> <li>• Budget Council - 2022/23 - budget approval (28<sup>th</sup> February 2022)</li> </ul>
March	<ul style="list-style-type: none"> <li>• Budget amendments - if 22/23 not approved by February full Council</li> <li>• Reserve Council Meeting - budget approval (7<sup>th</sup> March 2022)</li> </ul>

NB:

Following Policy & Resources Committee on 25 October it was also agreed to include a specific proposal consultation period in January

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## HOUSING COMMITTEE

Thursday 18 October 2021

<b>REPORT TITLE:</b>	<b>WORK PROGRAMME UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF REGENERATION &amp; PLACE</b>

### REPORT SUMMARY

The Housing Committee 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.

The work programme is 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 Housing Committee is attached as Appendix 1 to this report.

### RECOMMENDATION/S

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

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

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

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1** Various formats for the workplan were explored. The current format is 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:

- (i) The Council Plan
- (ii) The Council's transformation programme
- (iii) The Council's Forward Plan
- (iv) Service performance information
- (v) Risk management information
- (vi) Public or service user feedback
- (vii) Referrals from Council

### **Terms of Reference**

The Housing Committee has responsibility for taking a strategic approach to the Council's various housing functions, including issues concerning social rented and affordable housing, homelessness, allocations and standards of housing.

The Committee is charged by full Council to undertake responsibility for:-

- (a) the Authority's role and functions in relation to strategic and private sector housing policies and as the housing authority, including but not limited to
- (i) the Council's Housing Strategy;
  - (ii) homelessness and the allocation of housing;
  - (iii) private sector housing, including taking action to remedy overcrowding, disrepair, unfitness and statutory nuisances; to promote fire safety in private sector housing and the Council's functions in relation to houses in multiple occupation;
  - (iv) licensing schemes;
  - (v) tenancy relations and the provision of housing advice;
  - (vi) relationship with Registered Providers of housing;
  - (vii) housing loans and grants;
  - (viii) housing related support services; and
  - (ix) policies and actions with a view to reducing and eliminating street homelessness to ensure that appropriate action is taken;

- (b) analysis, development and overview of housing policies in terms of spatial planning to submit to the Economy, Regeneration and Development Committee to inform the Local Plan and planning policies;
- (c) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
- (d) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to the above functions.

#### **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 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.

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: Housing Committee Workplan

## BACKGROUND PAPERS

The Council Plan

The Council's transformation plan

The Council's Forward Plan

The Constitution of the Council

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Housing Committee	28 October 2020
Housing Committee	26 November 2020
Housing Committee	27 January 2021
Housing Committee	10 March 2021
Housing Committee	19 October 2021

## HOUSING COMMITTEE

WORK PROGRAMME 2021/22

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### PROPOSED AGENDA FOR HOUSING COMMITTEE

DATE: 18 November 2021

Item	Key Decision Yes/No	Lead Departmental Officer	Wirral Plan Priority
Private Sector Stock Condition	No	Director of Regeneration and Place	Safe & Pleasant Communities
Update on Low Carbon Housing Retrofit Programme	No	Director of Regeneration and Place	Safe & Pleasant Communities
Public Health Annual Report 2020/2021	No	Director of Public Health	Active & Healthy Lives
2020/21 Revenue and Capital Outturn	No	Director of Resources	Inclusive Economy
Housing Quarter 2 Monitor Report	No	Director of Resources	Inclusive Economy
Housing Committee Budget Report	No	Director of Regeneration and Place	Inclusive Economy

Deadline for Reports to SLT	Deadline for reports for briefing	Agenda Published
25.10.2021	01.11.2021	09/11/2021

## ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Strategic Housing Market Assessment	Between January 2022 and March 2022	Director of Regeneration and Place
Affordable Homes Update/Affordable Homes Statement	TBA with Party Spokes	Director of Regeneration and Place
LCR Local Authority Delivery (LAD) Programme Update	TBA with Party Spokes	Director of Regeneration and Place
Financial Assistance Update Report	TBA with Party Spokes	Director of Regeneration and Place
Housing Growth Strategy – Delivering for Wirral <b>(Key)</b>	Between January 2022 and March 2022	Director of Regeneration and Place
Council Housing Building Options	Between January 2022 and March 2022	Director of Regeneration and Place
Housing Needs of Care Leavers	Between January 2022 and March 2022	Director of Regeneration and Place
Property Pool Plus allocations policy Consultation	Between January 2022 and March 2022	Director of Regeneration and Place
Homelessness Update – Rough Sleeper Count and Next Steps Update	Between January 2022 and March 2022	Director of Regeneration and Place

## STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Budget and Performance Monitoring Report	TBA	Director of Regeneration and Place
Housing Committee Work Programme Update	Every Committee	Bryn Griffiths

## WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
<b>Working Groups/ Sub Committees</b>				
-	-	--	-	-
<b>Task and Finish Reviews</b>				

-	-	--		-
<b>Spotlight Sessions and Workshops</b>				
Budget & Housing Workshop	Committee wide workshop	28.10.2020	Alan Evans	
Budget and Performance Workshop	Committee wide workshop	26.11.2020	Alan Evans	
Budget Workshop	Committee wide workshop	23.09.2021	Alan Evans	
Affordable Housing Statement	Committee Wide workshop	Date needs to be scheduled in	Alan Evans	

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