



## Health and Wellbeing Board

<b>Date:</b>	<b>Wednesday, 16 June 2021</b>
<b>Time:</b>	<b>2.00 p.m.</b>
<b>Venue:</b>	Floral Pavilion, Marine Promenade, New Brighton, CH45 2JS

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, please contact the box office at the Floral Pavilion by telephone on 0151 666 0000, in advance of the meeting. 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.

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

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## AGENDA

### 1. DECLARATIONS OF INTERESTS

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

### 2. APOLOGIES FOR ABSENCE

### 3. MINUTES (Pages 1 - 6)

To approve the accuracy of the minutes of the meeting held on 31 March 2021.

### 4. PUBLIC QUESTIONS

**Public Questions**

Notice of question to be given in writing or by email by 12 noon, Friday, 11 June to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 10.

For more information on how your personal information will be used, please see this link:  
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## **Statements and Petitions**

### Statements

Notice of representations to be given in writing or by email by 12 noon, Friday 11th June to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 11.

### Petitions

Petitions may be presented to the Committee. The person presenting the petition will be allowed to address the meeting briefly (not exceeding one minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. Please give notice of petitions to [committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk) in advance of the meeting.

## **Questions by Members**

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

- 5. HEALTH AND WELLBEING BOARD MEMBERSHIP (Pages 7 - 10)**
- 6. INTEGRATED CARE SYSTEM PROJECT UPDATE (Pages 11 - 20)**
- 7. COMMISSIONING PLAN (Pages 21 - 50)**
- 8. PREVENTION (Pages 51 - 92)**
- 9. YOUTH OFFER (Pages 93 - 106)**
- 10. TACKLING HEALTH INEQUALITIES THROUGH REGENERATION (Pages 107 - 114)**
- 11. WORK PROGRAMME (Pages 115 - 120)**

## HEALTH AND WELLBEING BOARD

Wednesday, 31 March 2021

Present:

Councillor Yvonne Nolan  
Simon Banks

Councillor Wendy Clements  
Dr Paula Cowan  
Councillor Phil Gilchrist  
Councillor Jeff Green  
Louise Healey  
Graham Hodgkinson  
Janelle Holmes

Karen Howell

Inspector Tom Elch  
Karen Prior  
Mark Thomas  
Julie Webster  
Simone White  
Councillor Jeanette Williamson

Chair  
Chief Officer, NHS Wirral CCG  
and Wirral Health & Care  
Commissioning  
Wirral Council  
Chair, Wirral CCG  
Wirral Council  
Wirral Council  
Jobcentre Plus  
Director for Health & Care  
CEO Wirral University Teaching  
Hospital NHS Foundation Trust  
CEO Wirral Community NHS  
Foundation Trust  
Merseyside Police  
Chair, Healthwatch Wirral  
Mersey Fire and Rescue  
Director of Public Health  
Director for Children's Services  
Wirral Council

In attendance:

Brian Simpson

David Eva  
Mark Fraser  
Mark Greatrex

Steve Bedser

Apologies:

Nicola Allen  
Liz Bishop

Alan Evans

Paul Satoor

Warren Ward

Chair, Strategic Housing  
Partnership  
Healthy Wirral Partnerships  
General Practitioner  
Wirral Community NHS  
Foundation Trust  
Local Government Association

Head of Medical Directorate  
CEO, Clatterbridge Cancer  
Centre NHS Foundation Trust  
Director of Regeneration &  
Place  
Chief Executive of Wirral  
Borough Council  
Director, Community Action  
Wirral

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

No declarations were made.

## 2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Paul Satoor, Alan Evans, Nicola Allen, Liz Bishop, Warren Ward and Supt Martin Earl.

Apologies for absence were also received from Councillor Moira McLaughlin and Councillor Pat Cleary who attend Board meetings in an ex-officio capacity as group leaders.

## 3 **MINUTES**

**Resolved – That the accuracy of the minutes of the meeting held on 11 March 2020 be agreed.**

**At the request of the Chair, the Committee agreed to rearrange the order of business**

## 4 **SETTING THE SCENE**

Graham Hodkinson, Director of Care and Health introduced the item by outlining the forthcoming changes to the Health and Wellbeing Board. It was reported that the requirements for change were two-fold, the first being the need for the Board ensure its vision remained fit for purpose in light of the changes to the Borough over the previous ten years, and the need to ensure the Board was fit for purpose to be able to tackle the health inequalities in Wirral and have strong links to the wider determinants of health such as employment and regeneration. In addition, major changes within the NHS were a further driver for the changing role of the Health and Wellbeing Board, with the proposed implementation of the Integrated Care System meaning the Board would take on a key leadership role in driving forward the new cohesive approach as the formal Integrated Care Partnership Board.

The role of the Board as part of an Integrated Care Partnership was detailed, with it continuing to provide oversight, strategic direction and co-ordination of local partnerships, but with additional bodies sitting underneath it. This included the Integrated Commissioning Partnership with a pooled fund and formalised partnership arrangements, alongside a Wirral Provider Collaborative which would align and focus decision making and deliver on population health outcomes.

Members considered the content of any possible alterations to the Terms of Reference of the Board as a result of the changes outlined and were informed that the discussion members of the Board were to have on its focus and purpose would influence whether there was a need to revise the Terms of Reference.

**Resolved – That the update be noted.**

## 5 **PURPOSE OF THE HEALTH AND WELLBEING BOARD**

The Chair informed members that the content of the item had already been covered under minute item 4 'Setting the Scene' and moved to the recommendations.

An amendment to a recommendation was proposed by Councillor Yvonne Nolan and seconded by Councillor Jeff Green, so that it read:

'That should it be required, the Director of Law & Governance, in consultation with the Director of Adult Care and Health and the Director of Public Health, be requested to undertake a review of the Health and Wellbeing Board Terms of Reference, and that the revised Terms of Reference be brought back to a future meeting of the Health and Wellbeing Board prior to its consideration at Constitution and Standards Committee.

#### **Resolved – That**

- 1) the Health and Wellbeing Board focus and purpose be further reviewed.**
- 2) should it be required, the Director of Law & Governance, in consultation with the Director of Adult Care and Health and the Director of Public Health, be requested to undertake a review of the Health and Wellbeing Board Terms of Reference, and that the revised Terms of Reference be brought back to a future meeting of the Health and Wellbeing Board prior to its consideration at Constitution and Standards Committee.**

## **6 VISION**

The Chair informed the Board that Steve Bedser from the Local Government Association was in attendance to facilitate an exercise on how the Health and Wellbeing Board could be used to tackle health inequalities.

Members were asked to consider how the Health and Wellbeing Board could contribute to the strategic vision of 'Wirral being a place where everyone is able to live happy, safe and healthy lives'. The comments included:

- Collaboration and integration with partner organisations;
- Considering the wider determinants of health such as housing, education and employment;
- Connecting health and social care to support the broader socio-economic development of the borough;
- Working with children and young people at an early stage;
- Working with housing providers to provide good quality housing;
- Equity in access and delivery of health and care services;
- Greater links with regeneration;
- Focus on early intervention and the use of social prescribing;
- Availability of good quality data at a neighbourhood level; and
- Good quality employment opportunities.

Following the exercise, Steve Bedser provided an observation of the discussions had by board members, where he noted how the priority of the Board had developed in the previous 12 months from looking at the operational detail of the interface between health and social care to considering the wider shared factors in health and wellbeing. The ability for partners to be able to fully contribute to the Board meeting was highlighted as a positive from the session. As part of its next steps, the Board was urged to develop a plan that was strategic, prioritised but also deliverable by forward planning the agenda content and working with colleagues across the organisations and partner organisations to ensure that meetings were effective.

**Resolved – That the exercise be noted.**

## **7 WORKING WITH THE COMMUNITY, VOLUNTARY AND FAITH SECTOR**

Julie Webster, Director of Public Health introduced the report which outlined a proposed approach to working with the Community, Voluntary and Faith (CVF) sector to improve health and reduce inequalities as part of the broader strategic intent to work with local communities to deliver the Wirral Plan 2020 – 2025.

It was reported that the relationships with the Community, Voluntary and Faith sector had strengthened during the Covid-19 response where the sector had illustrated its reach, impact and flexibility to respond quickly to local communities. The Board was reminded of the work that had been undertaken with the Community, Voluntary and Faith Sector in collaboration with Capacity Lab prior to the Covid-19 pandemic, which sought to support CVF organisations in several ways including being able to compete in the Council contract market. In addition to this, a workshop had taken place in January 2020 with a range of organisations across the sector which identified a consensus for a new relationship between the sector, the Council and Health partners.

Therefore, the report outlined the main workstreams to influence the next steps to build on this existing work to improve those working relationships, including establishing a working group to oversee the approach. These workstreams included:

- Looking at the CVF sector leadership with Wirral Council and the wider Wirral Partnership;
- Business support for not-for-profit organisations;
- Co-ordinating funding bids across the sector;
- Commissioning the third sector; and
- Volunteering need and opportunity.

The Board acknowledged the significant amount of money spent by both the Council and Health partners commissioning services from the Community, Voluntary and Faith sector, and felt that greater co-ordination of this spending could improve outcomes for service users.

**Resolved – That**

- 1) the proposed approach to working with the Community, Voluntary and Faith Sector be supported.**

- 2) a working group be established to oversee the approach taken to working with the Community, Voluntary and Faith sector with members wishing to serve to nominate themselves to the Director of Public Health.**

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## HEALTH AND WELLBEING BOARD

Wednesday, 16 June 2021

<b>REPORT TITLE:</b>	<b>HEALTH AND WELLBEING BOARD MEMBERSHIP AND CO-OPTION</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF LAW AND GOVERNANCE</b>

### REPORT SUMMARY

The report provides the Health and Wellbeing Board with an overview of its formal membership as contained within the recently revised Wirral Council Constitution and seeks to formalise any co-options to the Board.

The report also gives the Board the opportunity to consider its formal membership and operating and propose any amendments to the Constitution and Standards Committee.

### RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note the Health and Wellbeing Board's current membership.
2. Elect any individuals it sees fit for co-option to the Health and Wellbeing Board.
3. Recommend to the Constitution and Standards Committee that reference to the three divisions of the NHS Clinical Commissioning Group be removed from the Health and Wellbeing Board's Terms of Reference.
4. Recommend any further amendments to the Core or Appointed Membership of the Health and Wellbeing Board for consideration by the Constitution and Standards Committee.

## **SUPPORTING INFORMATION**

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

- 1.1 To make the Board aware of its membership and to clarify which members have voting rights.
- 1.2 To confirm and formalise the co-option of any additional members the Board wishes to appoint in accordance with its Terms of Reference.
- 1.3 To enable the Board to consider its membership.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 An alternative option was to not update the Board on its membership and not confirm its co-options. However, updating the Board on its current membership assists in the effective management of its meetings and ensures the Board are utilising its ability to co-opt additional members.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The Health and Social Care Act 2012 sets out that a local authority must establish a Health and Wellbeing Board for its area, and prescribes the membership must contain a minimum of that outlined at 3.2.
- 3.2
  - (a) at least one councillor of the local authority
  - (b) the director of adult social services for the local authority
  - (c) the director of children's services for the local authority
  - (d) the director of public health for the local authority
  - (e) a representative of the Local Healthwatch organisation for the area of the local authority
  - (f) a representative of each relevant clinical commissioning group
  - (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.
- 3.3 Health and Wellbeing Boards were largely created to best fit those Council's operating Executive arrangements, and therefore the Board may wish to consider how the Health and Wellbeing Board, its operation and its membership can be developed to better fit the Committee system and political proportionality.
- 3.4 At its meeting on 28 September 2020, the Council adopted a revised Constitution within which contained the Terms of Reference and membership of the Health and Wellbeing Board. The membership is included at 3.5.
- 3.5 **Core Membership**
  - (i) Five (5) elected Members of Wirral Borough Council, being the:
    - (1) Leader (or Deputy Leader) of the Council;

- (2) The Chair (or Vice Chair) of the Adult Social Care and Public Health Committee;
- (3) The Chair (or Vice Chair) of the Children, Young People and Education Committee; and
- (4) The leaders (or nominee) of the two largest opposition Political Groups;

- (i) the Chief Executive of Wirral Borough Council;
- (ii) the Director of Adult Social Services of Wirral Borough Council;
- (iii) the Director of Children's Services of Wirral Borough Council;
- (iv) the Director of Public Health of Wirral Borough Council;
- (v) the Chair of Wirral NHS Clinical Commissioning Group;
- (vi) the Accountable Officer of Wirral Clinical Commissioning Group;
- (vii) a representative of HealthWatch; and a Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England

### **Appointed Membership**

- (i) A senior officer of Wirral Borough Council responsible for housing policy and services;
- (ii) Chief Executive, Voluntary & Community Action Wirral;
- (iii) Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust;
- (iv) Chief Executive, Wirral Community NHS Foundation Trust;
- (v) Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust;
- (vi) Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust;
- (vii) Representatives from the three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan;
- (viii) Representative from Merseyside Police;
- (ix) Representative from Merseyside Fire & Rescue Service; and
- (x) Representative from Jobcentre Plus

3.6 Due to Covid-19, the Health and Wellbeing Board has only met once since the implementation of the revised Constitution. Therefore, it is timely for the Board to consider its membership at the first meeting of the 2021/22 Municipal Year.

3.7 The Health and Wellbeing Board is a partnership body and has historically invited attendees from various organisations to attend and contribute to meetings, and in some cases co-opted them to the Board.

3.8 In light of the revised Terms of Reference, the report gives the Board an opportunity to co-opt any individuals it wishes to that are not currently members of the Board, including any that may have previously been co-opted.

3.9 The report also gives the Board an opportunity to make recommendations for amendments to its core membership to the Constitution and Standards Committee.

## **4.0 FINANCIAL IMPLICATIONS**

4.1 There are no financial implications.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 Any individual co-opted to the Health and Wellbeing Board will be a non-voting member.
- 5.2 Changes to the formal membership as defined in the Constitution would require endorsement by the Constitution and Standards Committee and approval by Council.

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

- 6.1 There are no resource implications.

**7.0 RELEVANT RISKS**

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

**8.0 ENGAGEMENT/CONSULTATION**

- 8.1 No additional consultation has been undertaken.

**9.0 EQUALITY IMPLICATIONS**

- 9.1 There are no direct equality implications.

**10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 There are no environmental and climate implications.

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**APPENDICES**

N/A

**BACKGROUND PAPERS**

The Health and Social Care Act 2012  
 Council Constitution

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date



## HEALTH AND WELLBEING BOARD

16 JUNE 2021

<p><b>REPORT TITLE:</b></p>	<p><b>STRATEGIC CHANGES IN THE NHS – A FOLLOW UP REPORT ON PROPOSED CHANGES, IMPACT ON THE COUNCIL, PROGRESS MADE AND NEXT STEPS RE: INTEGRATED CARE SYSTEM (ICS) AND INTEGRATED CARE PARTNERSHIP (ICP)</b></p>
<p><b>REPORT OF:</b></p>	<p><b>DIRECTOR OF CARE AND HEALTH</b></p>

### REPORT SUMMARY

This report aims to provide members of the Health and Wellbeing Board with an update on the proposed strategic changes in the NHS and outline the implications for the Council of such emerging arrangements and ‘Integrating Care’ in terms of ‘place’.

The report sets out what is expected and what can be defined locally in relation to place making. The report also outlines the steps being considered and the time scales for implementation.

### RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the report.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 These are important strategic changes in the NHS that provide opportunities for the Council to have a greater impact on Health and Wellbeing Outcomes. It is imperative that the Board has full awareness and understanding of the proposed changes.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is an update report primarily for information and understanding, it does not include options for the Board to consider.

### 3.0 BACKGROUND INFORMATION

#### National Context

- 3.1 Nationally and locally there continues to be unacceptable inequalities in the health outcomes for our local population. Proposed changes in the NHS offers the opportunity for Wirral Council to take a key leadership role in shaping the work of the NHS and partners to be much more effective in addressing health inequalities and improving outcomes for Wirral's residents.
- 3.2 The integration of Health and Care has the potential to drive improvements in population health by reaching far beyond traditional NHS activity with Local Authorities and other agencies leading work on the wider determinants of health that drive longer term health outcomes and inequalities. Together we are better placed to promote positive health related behaviour, ensure equitable access to quality clinical and social care services. We are also well placed to tackle those broader issues that relate to poverty, poor outcomes, and opportunities by recognising that the whole of the Council has a key role in improving Wirral for our residents.

#### Local Context - Cheshire and Merseyside

- 3.3 The Cheshire and Merseyside Health Care Partnership (C&M HCP) formally wrote to NHS England on 28 January 2021 to seek approval to become recognised as an **Integrated Care System** citing its potential to drive improvements in population health by reaching beyond health and care to tackle wider determinants through:
- **System stewardship**
  - **Inclusive arrangements**
  - **Engagement with Public, Staff and other key Stakeholders**
  - **Planning and establishing an approach to Finance and Performance**
  - **Enhancing Integrated Commissioning at place/borough level**
  - **Provider collaborative**
  - **Responding to and embedding NHS Constitution**
  - **Academic partnership to underpin programme evidence and evaluation.**
- 3.4 The Integrated Care System application from the C&M HCP references the role of the Local Authority at place level as being able to provide focus through the Health and Wellbeing Board. With the fundamentals of an ICS integration being focused on

improved population health and healthcare, tackling unequal outcomes and access to services, enhancing productivity and Value for Money and Helping the NHS to support broader Social and economic development of the whole Borough as reflected in the Wirral Plan.

## Local Context in Wirral

- 3.5 Within the guidance issued by the Department of Health, the role of 'Place' is defined as meaning "long-established Local Authority boundaries", at which joint strategic needs assessments, health and wellbeing strategies and commissioning approaches are developed in partnership. The DHSC guidance states that each 'Place' must ensure there is a single, system-wide approach to undertake strategic commissioning. This will discharge core functions on behalf of the ICS, which include:
- **Assessing population health needs and planning and modelling demographic, service use and workforce changes over time**
  - **Planning and prioritising how to address those needs, improving all residents' health, and tackling inequalities**
  - **Ensuring that these priorities are funded to provide good value and health outcomes**
  - **Supporting a segmented and targeted approach to ensure we level up health inequalities**
  - **Contractual mechanisms for delivery**
  - **Ensuring that clinical input is a key part of Strategic Commissioning.**
- 3.6 The guidance clearly states that systems should also agree whether individual functions are best delivered at system or at Place, balancing subsidiarity with the benefits of scale working.
- 3.7 Places will be expected to develop an integrated approach to commissioning between Health and the Local Authority. This role is described by C&M as place-based commissioning and co-ordination. It is expected that this will be led by the Council with staff from the ICS at Cheshire and Merseyside level making up integrated commissioning teams alongside Local Authority Commissioners.
- 3.8 NHS Wirral CCG and Wirral Council are working together, with the Cheshire and Merseyside Health and Care Partnership (HCP), our ICS, to shape the future delivery of commissioning functions at place and across the ICS. We want to evolve the successful strategic commissioning partnership between the NHS and Wirral Council in response to the publication of the White Paper and Integrating Care: Next steps. NHSE/I and the ICS, as well as partners in provider organisations, will have a view on "how commissioning will work" going forward. Our work therefore needs to be cognisant of those views but very clear on the Council's expectations and aspirations.
- 3.9 Detail defining those NHS commissioning functions that remain at place and those that will be carried out at the larger Cheshire and Merseyside level is awaited, however early work indicates that the majority of strategic commissioning will be delivered at place level with the most specialist types of commissioning taking place on the larger footprint.

## Integrated Care Partnership (ICP)

3.10 The aims of Integrated Care Partnerships are to:

- a) **Plan, manage and deliver services together for populations. This would enable neighbourhoods to focus on need, be that a health need or a wider determinant of health need.**
- b) **Linking education, employment, and service delivery in a Place/Borough to enable us to shape our workforce and build resilience and opportunity in communities.**
- c) **Linking health skills and knowledge with housing and care across our neighbourhoods to enable us to support our families in need or at risk of harm.**

3.11 The guidance suggests that partners should include - Primary Care Network Leads, LA adult and children's social services leads, Community Health Provider, Mental Health Provider, Acute Provider(s), Public Health, Voluntary sector, Housing, Police, Education. People within each area therefore must be able to:

- **access clear advice on staying well.**
- **access a range of preventative services.**
- **access simple, joined-up care and treatment when they need it.**
- **access digital services (with non-digital alternatives) that put the citizen at the heart of their own care.**
- **access proactive support to keep as well as possible, where they are vulnerable or at high risk.**
- **expect the NHS, through its employment, training, procurement, and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability.**

3.12 The Department of Health and Social Care (DHSC) recognise that every area is different, but clearly highlight that common characteristics of the most successful systems are when there is the full involvement of all partners who contribute to the Place's health and care. The DHSC recognise that there is a critical role for local Councils to work with health partners who will play a leading role for clinical primary care leaders, through Primary Care Networks; and a clear, strategic relationship with Health and Wellbeing Boards. From a Council perspective very localised working through neighbourhoods would enable alignment but more importantly a greater understanding of need and action required at a local level. Moving towards this approach would impact across all Council delivery Directorates.

### **Wirral Integrated Commissioning**

3.13 This is a component part of the Integrated Commissioning Partnership underpinned by Pooled Funds and formalised partnership arrangements with the following key functions:

- **Improve Health and Wellbeing Outcomes for the Population**
- **Reduce Health Inequalities across the Borough**
- **Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.**
- **Manage Care and Health Market to Ensure that there is a full and effective range of sustainable services across the Borough.**

- **Discharge the statutory commissioning duties of the Local Authority for Adult Social Care, Public Health and Children’s services alongside the NHS Commissioning duties on behalf of the ICS**
- **Enable and Support the Provider Collaborative to deliver population health outcomes.**

### **Wirral Provider Collaborative**

3.14 This is a component part of the Integrated Commissioning Partnership. The details of how the collaborative will work together and be constituted including working methods are currently in development. There are however key principles for provider collaboratives as developed by NHS England for Mental Health services that are likely to apply:

- **Collaboration between Providers and across local systems**
- **Experts by Experience and clinicians leading improvements in care pathways**
- **Making best use of resources across the collaborative to provide community alternatives and reduce inappropriate admissions/care away from home**
- **Working with local stakeholders**
- **Improvements in quality, patient experience and outcomes driving change**
- **Advancing equality for the local population**

3.15 The opportunity to shape local governance at Borough level is key with a focus on strengthening **the Health and Wellbeing Board as well as the role of the Adult Social Care and Public Health Committee** to support local system leadership and with a strong emphasis on improving population health. Future transformation funding from the NHS will focus on improving population health at scale across the Cheshire and Merseyside footprint and so the role of the HWBB will be pivotal. Systems of governance will change over time in line with legislative changes. We also need to be nimble and respond quickly to the opportunity. The Health and Wellbeing Board will have a critical role in driving local arrangements at Place or Borough level.

### **Place leadership**

3.16 The DH state that there should be a recognised and identified Place leadership to undertake the following tasks:

- **to understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them.**
- **to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.**
- **to focus on the wider determinants of health across the population**
- **to support and work alongside Primary Care Networks (PCNs) which join up primary and community services across local neighbourhoods.**
- **to simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate).**

- 3.17 Based upon the above it is clear that in partnership with the existing CCGs, PCNs, NHS providers, Voluntary sector providers, Healthwatch, Police, Housing, Education, that the Local Authority should take the leadership role in local 'place' making arrangements. This is acknowledged by leaders within the Cheshire and Merseyside Partnership who have stated "the lead role of the Local authority in the integration of care and system design is recognised"; "place at the Local authority level is the primary building block for integration between health and care and other sectors of the system."
- 3.18 Cheshire and Merseyside in their application to become an ICS make it clear they expect a lead role on behalf of the Local Authority in the integration of Care, system design and that political engagement and democratic input will bring legitimacy to the transformation. Wirral is yet to consider the designation of Place leader, however all parties from within the local system would need to agree with the appointment.

### Health and Wellbeing Board

- 3.19 The Health and Wellbeing Board will have a critical role in driving this process forward as the key partnership for our local system at Place or Borough level. In addition, the Adult Social Care and Public Health Committee will have a key Governance role in relation to the outcomes that need to be delivered to improve the local population's health, and for the quality and consistency of the way that care is provided to people by the local Integrated Care Partnership. It should be noted here that other Committees will also have a stake in this developing initiative, as it is likely to impact across service areas most notably Children and Families and neighbourhood services. Implications of moving towards a Neighbourhood delivery model will need to be further explored.
- 3.20 The Health & Wellbeing Board is the partnership body that provides strategic vision, shared leadership, and co-ordination of local partnerships in order to improve Wirral and the population health outcomes of its residents. HWB continue to have statutory role for improving health and wellbeing of local population, using JSNA to set local priorities. HWBs are a key component of the ICS and a key role for the ICS is to support place-based working and the development of ICP arrangements. In order to achieve this there are four key pillars of work related to the delivery of the Wirral Plan:
- **Ensure that the sustainable regeneration of the Borough, contributes to improved outcomes for residents in line with those set out in the Wirral Plan.**
  - **Ensure that partnership and integrated care arrangements are in place and that they are effective in delivering improved health outcomes and experiences of care for all residents of Wirral.**
  - **Understand the needs of the local communities in order to develop and implement a Health & Wellbeing Strategy and improve the lives of residents.**
  - **Provide oversight, strategic direction, and co-ordination of the statutory responsibilities of Health & Wellbeing Boards**
- 3.21 In Wirral it has been agreed by members of the Health and Wellbeing Board and the Wirral Health System, that the Wirral ICP will have three distinct components or 'a triumvirate' that as a whole make up the ICP:

<b>1.</b>	<b>Health and Wellbeing Board</b>
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<b>2.</b>	<b>Wirral Integrated Commissioning</b>
<b>3.</b>	<b>Wirral Provider Collaborative</b>

### **Timeframe and next steps**

- 3.22 The Cheshire and Merseyside Health Care Partnership, which has now formed the ICS highlights emerging need to develop public engagement in planning and decision making, development plans to places taken us up to 2022, further clarity of place functions, efficacy plans for each place, enabling place to support challenged organisation and address systemic issues, design expectations and goals for system, place, and neighbourhood integration. this will need to be considered as part of the task and finish programme management approach.
- 3.23 Shadow arrangements for ICS are currently in place and by September 2021 plans are expected of how this will be delivered in full by April 2022. In 2021/22 there will be a requirement for the system to begin planning its recovery, performance, delivery, and development in each of its 9 places, with an eventual requirement for firm 5-year plans. The partnership proposes to work with 2 or 3 places to as initial development areas to help define what good looks like the outcome being an agreed work plan, Development plan and Organisational Development plan. This work began in March 2021.

## Wirral's Integrated Care Partnership Development Timeline 2021 - 2022

<b>Governance &amp; Legal</b>	
Establish Project Board in partnership with Council and Clinical Commissioning Group Senior Officers	<b>May 2021</b>
Agree governance reporting and oversight structure / decision making model for ICP	<b>June 2021</b>
Produce full Business Plan	<b>September 2021</b>
Outline the Legal arrangements / section 75 / agreements / MOUs' for ICP	<b>July 2021</b>
Report to Adult Social Care and Public Health Committee	<b>June 2021</b>
Report to Health and Wellbeing Board	<b>July, November March 2022</b>
Engage t with Cheshire & Merseyside Partnership / ICS	<b>Ongoing</b>
<b>Integrated Commissioning</b>	
Agree Purpose, Roles and Functions of Integrated Commissioning	<b>June 2021</b>
Define footprints for delivery of integrated care and understand Localities and neighbourhoods (demographic data by Primary Care Network)	<b>July 2021</b>
Produce ICP Development Plan	<b>September 2021</b>
<b>Partnerships, Communication, Engagement</b>	
Produce Communication Plan	<b>June 2021</b>
Undertake Stakeholder mapping	<b>June 2021</b>
Extend invitations and secure/maintain regular attendance by wider partner agencies	<b>From July 2021</b>
Begin public and wider stakeholder engagement at Place Level	<b>From July 2021</b>
<b>Workforce</b>	
Develop an integrated workforce model	<b>June 2021</b>
Consolidate the arrangements of single joint management team approach	<b>July 2022</b>
<b>Intelligence / Digital / Outcomes</b>	
Develop plans underpinned by local population health and socio-economic intelligence	<b>Ongoing</b>
Ensure that the programme of work aligned to Wirral Plan	<b>May 2021</b>
Agree Intelligence Dashboards / agreement of outcomes & measures	<b>July 2021</b>
Ensure that the digital Plan enables collaborative working	<b>August 2021</b>
<b>Finance</b>	
Agree content of expanded pool. Development of financial plan, mechanism to pool budgets & risk share	<b>July 2021</b>
<b>Estates</b>	
Develop Estates Plan	<b>June 2021</b>

## **4.0 FINANCIAL IMPLICATIONS**

4.1 There are no direct financial implications of this report.

4.2 As the shape and future delivery of commissioning functions at place and across the ICS evolve, future reports will outline the way resources will be used to deliver the outcomes set out in the Wirral Plan and to improve progress against health inequalities in our Borough.

## **4.1 LEGAL IMPLICATIONS**

5.1 The Department of Health and Social Care (DHSC) published the legislative proposals (White Paper) for a Health and Care Bill in February 2021. The proposals in the White Paper were a combination of:

- Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan (and which are the main focus of the document).
- Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation.

5.2 The White Paper emphasised that the legislative proposals should be seen in the context of broader current and planned reforms to the NHS, social care, public health, and mental health.

5.3 The Queen's Speech to parliament committed the Government to bringing forward detailed proposals for reform on these key policy areas later this year.

5.4 Legal Services will attend the Integrated Care Partnership Project Board to respond and manage the legal implications of the development of the Integrated Care System and the Integrated Care Partnership as the practicalities, governance and legislative implications emerge.

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

6.1 There are staffing implications in relation to developing the integrated commissioning team in which the Council, CCG, Health and Wellbeing Board, Cheshire and Merseyside Partnership will work together to develop the new model and ways of working. The Project will have a Human Resources officer appointed to lead the work relating to staff to ensure that the new integrated commissioning team is supported throughout the transition.

## **6.0 RELEVANT RISKS**

7.1 The Council will mitigate risks by developing a multi-functional project team that gains insight into all areas of risk and puts mitigating actions in place to reduce the impact of risk. A risk log is monitored and updated as part of the project.

## **7.0 ENGAGEMENT/CONSULTATION**

8.1 A Communication plan will be developed to ensure appropriate engagement will take place across the Borough.

- 8.2 Local people and staff have been consulted widely over the years as part of the various work streams through the 'Healthy Wirral Partnership'. Further Public and wider stakeholder engagement will take place across the Borough to seek the views of local stakeholders.
- 8.3 Engagement will take place at local and regional level in relation to the Integrated Care System and Integrated Care Partnership developments.

## 8.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. Plans will be underpinned by local population health and socio-economic intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality. An initial Equality Impact Assessment has been completed, which can be found - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>. This document may be amended as needed as the Equality Duty is an ongoing consideration.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Wirral Council is committed to carrying out its work in an environmentally responsible manner, and these principles will guide the development of the Integrated Care Partnership in Wirral.

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## APPENDICES

N/A

## BACKGROUND PAPERS

Government White Paper, 'Integration and Innovation: working together to improve health and social care for all.

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Report named Strategic Developments in the NHS was presented to Adult Social Care and Public Health Committee.	2 March 2021



## HEALTH AND WELLBEING BOARD

16 JUNE 2021

<b>REPORT TITLE:</b>	Wirral Health and Care Commissioning Single Business Plan 2021/22
<b>REPORT OF:</b>	Director of Care and Health

### REPORT SUMMARY

This report introduces the Wirral Health and Care Commissioning (WHCC) Single Business Plan for 2021/22 (Appendix 1) and the key priorities and work streams that underpin it, and which will contribute towards delivering better outcomes for Wirral residents.

This is not a key decision.

### RECOMMENDATION/S

The Health and Wellbeing Board is requested to: -

Note the contents of this report, and the priorities within the Wirral Health and Care Commissioning Single Business Plan 2021/22.

## **SUPPORTING INFORMATION**

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

1.1 To note the priorities within the Wirral Health and Care Commissioning Single Business Plan 2021/22 and the various work programmes and initiatives that will contribute towards achieving the vision as described in the business plan.

1.2 Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing.
- to provide the very best health and social care services when people really need them.
- to provide services as close to home as possible.

This also aligns to the Wirral Plan, to promoting active and healthy lives, and to reducing health inequalities.

### **2.0 OTHER OPTIONS CONSIDERED**

2.1 WHCC considered several priorities and work streams to include in the Single Business Plan and decided upon those included to deliver the best outcomes for Wirral residents.

### **3.0 BACKGROUND INFORMATION**

3.1 The purpose of WHCC is to jointly commission all age health and care service for residents in Wirral which have a positive impact on the life course of an individual.

Key to this is the transformation of service delivery which is expected to improve the experience of people and to reduce the need for long term care and hospital care by:

- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities, and
- delivering sustainable services, both through the workforce and financially.

3.2 The Single Business Plan identifies the key focus of work over 2021/22 toward delivering these aims. Work will be structured around the four key themes of Children and Families; Ageing Well; Emotional Health and Wellbeing; Healthy Communities. Each of the themes are described in the business plan, with target delivery dates for the various programmes of work where applicable.

### **4.0 FINANCIAL IMPLICATIONS**

4.1 There are no financial implications as a result of this report. Wirral has a pooled budget which includes the Better Care Fund (BCF). The partnership fund between Wirral Council and Wirral CCG is hosted by Wirral Council. Financial details are included in section 4 of the Business Plan.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 NHS Wirral CCG and Wirral Council's Adult Care and Health and Public Health came together in May 2018 to form a single commissioning partnership, Wirral Health and Care Commissioning (WHCC).
- 5.2 WHCC has a Pooled Fund, under Section 75 of the NHS 2006 Act, with agreement to pool resources for the purposes of commissioning services to improve the lives of Wirral residents.
- 5.3 There are no legal implications associated with the Wirral Health and Care Commissioning Single Business Plan 2021/22.

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

- 6.1 Staff resource implications are described within the Business Plan at section 5.

## **7.0 RELEVANT RISKS**

- 7.1 There are no risks currently identified with the Wirral Health and Care Commissioning Single Business Plan 2021/22. It is intended that a risk register will be developed for the Business Plan.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 WHCC partners have engaged in the development of the Business Plan.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 Equality implications will be considered for work programmes and initiatives described in the Business Plan where appropriate to do so.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 There are no environment and climate implications specifically associated with the Business Plan.

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## **APPENDICES**

Appendix 1 – Wirral Health and Care Commissioning Single Business Plan 2021/22

## **BACKGROUND PAPERS**

General information on the Better Care Fund can be found at:

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Joint Strategic Commissioning Board	14.01.2020
Joint Strategic Commissioning Board	28.05.2019



Wirral Health & Care  
Commissioning

# Wirral Health and Care Commissioning

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DRAFT BUSINESS PLAN

APRIL 2021 TO MARCH 2022

Page 25

Updated: April 2021



Wirral  
Clinical Commissioning Group



**WIRRAL**

Wirral Health & Care Commissioning is a strategic partnership  
between NHS Wirral Clinical Commissioning Group and Wirral Council

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## SECTION 1: VISION, AIMS AND OUTCOMES

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### 1.1 Purpose

Everything we do will shape and enable the creation of a sustainable health and care system that makes a positive difference to people's lives. We will do this by providing leadership, including connection, energy, removing perceived or actual organisational boundaries and:

- **Improving the health of local communities and people** – Wirral has many diverse communities and needs, we recognise this diversity and will help people live healthier lives, wherever they live
- **Listening to the views of local people** – we are committed to working with local people to shape the health and care in Wirral.
- **Caring for local people in the longer term** – we will focus on having high quality and safe services with the best staff to support the future as well as the present
- **Getting the most out of what we have to spend** – we will always seek to get the best value out of the money we receive.
- **Working as One, Acting as One** – we will work together with all partners for the benefit of the people of Wirral.

Our mission is to work together to deliver the **Wirral Health and Wellbeing Board** outcomes.

### 1.2 Vision

Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing;
- to provide the very best health and social care services when people really need them;
- to provide services as close to home as possible.

### 1.3 Priorities

- **Improve Health and Wellbeing Outcomes** - for the population of Wirral
- **Reduce Health Inequalities** - in outcomes, experience, and access
- **Enhancing Productivity** – by providing value for money
- **Provide Oversight and Leadership** - of System Planning, Quality Assurance and Safeguarding.
- **Manage Care and Health Market** - to ensure that there is a full and effective range of sustainable services across the Borough.
- **Enable and Support the Provider Collaborative** - to deliver population health outcomes.
- **Supporting Social and Economic Development** – with partner organisations across Wirral
- **Wirral as a Place** – to support the development of Wirral commissioning at a place level, including aligning Wirral Health and Care Commissioning resources and staff, to commission and deliver high quality care to local populations. To listen and include community and faith leaders or any other influencers who might help us engage with these communities, including people with lived experience, their informal carers and young carers.

### 1.4 Workforce

Each staff member of Wirral Health and Care Commissioning's personal objectives will be linked to at least one of the aims or priorities as set out above.

- **Statutory and mandatory training** - within individual personal development reviews (PDRs), there will be an expectation that all members of staff will achieve and maintain full compliance with training requirements.
- **Volunteering** - to help staff to contribute to the community, develop skills, knowledge, experience and resources and add personal value to fulfilling activities.
- **Health and Wellbeing** - Individual conversations will be offered regularly to all of our staff

## SECTION 2: BACKGROUND AND CONTEXT

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### 2.1 Background and Context

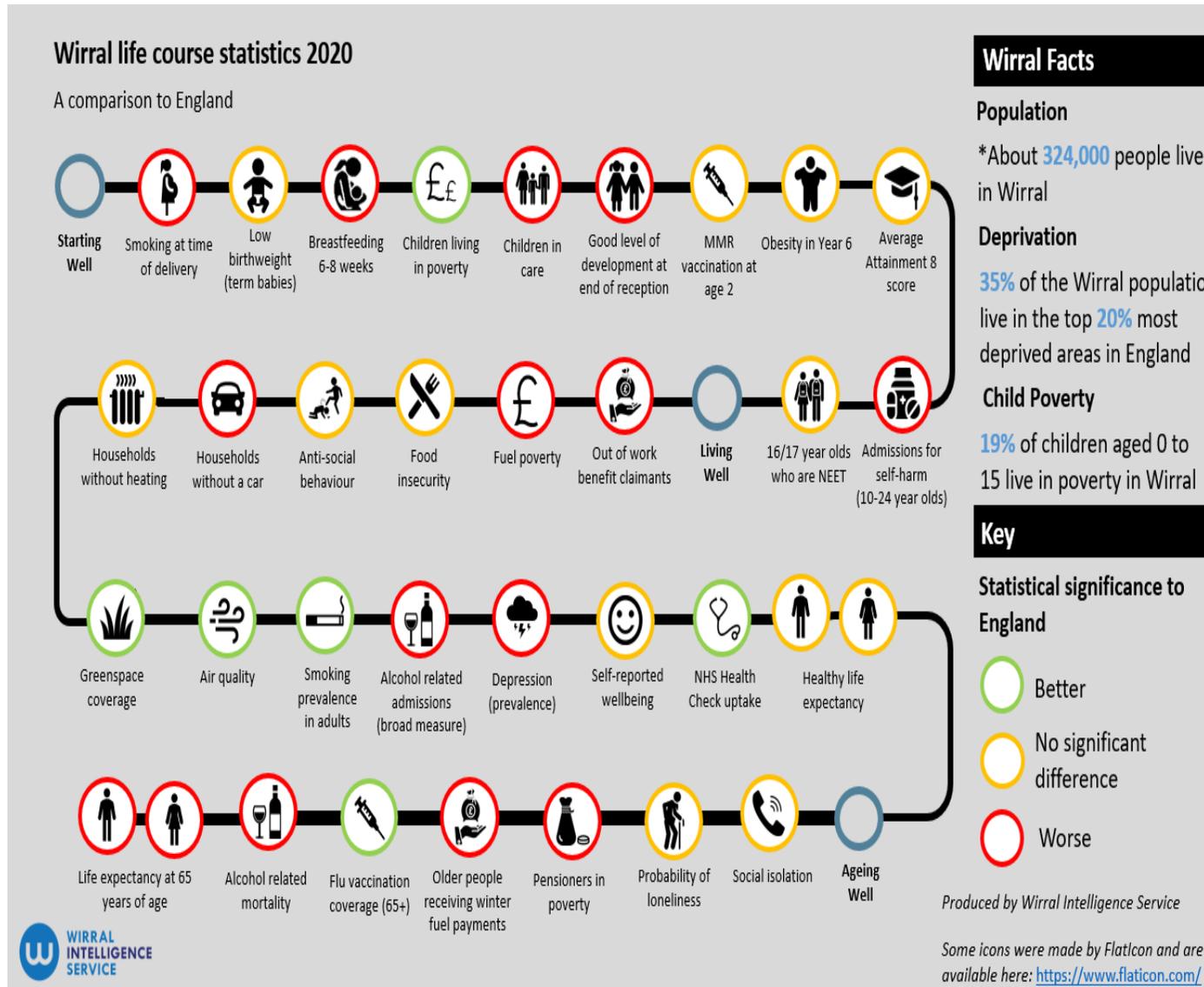
Wirral has just over 324,000 residents<sup>1</sup>. The health and wellbeing of people in Wirral is varied when compared with the England average. Some of the key statistics across Wirral prior to 2020-21 COVID Pandemic included:

- Wirral becoming more deprived between the 2015 and 2019 and has 35% of its population living in deprivation<sup>2</sup>
- the proportion of children (aged 0-15) living in income deprived families in Wirral was 22%. This varies between wards from 62% in Bidston & St. James to 0% in West Kirby & Thurstaston<sup>2</sup>
- Difference in life expectancy between the most and least deprived wards in Wirral is 12.1 years for men and 10.7 years for women<sup>3</sup>
- People are living longer and more likely to be living with complex health conditions, necessitating regular intervention from health and care services.
- People in Wirral spend just three-quarters of their life in good health (78.6% for men, 77.6% for women) and these 'Healthy Life Expectancy' figures show wide variation, with those in more deprived areas spending even less of their lives in good health, compared to those living in more affluent areas<sup>4</sup>.
- Lower physically active adults in Wirral (66.0%) when compared to the England average (67.2%)<sup>5</sup>
- Just over 1 in 3 (35%) children in Year 6 are overweight or obese<sup>6</sup>
- The rate of children looked after in Wirral is almost double the England rate (123 per 10,000 vs 65 per 10,000)<sup>7</sup>
- Key issues have been identified as affecting the mental health and wellbeing of pupils with lack of self-confidence, low self-esteem and poor self-image having the greatest impact, followed by exam/school pressure, behavioural problems, and issues in the home/ family environment.

The impact of COVID-19 has highlighted the link between poorer health outcomes, ethnicity and deprivation. For Wirral this means that COVID-19 will have had a further impact on our population's health outcomes. Consequently, health and social care services across Wirral - in line with the rest of England – will need to be able to meet these additional requirements in order to support our population.

The Wirral health and care system is experiencing a period of sustained financial pressure so resources will need to be targeted to ensure the best outcomes for our population.

**Figure 1: Wirral Life Course**



This graphic illustrates how the population of Wirral compares to England against key events in a person's life journey.

Having a good start in life supports good health and wellbeing which leads to better economic prospects and reduced long-term illnesses.

Areas where we are doing better than the average figures for England include green space coverage, air quality, smoking prevalence, health checks and flu vaccine uptakes.

However, the areas where we are not doing so well are around the starting well measures including smoking at the time of delivery, breastfeeding, children in care and admissions for self-harm.

This then progresses in later life to higher numbers of people out of work and claiming benefits, higher levels of depression and poverty levels for older people.

Overall Wirral has a lower life expectancy for men and women when compared to the England average.

## 2.2 Integrating Health and Care Commissioning

NHS Wirral CCG, Adult Care and Health and Public Health from Wirral Council came together in May 2018 to form a single commissioning partnership, Wirral Health and Care Commissioning (WHCC). The purpose of WHCC is to jointly commission all age health and care service for residents in Wirral which have a positive impact on the life course of an individual (Figure 1).

Key to this is the transformation of service delivery which is expected to improve the experience of people and to reduce the need for long term care and high cost hospital care by:

- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities, and
- delivering sustainable services, both through the workforce and financially.

## 2.3 Section 75 and the Better Care Fund

Section 75 of the NHS 2006 Act gives powers to local authorities and CCGs to establish and maintain pooled funds out of which payment may be made towards expenditure on specific local authority and NHS functions and enables the development of a single fully integrated commissioning function with a single operating model, management and staffing structure.

This fund incentivises the NHS and the local government to work more closely together around people, placing their wellbeing as the focus of health and care services. The primary aims of the fund are:

- Supporting independence in the community by place based activity
- Reducing non-elective admissions and residential admissions
- Facilitating early discharge from hospital

Wirral has a pooled budget which includes the Better Care Fund (BCF). The partnership fund between Wirral Council and Wirral CCG is hosted by Wirral Council.

## 2.4 Clinical Commissioning Group Commissioning and Integrated Care Systems (ICS)

There has recently been a significant change of emphasis for commissioning functions of CCGs nationally, with a focus being placed on population-level health outcomes and a reduction in contractual and transactional exchanges. Each ICS will be made up of defined local places and will be driven by collaboration and strong partnership working between the Local Authority and the NHS. Wirral is one of the defined places within the Cheshire and Merseyside ICS. Subject to national legislation, it is expected that the commissioning functions of CCGs will become part of the ICS and CCGs will no longer exist post March 2022.

Having provider organisations collaborating at a place (Wirral) level, and integrated commissioning of health and care, will be the principal engine of transformation in the ICS.

Place-based partnerships will be backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances. There will be flexibility for local areas to make full use of the local relationships and expertise currently residing in CCGs.

ICSs can agree whether individual functions are best delivered at system or at place, balancing subsidiarity with the benefits of scale working. The activities, capacity and resources for commissioning will change in three significant ways in the future:

- A single strategic commissioning approach - assessing population health needs and planning and prioritising how to address those needs, and, ensuring that these priorities are funded to provide good health outcomes and value.
- ICS governance - Clinical leadership will remain a crucial part of this at all levels involving transparency and public accountability.
- The greater focus on population health and outcomes in contracts and the collective system ownership of the financial envelope will improve outcomes, rather than managing contract performance between organisations.

In Wirral, the exact form of the ICS will be established over 2021/22 for completion by April 2022.

## 2.6 Future form of Wirral Health and Care Commissioning

It is critical that WHCC adapts with the evolving health and care system. With a continued focus on Primary Care Networks, Neighbourhoods and Place-based Care in 2021/22, WHCC will ensure support in areas such as intelligence and finance to enable localised delivery and decision making. This will also involve establishing appropriate governance and accountability frameworks, together with the expertise to establish collaborative models of care.

## SECTION 3: OUR VISION – KEY PRIORITIES

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### 3.1 Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Figure 1 of this document highlights some of the challenges faced in Wirral.

Build Back Fairer: The COVID-19 Marmot Review published in December 2020 highlighted that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19.

As a response, our high level commissioning priorities are all under the umbrella of population health and tackling health inequalities. Population health intelligence is the way in which WHCC is able to identify the health and wellbeing needs and inequalities of the Wirral population. The Joint Strategic Needs Assessment, which is publicly available, allows commissioners to target services in areas of need. This source underpins all of the work plans WHCC will undertake.

The diagram below highlights our priorities with the four key areas of focus being children and families, ageing well, emotional health and wellbeing and healthy communities.

All of our commissioning plans for the financial year 2021/22 will align to these four key areas and the following section shares the detail of key priorities.

# Population Health Health Inequalities

## Population Health Intelligence

### Children and Families

From pre-birth to adulthood

- For all to reach their full potential - Cradle to Career
- Reduce potential risk of harm
- Adverse Childhood Experiences (ACES)
- Access to the right help and support at the right time
- Support and care for looked after children
- Special Educational Needs & Disabilities access
- Maternity Services

### Ageing Well

All aspects of ageing, from birth and hierarchy of needs.

- Prevention of ill health
- Older Peoples Outcomes
- Focus on causes of Long Term Conditions e.g.
  - obesity
  - alcohol
  - smoking
- Health Programmes
  - screening
  - Immunisations & vaccinations
- Urgent Care

### Emotional Health & Wellbeing

Full spectrum of emotional health from birth to old age

- Strengthen & build resilience
- Access to a range of support to meet a range of needs
- Future in Minds – children & young people
- Mental Health Transformation plan

### Healthy Communities

Wider determinants of health

- Economic development -physical & social regeneration
- Housing Strategy
- Leisure strategy
- Culture strategy
- Voluntary & Third sectors
- Community Safety strategy/safeguarding strategies
- Learning disability/ and or autism

PREVENTION

Integrated Commissioning

Pooled and aligned financial budgets

## COVID Response & Recovery

### Person-Centred Care - To ensure personalised care culture and approach is central and systematic

- Involvement of people with lived experience that will build a shared understanding of 'what matters to you' – Community Connectors & social prescribers
- Building a sustainable care market - Living well with learning disability/ and or autism

### Enablers

- Cheshire & Merseyside Integrated Care System
- Social value
- Digital inclusion
- Health and Care Information Sharing
- Workforce transformation and development

### 3.2 Children and Families

Having a good start in life for a child is crucial to forming the later health, wellbeing and economic outcomes in a person's adult life. Ensuring that a child reaches their full potential by providing them and their families with health and care services is a part of the remit of WHCC. Health inequalities are starkest in five of our wards with a significant proportion of our most vulnerable children classed as 'Looked After' (810 in 2020) living in these areas.

Our aim is to develop a locality/neighbourhood model of services. We will do this by developing our person centred care model, listening to children and young people (CYP), adults and families and building on their unique personal strength and resilience and through co-ordinating and enabling communities and services to help people achieve their best outcomes and be healthy throughout the whole of their life. This will be done through developing individual locality/neighbourhood service models made up of multi-disciplinary teams are resourced to appropriately meet local need working together to prevent more intrusive or costly interventions by responding well to local need.

The Healthy Child Programme for 0-19 years (HCP) is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The foundations for development including physical, intellectual and emotional are established in early childhood and is essential to improve outcomes and reduce health inequalities. The universal approach of the programme enables additional needs to be identified as early as possible and additional support to be provided. Understanding what our local data tells us is key to being able to target additional resources where there is additional need, for example the wards where we have the highest levels of Children Looked After. The HCP was updated in March 2021, placing greater emphasis on closer working relationships between maternity, the Health Visiting Service and Children's Centres. Work has already commenced to look at how we further develop the updates locally.

Emotional health and wellbeing is essential development and being able to cope with the day to day challenges that may occur. In recognition of the importance of emotional health, work has commenced to develop model which will provide support via a single point of access. The support will be to take a family based approach and will provide training and support for settings such as schools to enable them to support and develop resilience and life skills for our CYP. Understanding of the reasons that Wirral is an outlier for admissions to A & E for issues such as mental health and substance misuse also needs to be addressed as part of this work.

Adverse Childhood Experiences (ACEs) are:

*"highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity." (Young Minds, 2018)*

When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their how they think, interact with others and on their learning. Action is therefore also needed to support adults who may have been affected. Research has identified that ACEs have lifelong impacts on health and behaviour, as can be seen in some of the statistics around health inequalities. We all have a part to play in preventing adversity and raising awareness of ACEs by developing resilient communities. A co-ordinated borough-wide approach would optimise efforts and have a greater impact.

Special education needs and disability (SEND) legislation supports CYP with learning disabilities and or autism to ensure that their health and care needs are met is an important focus for WHCC in tackling health inequalities. Avoiding unnecessary hospital admissions and supporting the reduction people that are placed out of area. It is important that CYP with learning disabilities are given annual health checks which was 75% in Wirral for 2020 compared to the national target of 67%.

Maternity services supporting mother and child is an important focus for helping to reduce the disparity in the borough. As part of this perinatal/ maternity mental health works to ensure expectant and new parents and their partners receive effective and timely emotional wellbeing support through a Maternal Mental Health Service offer bringing together existing services to create a comprehensive Community Hub offer of Maternal support. Delivering on the recommendations of the Ockenden Review published in December 2020 into the deaths and significant harm to new-born infants and their mothers at the maternity unit at the Shrewsbury and Telford Hospitals NHS Trust is an important priority for WHCC.

Children & Families Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>▪ Explore models and structures for integrated, neighbourhood/locality working for children &amp; families</li> <li>▪ Mental Health Support Teams in Primary Schools with full coveragePut in place the national care model for admitting children with complex mental health conditions</li> <li>▪ For CYP with eating disorders continue to see 95% within 4 weeks or 1 week for urgent referrals</li> <li>▪ Review the application of Adverse Childhood Experience (ACES) training within primary care/ health visiting and relevant 3<sup>rd</sup> sector agencies.</li>   <li>▪ Piloting a hub model for CYP with Autism</li> <li>▪ Working with stakeholders to revise and develop the neuro developmental pathway</li> <li>▪ Delivering a short breaks therapeutic service for CYP with learning disabilities</li> <li>▪ Increase the uptake of Annual Health Checks for all people with a learning disability</li> <li>▪ Further development of the intensive support of learning disabilities child and mental health service</li> <li>▪ Every pregnant woman within the maternity service has a personalised care and support planSonography team to provide all pregnant women with brief interventionsBring together all Women’s services into a central hub including birthing facilities, antenatal classes, and expanding the support offer through buddy systems and creative therapies</li> <li>▪ Demonstrate progress towards the continuity of carer target for women within the maternity service.</li> <li>▪ Demonstrate progress towards the 85% of Black &amp; Minority Ethnic (BAME) women receiving continuity of carer in maternity service by 2024, through focussed midwifery teams.</li> <li>▪ Demonstrate progress against the target for a 50% reduction in the number of still births, maternal mortality, neonatal mortality and serious brain injury</li> </ul>	<p style="text-align: center;">Mar 2022</p> 	<p style="text-align: center;">Director of Child, Family &amp; Education Director of Commissioning</p> 

**3.3 Ageing Well**

We know that people living in the most deprived areas in Wirral have a difference in life expectancy of 12.1 years for men and 10.7 years for women<sup>3</sup>. Preventing ill health and supporting people to make healthier lifestyles choices will help to reduce the risk of developing long-term illnesses, disease and premature death. Unfortunately, it is people that live in our more deprived areas that suffer from long term conditions such as diabetes, heart disease and respiratory illnesses all of which have a significant adverse effect on health and life expectancy as a result of excessive alcohol consumption, obesity and smoking.

Public Health commission many services which support people to make healthier life choices such as stop smoking services which if achieved has a positive result in improved health and life expectancy. Excessive alcohol consumption and alcohol misuse impacts on children, families, education, employment, homelessness, and crime as well as negatively impacting on physical and mental health. Wirral has significantly worse indicators than England on key alcohol measures. The identification and management of people with high blood pressure (hypertension) is also a focus for prevention activities.

Vaccination and Screening programmes are co-ordinated and managed through NHS England but are delivered locally through Primary Care and their networks. The delivery of key programmes of work are critical to the prevention of illnesses such as Flu, COVID-19 and Cancer which disproportionately impact on people from the more deprived areas of Wirral.

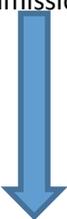
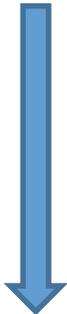
Social workers support the most vulnerable families in the borough. Over time social work has become more process driven and less family and person focused. A programme of work which will redefine the social work offer moving it away from bureaucratic approaches and focusing on listening to people is underway. This approach will enable people to connect with their community, feel in control of their lives and live in a place of their choice. Social work teams will develop a greater knowledge of what is available in their community to enable the people they support to connect more with their natural resources and achieve more independent lives.

As a person gets older supporting people to stay healthy at home is a key priority. Digital solutions (telehealth) are an important part of the work programme and will deliver prevention outcomes. An example of this is the roll out of the Grandcare system enabling family members, caregivers and healthcare professionals to monitor and care for older people remotely. Extra care housing is another example of allowing people to live independently but also providing support where needed such as washing, dressing or taking medication.

The care provider market has experienced significant pressures during the COVID-19 pandemic and a key focus will be on quality and sustainability of care provider services.

Prior to the pandemic Wirral was diagnosing 68% of the suspected population with dementia, however this fell to 60% in 2020-21. It is a priority to return to the pre-pandemic figures in 2021-22 and ensure people receive community support with their illness and subsequent appropriate inpatient care along with training and support for their carers.

Key deliverables for the Ageing well area include:

Ageing Well – Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>▪ Obesity - development of a Wirral plan</li> <li>▪ Obesity – roll out focused services for men, BAME communities and people with learning difficulties</li> <li>▪ Alcohol - Roll out the ‘Lower my drinking’ App</li> <li>▪ Alcohol - Cascade ‘assist lite’ training across all Wirral providers</li> <li>▪ Alcohol – targeted communications campaign to the public and business</li> <li>▪ Alcohol – piloting the use of a drug treatment therapy in the community setting to safeguard against alcohol induced brain injury</li> <li>▪ Respiratory - review provision ensuring maximum outcomes achieved</li> <li>▪ Digital literacy in care homes – Roll out and management of ‘Safe Steps’</li> <li>▪ Telehealth - expanding to 1000 patients with lung conditions (COPD)/ heart failure</li> <li>▪ Dementia - achieve a diagnostic target of 67%</li> <li>▪ Blood pressure - supply monitors to people most at risk and on low incomes</li> <li>▪ Blood pressure - provide clinical leadership for the implementation of the Digital First project</li> <li>▪ Blood pressure - pilot the Blood Pressure Quality Initiative (BPQI) to improve the management of at risk patients</li> <li>▪ Blood pressure - develop and lead an ongoing programme of education for frontline staff</li> <li>▪ Flu - achieve at least a 75% vaccine uptake for the four priority population groups</li> <li>▪ Cardiovascular disease - reduce avoidable hospital admissions with nurse-led services in the community</li> <li>▪ Cancer - delivery of the early diagnosis specification in Primary Care</li> <li>▪ Cancer - develop optimal pathways in line with regional development work</li> <li>▪ Cervical Screening - increase uptake in primary care of the text message service</li> <li>▪ COVID-19 vaccination - offered to 100% of the adult population</li> <li>▪ Social work - where there is evidence test and scale up new ways of delivering better outcomes</li> <li>▪ Extra care - open 78 units at the Poppyfields site</li> <li>▪ Extra care - determine how many units are required in Wirral over the next 10 years</li> <li>▪ Extra care - improving the website for public access</li> <li>▪ Oversight of the quality and resilience of the care provider market</li> </ul>	<p>Mar 2022</p>  <p>June 2021 Dec 2021 Sept 2021 Mar 2022 Jun 2021 Sept 2021 Mar 2022</p>  <p>Jul 2021 Mar 2022 June 2021</p> <p>Sept 2021 Ongoing</p>	<p>Director of Commissioning</p>  <p>Lead Commissioner – Community Care Market</p> <p>Director of Commissioning</p>  <p>Assistant Director Care and Health, and Commissioning for People</p>

### 3.4 Emotional Health and Wellbeing

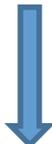
Strengthening and building resilience in the Wirral population is a key priority. Ensuring access to a range of support to meet a range of emotional health and wellbeing needs are important and vary from low level interventions to crisis care. The Wirral Crisis Café is an example of a crisis service which aims to provide an alternative to the Emergency Department for a place of support for those in a mental health crisis or requiring similar support.

**Future in Minds** working across People's Services to provide a new model of care for CYP emotional wellbeing will ensure timely access to support, effective interventions and a greater focus on early intervention and prevention for CYP on the Wirral. This offer will span across specialist mental health services, education, Primary Care and instil confidence and resilience in the young population.

Support the health and care partners to plan for the implementation of the new arrangements under the **Deprivation of Liberty Safeguards** to ensure compliance with processes where people lack the mental capacity to consent to their care and treatment in various settings.

**Mental Health Transformation (CMHT) Plan** Working closely with Primary Care Networks (PCN) to ensure greater integration of mental health services will encourage greater collaboration, seamless transition, information sharing and joined up care for individuals. Key areas of work include:

- mental health support team to provide wrap around support for complex individuals who require on-going support in order to avoid admission into inpatient settings and to manage these individuals effectively in the community.
- Section 140 of the Mental Health Act requiring provision of emergency inpatient bed availability for those individuals requiring admission as a special urgency.
- Section 136 of the Mental Health Act ensure that a designated place of safety for those who are detained by the Police is at the most appropriate place for the patient
- an evaluation of the investment into the Personality Disorder Team service for complex patients to ensure the effective provision, the impact of the COVID-19 pandemic, and the integration with Primary Care
- Improving Access for Psychological Therapy (IAPT) provides support for common mental health problems such as anxiety and depression, in line with nationally set targets. People should get the right support whether it is lower level support needs (e.g. stress), through to those with co-morbid conditions (e.g. depression and respiratory conditions) and support for people with more complex mental health issues (e.g. personality disorders and complex post-traumatic stress disorder)

Emotional Health and Wellbeing – priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>▪ Resilience - completion and implementation of the Wirral Crisis Café Resilience - investment into all age mental health crisis helpline</li> <li>▪ Implementation and growth of the children’s crisis offer with 24/7 support Put in a designated mental health intensive support team. Agreement with a designated hospital to provide beds as per section 140 of the Mental Health Act</li> <li>▪ Scope with partners the right setting for patients detained under section 136 of the Mental Health Act</li> <li>▪ Evaluation of the impact of the investment in the Personality Disorder Team</li> <li>▪ Integrating the Individual Placement Support service with Community Mental Health Teams Implementing outreach to individuals with SMI through the Primary Care Networks Increase flexibility of how therapy is delivered (face to face/ online) and outside and evenings and weekends</li>   <li>▪ IAPT - maintain the waiting time targets of 75% of people referred commencing treatment within 6 weeks and 95% commencing treatment within 18 weeks</li> <li>▪ IAPT - achieving a recovery target of at least 50% of those leaving treatment</li> <li>▪ Ensure long-term conditions patients (including diabetes, cardiovascular disease and respiratory) are able to access IAPT support where required</li>   <li>▪ Explore the availability of psychological services for cancer patients</li> <li>▪ Development and improvement of the model to support adults with ADHD</li> <li>▪ Development of an enhanced Primary Care model for the diagnosis of ADHD</li> </ul>	<p>Jul 2021 Mar 2022</p>  <p>Sept 2021 Mar 2022</p>  <p>Sept 2021</p> <p>Mar 2022</p>	<p>Director of Commissioning</p> 

### 3.5 Healthy Communities

*The health of the population is not just a matter of how well its health service is funded and functions, important as that is. Health*

is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health **Build back fairer: The COVID-19 Marmott Review**.

With the events of the pandemic over the last year the links between socio-economic factors and the health of the population has become even more transparent. Recommendations from the Marmott review published in December 2020 included:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.

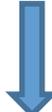
The work being undertaken by colleagues in the regeneration, housing, leisure, neighbourhoods and community safety all have an important part to play in helping to improve health inequalities. WHCC will work closely with colleagues to influence and support this work.

Third sector colleagues have been fundamental to the COVID-19 response and linking into communities. Continuing and enhancing this work in the coming year will be a priority this year. Using population health data will enable primary care networks to focus their work on providing services to support the health and wellbeing of their most vulnerable residents. Voluntary and 3<sup>rd</sup> sector organisations are critical in supporting people to remain at home and avoid hospital re-admissions.

People with learning disabilities/ and or autism are disproportionately impacted by health inequalities. It is important that there is constant evaluation of the effects of the pandemic and ensure services respond to local population need as a result of this virus. Learning Disability Mortality Reviews (LeDeR) is a service improvement programme aiming to improve care, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people by reviewing information about the health and social care support people received.

The key priorities that WHCC will deliver in 2021/22 supporting healthy communities include:

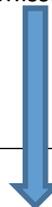
Healthy Communities Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>▪ All programme meetings will include representatives from the voluntary and 3<sup>rd</sup> Sector</li> </ul>	Apr 2022	Director of

<ul style="list-style-type: none"> <li>Using health data Primary Care Networks will target the most vulnerable resident population</li> <li>Outcomes in social care and BCF contracts to be reviewed to ensure patients are discharged to the right place at the right time and achieve the best outcome they can</li> <li>All residents in Care Homes with learning disabilities are able to get a Health Check remotely</li> <li>Establish a local LeDeR partnership steering group to support the response to the national policy. Particular emphasis will be on working with the health and care economy on responses to lessons learned</li> <li>Continue to support required for Shielded patients through a partnership approach (including Healthwatch)</li> <li>Strengthen processes to gain a fuller understanding of people’s experience and views</li> <li>Explore options to increase employment support for people with health conditions or disabilities</li> </ul>	<p>Mar 2022</p>  <p>Dec 2021</p> <p>Sept 2021</p> <p>Mar 2022</p>	<p>Commissioning</p>
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### 3.6 COVID-19 Response and Recovery

As the infection rates reduce and the vaccination programme continues with the majority of the population being jabbed there is an opportunity to restart services that have been paused. There are significant waiting lists for treatment in hospital and over the coming year it will be a priority to reduce the wait taking into consideration clinical priority, health inequalities and welfare of NHS staff. WHCC will support providers to monitor and manage this work ensuring that tackling health inequalities during the restoration of elective services remain a priority.

The care provider market has been required to respond quickly to changes in policy as well as to required approaches to minimise the spread and impact of COVID-19 on their care communities. The care provider market will continue to require additional support and oversight to recover service provision and respond to future changes that may be required.

COVID-19 Response & Recovery Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>Work with providers for the delivery of COVID-19 Oximetry at Home Service</li> <li>Develop ‘Long COVID’ pathways with commissioning partners</li> <li>Monitoring and assurance on Elective recovery plan, ensuring trajectories are met and risks managed</li> <li>Work with stakeholders to manage Cancer recovery</li> </ul>	<p>Sept 2021</p> <p>Mar 2022</p> 	<p>Director of Commissioning</p> 

### 3.7 Person-Centred Care

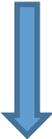
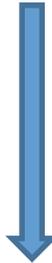
It is the aspiration that at the foundation of all services will be the lived experience of the person with the best outcome achievable for that individual. Providing people with personalised care plans will allow people to have more control over their own health and the best outcomes for them and their circumstances. It is expected that this will have a significant impact in areas with high levels of health inequalities where people are managing many different complex health and wellbeing issues.

Locally the development of Community Connectors and Social Prescribers have been integral part to play in delivering personal care plans.

A change programme is underway to develop a new way of working for social work teams which moves away from a service response towards understanding what people really need and want to resolve their presenting issues. Working with partners and people using the services, new ways of working will be tested and rolled out across social work teams.

Where there are concerns raised under safeguarding (Making Safeguarding Personal (MSP)) greater emphasis will be placed on ensuring that the persons views are at the centre of decision making and that their desire outcomes are achieved wherever possible.

Wherever a person lacks the mental capacity to make important decisions in relation to their care, support and treatment their wishes and views are considered as part of the decisions made on their behalf. Approaches to decision making and risk will be more inclusive of the views of the person, their family members and carers.

Person-Centred Care Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>▪ Embed quality assurance of personalised care and support plans as part of the whole personalised care and support planning process</li> <li>▪ Promote and offer support to take up personal health budgets for people with a legal right to have a personal health budget in priority areas - CYP with learning disabilities and autism; maternity; mental health; ethnic groups and those living with a long term condition/s</li> <li>▪ Establish baseline for the current offer of patient initiated follow up (PIFU) and agree a plan to further develop PIFU within secondary care and community providers.</li> <li>▪ Fully embed MSP in all safeguarding interventions</li> <li>▪ Continue to take a person centred approach to risk management and decision making with regards to the Mental Capacity Act</li> </ul>	<p style="text-align: center;">Mar 2022</p>  <p style="text-align: center;">Dec 2021</p> <p style="text-align: center;">Jun 2021</p> <p style="text-align: center;">Ongoing</p>	<p style="text-align: center;">Director of Commissioning</p> 

### 3.8 Enablers

We want to build on our successful local commissioning partnership and retain skills, experience and knowledge of the health and care of our population in our place. We have therefore begun work defining the commissioning offer at place; setting out the commissioning functions delivered at place and what would best sit with provider partnerships. We will be sharing this work with the Cheshire and Merseyside Health and Care Partnership to influence the development of the arrangements for the delivery of commissioning functions in our sub-region from April 2022.

Some residents in our borough do not have access to technology and internet or choose not to access their care and support through technology (digital inclusion). In order to tackle the health inequalities that arise from this there is a Wirral group set up to address this issue.

Wirral Health and Care will be adopting the principles of **social value** where we will be looking to enhance the following in its commissioned services:

- reduce the carbon footprint with net zero target by
- employing and training people from within the borough
- demonstrate how they will benefit the local economy

**Health Information Exchange** brings together patient data across the health and care system in a secure manner. The real time information available across the health and care system allows clinicians to access up-to-the-minute information about a patient's medications, pre-existing conditions, scans, procedures, results, discharge summaries, risks and more. Having this information at the point of care enables clinicians to make safer and more timely decisions to plan and deliver care and tackling significant health and care inequalities by using the information to improve population health and wellbeing.

The **workforce** within WHCC stands at just over 174 whole time equivalents (WTE). These staff will be delivering population health and outcomes as outlined in this business plan. Public Health and Adult Care and Health staff numbers equate to 93.7 WTE, this is broken down in section 5 of this document. For the Wirral CCG workforce considerations will be developed later in the year as Place/ ICS discussions progress and as the White Paper passes through parliament.

### 3.9 Risk

A formal risk register will be implemented by July 2021 based on the deliverables in this business plan.

## SECTION 4: FINANCE 2021/2022

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For the 6 month period to September 2021 NHS England will be issuing system envelopes (Cheshire and Merseyside) and the planning submission round will confirm the allocation to place (Wirral) in quarter 2. It is for this reason that there are no financials for the Wirral Clinical Commissioning Group.

Wirral Local Authority budgets have been set and the budgets for the Public Health and Adult Health and Care areas are broken down below. There are a range of saving programmes that have been budgeted in order to deliver financial balance. These will be delivered by WHCC and delivery partners working together jointly to deliver the required efficiencies.

Wirral Council: Public Health 2021/22		Budget (£)	Pooled		Non-Pooled
			BCF	Non-BCF (£)	
Expenditure					
	Children 0-19	6,515,200			6,515,200
	Collaborative Service	1,235,900			1,235,900
	Drugs & Alcohol	5,936,600			5,936,600
	Health Protection	395,800			395,800
	Misc. Public Health	8,542,700	623,100		7,919,600
	NHS Healthchecks	258,000			258,000
	Obesity – Adults	130,000			130,000
	Public Health Running Costs	2,100,200			2,100,200
	Public Mental Health	977,500			977,500
	Sexual Health Services	2,935,500			2,935,500
	Stop Smoking Services	739,400			739,400
	Substance Misuse	201,300			201,300
	Contribution to Reserves	2,084,600			2,084,600
<b>Gross Expenditure</b>		<b>32,052,700</b>	<b>623,100</b>	<b>0</b>	<b>31,429,600</b>
Income					
	Public Health Grant Funding	-30,141,800	-623,100		-29,518,700
	Misc. Public Health	-675,000			-675,000
	Collaborative Service	-1,235,900			-1,235,900
	Contribution from Reserves	0			0
<b>Total Income</b>		<b>-32,052,700</b>	<b>-623,100</b>	<b>0</b>	<b>-31,429,600</b>
<b>Net Expenditure</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Wirral Council: Adult Social Care 2021/22		Budget	Pooled		Non-Pooled
			BCF	Non-BCF	
		(£)	(£)		
Expenditure					
	Employees	3,410,400	230,500		3,179,900
	Commissioned Care				
	Day Care	7,231,800		6,941,300	290,500
	Direct Payments	10,028,600		4,981,700	5,046,900
	Domiciliary Care	18,177,600	9,766,100	1,753,700	6,657,800
	Independent Reablement	1,231,200	1,231,200	0	0
	Nursing Long Term	12,890,200	5,000,000	3,430,500	4,459,700
	Nursing Short Term	5,263,500	4,481,900	140,600	641,000
	Res Long Term	30,949,500	5,000,000	12,941,000	13,008,500
	Res Short Term	2,711,300	1,341,200	321,400	1,048,700
	Shared Lives	966,700		273,000	693,700
	Supporting People	1,399,700		566,500	833,200
	Supported Living	35,689,300		27,145,000	8,544,300
	Growth	12,270,400		778,300	11,492,100
	Savings	-4,942,600		-2,000,000	-2,942,600
		133,867,200	26,820,400	57,273,000	49,773,800
	Other Expenditure	30,056,000	6,380,800		23,675,200
<b>Gross Expenditure</b>		<b>167,333,600</b>	<b>33,431,700</b>	<b>57,273,000</b>	<b>76,628,900</b>
Income					
	Customer & Client Receipts	-23,060,400		-3,561,600	-19,498,800
	Grants & Reimbursements	-21,303,600	-19,394,800		-1,908,800
	Joint Funded Income	-9,061,900		-7,938,900	-1,123,000
	Other Income	-843,100			-843,100
<b>Total Income</b>		<b>-54,269,000</b>	<b>-19,394,800</b>	<b>-11,500,500</b>	<b>-23,373,700</b>
<b>Net Expenditure</b>		<b>113,064,600</b>	<b>14,036,900</b>	<b>45,772,500</b>	<b>53,255,200</b>

Note: The Public Health and Adult Health and Care are draft budgets and subject to change as growth and savings are allocated and Better Care Fund is agreed.

## SECTION 5: WORKFORCE OUTLINE

In total there are 174 whole time equivalents (WTE) within WHCC.

Wirral CCG workforce considerations will be developed later in the year as Place/ ICS discussions progress and as the White Paper passes through parliament.

For Council staff the following should be noted:

- Wirral Intelligence Service staff are included as Business Intelligence
- Finance staff are excluded (as they are part of the Resources Business Plan)

Job Type	NHS Wirral CCG	Adult Care and Health	Public Health	Grand Total
	Whole Time Equivalents			
Chair/ Non Exec Directors & Chief Exec				
Medical Director				
GP Leads: Clinical Governance				
Director		1	1.00	
Consultant in Public Health			2.85	
Quality Assurance, Patient Safety & Safeguarding		20.9		
Commissioning & Transformation		17	9.30	
Corporate Affairs		4		
Communications				
Business Systems & Support		18.65		
Finance				
Secretariat			2.00	
Business Intelligence			17.00	
<b>Grand Total</b>		<b>61.55</b>	<b>32.15</b>	<b>93.70</b>

## SECTION 6: REFERENCES

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1. Source: Office for National Statistics, Mid-2019
2. Source: Indices of Multiple Deprivation, Wirral, 2019
3. Source: Life Expectancy 2016-18, WIS
4. Source: Wirral Life Expectancy Report 2016-18
5. Source: Active Lives Adult Survey, Sport England, 2018/19
6. Source: NCMP, 2019/20
7. Source: Compendium of Statistics 2020, Wirral Children's Services

### Wirral Life Course Data Sources

#### Starting Well

[Smoking at Time of Delivery, 2019/20](#)  
[Low birthweight \(term babies\), 2019](#)  
[Breastfeeding 6-8 weeks, 2019/20](#)  
[Children living in poverty, 2018/19](#)  
[Children in care, 2020](#)  
[Good level of development at end of reception, 2018/19](#)  
[MMR vaccination at age 2, 2019/20](#)  
[Obesity in Year 6, 2019/20](#)  
[Average attainment 8 Score, 2019/20](#)  
[Admissions for self-harm \(10-24 year olds\), 2018/19](#)  
[16/17 years olds who are NEET, 2019](#)  
[Local Alcohol Profiles for England - PHE](#)

#### Living Well

[Out of work benefit claimants, 2017/18](#)  
[Fuel poverty, 2018](#)  
[Food insecurity, 2017](#)  
[Anti-social behaviour, Dec-19 – Nov-20](#)  
[Households without a car, 2011](#)  
[Households without heating, 2011](#)  
[Greenspace Coverage, 2017](#)  
[Air Quality, 2017](#)  
[Smoking prevalence in adults, 2019](#)  
[Self-reported wellbeing, 2019/20](#)  
[NHS Health Check uptake, Q1 2015/16 – Q4 2019/20](#)  
[Depression \(prevalence\), 2019/20](#)  
[Healthy life expectancy, 2016-18](#)  
[Local Alcohol Profiles for England - PHE](#)

#### Ageing Well

[Social Isolation, 2011](#)  
[Probability of Loneliness, 2011](#)  
[Pensioners in Poverty, August 2020](#)  
[Older people receiving winter fuel payments, 2019/20](#)  
[Flu vaccination coverage \(65+\), 2019/20](#)  
[Life expectancy at 65 years of age, 2017-19](#)



## HEALTH AND WELLBEING BOARD

Wednesday, 16 June 2021

<b>REPORT TITLE:</b>	<b>PREVENTION</b>
<b>REPORT OF:</b>	<b>DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION</b>

### REPORT SUMMARY

This report provides the Health and Wellbeing Board detail of a report considered by the Children, Young People and Education Committee which provides an overview of the prevention approach recommended for adoption by Wirral Council, including a Prevention Policy Statement and Prevention Framework. In addition, the report details the Breaking the Cycle programme, which seeks to demonstrate how a collaboration of preventative activity can maximise opportunity and lead to better outcomes for people, services, and organisations.

The report and strategy are aligned to priorities of Wirral Council's Plan 2025:

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

This matter affects residents across the borough.

### RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the report.

## **SUPPORTING INFORMATION**

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

- 1.1 The emerging vision of Wirral Council is *equity for people and place and opportunity for all*, with emphasis on tackling health inequalities and improving outcomes. In this context, it is beneficial for the Council to outline a clear policy statement for prevention which promotes early intervention activity and approaches. The Prevention Framework is a tool for use by any public service to ensure that they are working to meet needs and resolve issues earlier, thereby contributing to Wirral Council's future vision.
- 1.2 Prevention is a cross-cutting theme of significance in Children's Services, Adult Social Care and Health, and Public Health. It is therefore essential that there is cross-Council agreement to prioritise preventative activity and to outline the expectations and delivery methodology for preventative approaches.
- 1.3 The Breaking the Cycle programme is an example of how the Prevention Framework can be used to bring together a range of interventions working towards very similar outcomes. With eight projects, all working with people facing multiple disadvantage, it is anticipated that bringing them into a single programme will maximise the potential of the resource, reduce likelihood of duplication, and increase the chance of successfully supporting local people living in the most deprived wards to turn their lives around.
- 1.4 Supporting the Breaking the Cycle programme provides an opportunity to test the impact and potential of the Prevention Framework. Learning from the experience to then apply similar approaches to preventative work across people services.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The alternative option is to continue delivering services without a cross-Council arrangements for prevention. However, with demand for acute services continuing to rise and budget pressures increasing, continuing with the existing status quo would make it unlikely that the Council would alleviate those pressures.
- 2.2 Existing arrangements, whereby individual departments lead prevention within their own scope of control, can lead to single-issue responses. Whilst this may be helpful to service providers, in that their single-issue objective is more easily responded to, it does not work well for people or families who experience multiple issues at once. There are many inter-dependencies between key life stages which require a more joined up response from services.

### **3.0 BACKGROUND INFORMATION**

- 3.1 In September 2020, having been successful in securing funding for a range of preventative approaches, members of Children's Services Management Team presented an overview of activity to the Council's Senior Leadership Team. It was agreed that a cross-Council approach to prevention would support the work initiated by Children's Services to have greater impact.

- 3.2 The need for a cross-Council, cross-directorate approach is based on the understanding that the vast majority of children who enter the care system do so because of the circumstances affecting their parents, such as domestic abuse, poor mental health, and substance and/or alcohol misuse. Whilst the adult directly experiences these difficult circumstances, the impact of them is felt by the child and often compromises parenting.
- 3.3 The Council's Senior Leadership Team agreed that a more joined up approach, involving housing, community safety, leisure and library services, as well as Children's and Adult Social Care and Health departments, would lead to more effective prevention and potentially reduce the need for acute services and admission to care.
- 3.4 In the interim there has been a growing focus on health inequalities both at local and national level which add weight to the case for a bold preventative approach. Locally, the Health and Wellbeing Board has been refreshed to place greater emphasis on having an integrated approach to prevention and community-based health and wellbeing services that address wider determinants of health. The emerging vision for Wirral Council is focusing on *equity for people and place* and tackling problems which have become entrenched. Nationally, prompted by impact of the Covid-19 pandemic, there have been many publications such as *The Marmot Review 10 Years On* and *Childhood in the Time of Covid* by the Children's Commissioner, which call for more joined up, preventative approaches.
- 3.5 Following a programme of engagement sessions with multi-disciplinary workers from across the borough, the Prevention Policy Statement, Prevention Framework and Breaking the Cycle Prospectus, included in the appendices of this report, have been produced.
- 3.6 The Prevention Policy Statement  
The proposed policy statement is included in Appendix 1. The purpose of this is to enable Wirral Council to make a clear commitment to prevention within the policy context, highlighting the influential role of the Council and the benefits to people and services.
- 3.7 The Prevention Framework  
The proposed framework is included in Appendix 2. This document aims to demonstrate how the Council's policy for prevention can be put into action. The framework is intended for use as guidance for anyone working in public services, as a practitioner, commissioner, manager or leader. It outlines the values and underpinning principles for prevention (as were articulated through the co-production activities) and provides a range of considerations as to how preventative services can be delivered to benefit local people.
- 3.8 The Breaking the Cycle Prospectus  
The prospectus is included in Appendix 3. This preventative programme is an exemplar of the policy and framework in action. The programme will bring together eight separate projects, introduce adapted practice across Council services, and pilot an outcomes plan and data collation approach intended to improve understanding of impact.

- 3.9 As reflected within the Prevention Framework, there are many strands of preventative work which could be aligned to, or further developed, under the overarching framework. There is significant work in train to embed a new model of earliest help for children and families utilising the same principles. Likewise, for the new Youth Offer model, *Safer Adolescence Strategy* and emerging *Community Safety Strategy*, prevention is a key focus. Preventing need, such as hospital admissions or care, or extending early help to include those living with frailty, are within scope for a prevention framework approach.
- 3.10 Ensuring a strong relationship with the Health and Wellbeing Board as well as the Committees will enable prevention approaches to grow and develop.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are no specific financial implications arising from this report. It is intended that existing resources will be used differently as opposed to new resources being sought.
- 4.2 Over the initial course of the Breaking the Cycle programme, which continues up to April 2023, a total of £6.54m is being invested. This includes £682k invested by Wirral Council and £5.858m from other funding sources. Each programme has specific funding, contract management and oversight arrangements. The Prevention Steering Group will have oversight of performance, but responsibility for delivery lies with the nominated Project Sponsors and Project Leads as detailed in the Appendix of the Breaking the Cycle Prospectus.
- 4.3 A number of the catalyst prevention programmes featured within the Breaking the Cycle programme are evidence-based and provide anticipated cost avoidances. Further work to consider cost benefit and cost avoidance will be undertaken throughout the programme to understand how preventative activity can contribute to the Council's Medium Term Financial Strategy.

#### **5.0 LEGAL IMPLICATIONS**

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

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

- 6.1 The Prevention Policy Statement and Prevention Framework are intended to be beneficial for resources by supporting and enabling public services to deliver high-quality activity for early intervention.
- 6.2 The Breaking the Cycle programme seeks to improve coordination of resource without impacting on staffing or assets.
- 6.3 It is intended that improved data and intelligence will lead to better understanding of need and better understanding of which interventions, or combination of

interventions, lead to the best outcomes for families. An improved level of data maturity can be achieved within the existing ICT capacity and resource.

## **7.0 RELEVANT RISKS**

- 7.1 Failing to deliver a co-ordinated approach to prevention programmes presents the risk of missed opportunity, both in terms of meaningfully tackling issues that lead to health inequality and in optimising the funding we have secured for these programmes. The Breaking the Cycle programme seeks to maximise the current opportunity and provide an evidence base for future, long-term preventative programmes.
- 7.2 A Risk Management plan has been completed for the Breaking the Cycle programme and is included within Appendix 3 - Breaking the Cycle Prospectus.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Over the months November 2020 to April 2021, considerable engagement has taken place to develop the Prevention Policy Statement, Prevention Framework and Breaking the Cycle Prospectus. Supported by external agency, Peopletoo, activity has included: workshops, focus groups, one-to-one conversations, use of online surveys and interactive message boards. Engagement has been across Council directorates, with partner agencies, third sector organisations and with youth voice groups.
- 8.2 Learning from other relevant engagement and consultation work, including the *Why Community Matters* report on early help, the Youth Offer consultation, and co-production activity for the *Domestic Abuse: No Excuse* and *Safer Adolescence Strategy* has also informed the prevention documentation and programme.
- 8.3 As detailed within the Prevention Framework, co-production is a fundamental building block of preventative activity. The framework outlines the commitment to ensure meaningful engagement and involvement of local people within all aspects of preventative work. The Prevention Steering Group, which will report to the Partnership for Children, Young People and Families, will have lay member representation for youth and adults.
- 8.4 The Partnership for Children, Young People and Families has had oversight of the engagement work, with progress reports being presented twice during this period. Monthly updates on progress have also been provided to the Programme Management Office.

## **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 It is recognised that a disproportionate number of people facing multiple disadvantage have protected characteristics of the nine groups protected under the Equality Act 2010. A full Equality Impact Assessment has been completed for the Breaking the Cycle programme and can be found via the following link:

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

9.3 To ensure that equality implications are appropriately considered throughout the duration of the Breaking the Cycle programme and across further prevention activity, an officer with expertise in Equality and Diversity has been recruited as a member of the Prevention Steering Group.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The Prevention Policy Statement and Prevention Framework are intended for application across public services and relevant to each aspect of the Wirral Plan, including the *sustainable environment* domain. Both documents should be used to inform and support development of prevention activity with Wirral residents in relation to the environment and climate emergency.

10.2 There are no environmental or climate implications arising from the delivery of the Breaking the Cycle programme. It will have no impact on the emission of greenhouse gases.

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## APPENDICES

Appendix 1- Prevention Policy Statement  
Appendix 2- Prevention Framework  
Appendix 3- Breaking the Cycle Prospectus

## BACKGROUND PAPERS

[Marmot Review report – 'Fair Society, Healthy Lives | Local Government Association](#)

[Health Equity in England The Marmot Review 10 Years On full report.pdf](#)

[Childhood in the time of Covid | Children's Commissioner for England Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
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N/A	NA
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## **Prevention Policy Statement**

### **1. Introduction**

As a local authority, we can have a positive influence through how we organise our operations and services; the regulations and policies we set; the goods and services we buy; the investments we make; and the example we set to others.

Taking a borough-wide approach to prevention presents major opportunities for the Council, with its partners, to practise, demonstrate and live by its commitment to improve quality of life, health and well-being of its local community through helping to identify and address needs at the earliest possible time. By prevention we mean literally “preventing” things that can have real life, long term impact on both current and future generations. More than this, it is about promoting the best outcomes and life experiences for Wirral residents, to achieve equity for people and place and opportunity for all.

### **2. Policy Context**

Tackling inequality through prevention is at the core of key National legislation, policy and strategic plans. This Policy Statement outlines Wirral Council’s commitment to actively and demonstrably deliver key priorities set out within:

- The Care Act 2014
- Working Together to Safeguard Children
- The Equality Act 2010
- The Children Act 2004
- The NHS Long-Term Plan
- The Five Year Forward Plan for Mental Health, Primary Care and the NHS
- The Public Health England Strategy 2020-2025
- Domestic Abuse Act 2021

This Policy Statement is informed by the Marmot report, titled 'Fair Society, Healthy Lives', which emphasises the need to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. The detailed report contains many important findings, key to a preventative approach are:

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods.
- People living in poorer areas not only die sooner but spend more of their lives with disability - an average total difference of 17 years.
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status.

- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, but there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS.
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home, and community.

Marmot highlights that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. For Wirral, this means a borough wide approach to prevention that does not simply focus on the bottom ten percent but takes action across the borough seeking to promote prevention for all, but with a scale and intensity that is proportionate to the level of disadvantage.

### **3. Defining Prevention**

Prevention can mean different things to different people. In essence it is about helping people stay healthy, happy and independent for as long as possible. It means stopping problems from arising in the first place; focusing on keeping people healthy and thriving, not just treating them when they become ill or run into problems. If they do need help, it means supporting them to manage their health and wellbeing earlier and more effectively. This means giving people the knowledge, skills, and confidence to take full control of their lives, their health and social care and making better choices as easy as possible.

Wirral Council adopts the Public Health approach to prevention through a tiered model with three distinct levels:

- Primary prevention: all of the help, support, activities, and opportunities that are available to all of us, at any time.
- Secondary prevention: targeted interventions and specific projects and programmes, delivered at a local level by partnerships and communities.
- Tertiary prevention: interventions provided by statutory organisations, such as Councils and Health Boards.

### **4. The Benefits of Prevention**

There is growing awareness and acceptance of the importance of taking a “prevention is better than cure” approach to policy making and the planning of services.

The benefits of a preventative approach are far reaching and can enable the following positive outcomes to be achieved.

Outcomes improving for the individual:

- improved wellbeing
- reduced offending
- reduced substance and alcohol misuse
- better physical and mental health
- secure housing
- increased financial security
- increased levels of education, employment, and training
- increased safety
- experiencing purpose, belonging and security
- improved experience of services through co-production

Outcomes improving for professionals and services:

- person-centred focus
- greater integration
- greater collaboration
- more effective delivery of service
- reduce demand on reactive services
- improved information sharing
- improved experience of work through co-production

Outcomes improving for organisations and systems:

- stronger multi-agency partnerships
- improved governance
- data shapes commissioning
- achieving common goals
- better value for money
- joint commissioning approaches
- improved system of practice through co-production

## **5. Wirral Council's Approach**

In taking a preventative approach to policy making and planning, Wirral Council commits to improving, for its residents and businesses, quality of life, health, wellbeing, and the economy. Wirral Council is committing to acting to:

- Support partners and communities to work together, as equals, to tackle the biggest issues and risk factors that have a negative impact on health and wellbeing across Wirral.
- Build connections and strong communication across partner agencies and services, driving and enhancing collaboration.
- Support the coordination and creation of a positive eco-system within which individuals and families can thrive.
- Creating a Wirral which is flourishing, active and green.
- Embedding its approach to prevention through a co-productive approach with local communities-only by coming together will we create solutions that will truly help people in Wirral to achieve their goals and aspirations.

Wirral Council will do this by ensuring that policy, strategy, and decision-making across the Council promotes and enables a preventative approach.



# Prevention Framework

A framework for embedding preventative approaches in public services

June 2021

## 1. Introduction

### (a) Who this Prevention Framework is for

This framework is for all people engaged in the delivery of public services. It seeks to provide an understanding of what is meant by prevention, why it benefits us all, what it means to take a preventative approach, how to deliver preventative services, and most critically, the value of involving local people in the design and delivery of public services.

In our working lives, whether we are frontline practitioners, commissioners, strategic leaders or working in administrative roles, it is essential that we work in partnership to ensure that the children, young people, adults, families, and communities we serve get the education, advice, support and help they need at the earliest opportunity, so that they can live happy, healthy and purposeful lives.

This framework does not aim to replace strategic plans that public services in Wirral are working towards achieving. Shaped by national policy and the local direction of travel, this framework sets out our overarching aim, a clear set of principles and shared values within which we are committed to working.

### (b) Defining Prevention

Prevention can mean different things to different people. In essence it is about helping people stay healthy, happy and independent for as long as possible. It means stopping problems from arising in the first place; focusing on keeping people healthy and thriving, not just treating them when they become ill or run into problems. If they do need help, it means supporting them to manage their health and wellbeing earlier and more effectively. This means giving people the knowledge, skills, and confidence to take full control of their lives, their health and social care and making better choices as easy as possible.

Multi-agency partners in Wirral define prevention as:

*Building on the unique personal strengths and resilience of children, families and adults, through co-ordinated and enabled communities, to help people achieve the very best outcomes throughout their lives.*

There are three distinct levels of prevention:

- Primary prevention: all of the help, support, activities, and opportunities that are available to all of us, at any time.
- Secondary prevention: targeted interventions and specific projects and programmes, delivered at a local level by partnerships and communities.
- Tertiary prevention: interventions provided by statutory organisations, such as Councils and Health Boards.

Providers of public services should consider the level of prevention they seek to work within, and where services are cross-cutting, providers should think about how their offer is adapted across levels.

## 2. The Aim of the Framework

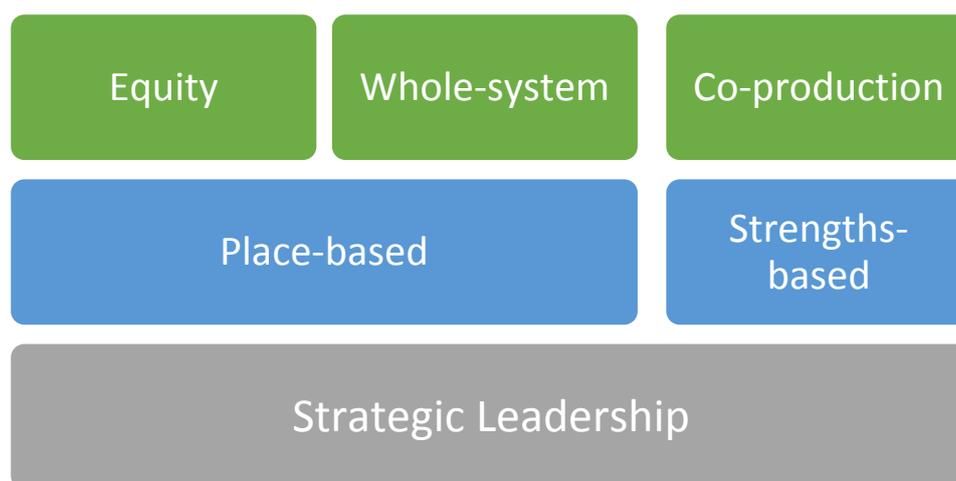
Across Wirral there are a growing number of examples of single-agency and community-level approaches to prevention that are making a positive difference to the lives of people in the borough. The aim of this framework is to enhance and build on those examples by providing guidance and structure for preventative work, which is collaborative, consistent and can lead to greater collective impact.

Whilst this framework is primarily focused on people services, which aim to tackle health inequalities and improve outcomes, taking a preventative approach is applicable across all aspects of public service. The foundations, principles, values and approaches described in this framework can be applied across the spectrum of the Wirral Plan.



### 3. The Foundations for Preventative Approaches

Multi-agency partners co-producing this framework, identified a core set of building blocks which form the foundation required for prevention. These building blocks should be considered in all that we do, whether as individuals living and working in Wirral and looking after our and our family's health and wellbeing, or as organisations shaping the living, learning, or working environment, and coordinating and providing services.



**Strategic Leadership** –Strategic leaders must recognise that no one agency, and no one person, can remove inequality or improve local neighbourhoods on their own. Through collaboration and investing in relationships, Senior Leaders can build wide and strong partnerships which deliver collective impact with and for Wirral residents.

**Place-based** – to ensure equity across the borough, prevention approaches should be place-based so that services and solutions meet the unique needs of people living within local communities. A coordinated approach which considers the assets, strengths and needs of the place, as well as individuals who live there, is key to tackling the inequalities in health and wellbeing.

**Strengths-based** – A strengths-based approach recognises that everyone has strengths, skills, capabilities, and protective factors that surround and support them within their lives. A strengths-based approach will ensure that staff and services enable people to build on these and can access opportunities to grow and achieve in the areas where they feel they need most support. The key to improved health and wellbeing is the feeling of empowerment, and strengths-based practice is essential to empowering and enabling people to become the architects of their own solutions.

**Equity** – A meaningful approach to prevention is dependent on equity across local communities, enabling everyone to have the same chances in life as everybody else. The concept of equity can often be challenging to explain and understand; however, we must recognise that some neighbourhoods and communities may need more help and resource than others. This will support the breakdown of structural and systemic barriers to equal opportunity and improve outcomes.

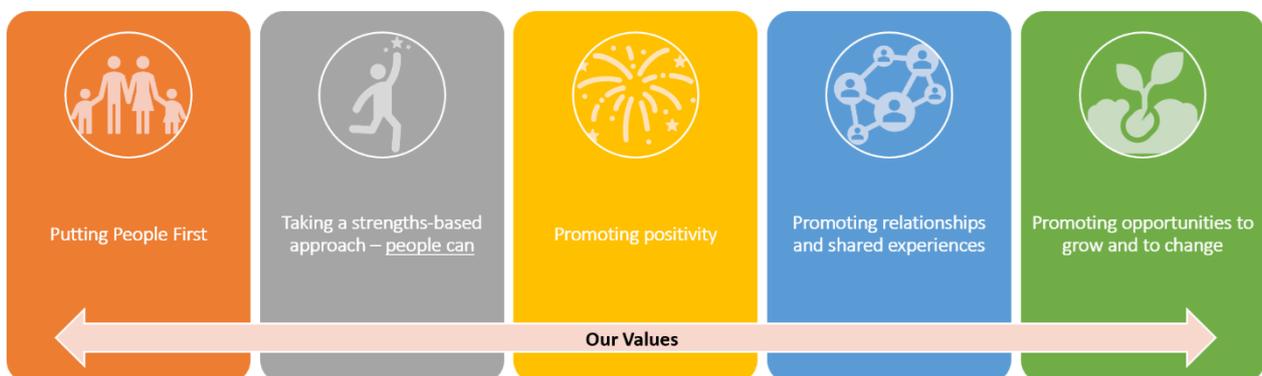
**Whole-system** – Applying a whole-system approach will ensure that partners work together more effectively to understand current and emerging issues and challenges impacting on the health and wellbeing of people living and working in Wirral. Embedding a whole-system approach will help to create the learning culture needed to evaluate and understand the impact of preventative work, to be flexible and responsive to emerging needs and to continually strive for improved outcomes across the borough.

**Co-production** – Co-production with people living and working in Wirral is essential to a meaningful, impactful approach to prevention. Co-production will ensure that partners fully understand people’s needs, hopes and ambitions and challenges faced, and it will also ensure that communities themselves are activated and supported to take meaningful steps towards improving their own health and wellbeing, creating improved connectivity, a sense of citizenship and increased social value along the way.

When establishing new services and projects, or reviewing the effectiveness of existing delivery, these foundations should be considered and evaluated.

#### 4. The Values Underpinning Preventative Approaches

Multi-agency partners co-producing this framework, identified a core set of values which should underpin preventative approaches.



These values need to be at the heart of preventative approaches, driving decision-making and shaping projects and services. Living these values means that they should be evident in

all that we do including how agencies work with each other as well as how they deliver services to the public.

## 5. Considerations for Preventative Approaches

As services are designed and developed, there are many factors to consider in how they operate- where and when, how they are advertised, who they are for and what they will achieve. Where services do or can take a preventative approach, it is useful to consider the following to ensure that they are inclusive and optimise opportunities for people to resolve issues at the earliest point.



It is to be noted, that the greatest asset for prevention is the people who deliver the services. Creating the conditions where staff can embrace the values of prevention, deliver relationship-based practice, and have opportunity for continuous learning and development, should be a priority for all public services. Relationships can be transformational and mean a lot to people when they face challenges and uncertainty in their daily lives.

## 6. Co-production

Fundamental to the success of this framework is co-production. Co-production is not consultation, and it is not community engagement. Co-production, quite simply, means:

“Coming together to create something.” (Poppy Cain, Youth Apprentice)

The following diagram provides further detail on how to take a co-production approach.



## 5. Creating a Suite of Preventative Programmes

Prevention is a broad term, and across public services there are many areas where a preventative approach can, and should, be taken. It is anticipated that this framework provides as an overarching structure from which a range of projects, interventions and services are delivered. To assist with thinking on what this may include, it is helpful to refer to the six domains outlined in *The Marmot Review: Fair Society, Healthy Lives*. These are:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control of their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health provision.

These domains provide categories from which to define preventative programmes.

Specific preventative programmes, which will be aligned to this framework may relate to areas such as:

- Earliest help for children and families.
- Earliest help for people living with frailty.
- Preventing hospital admissions.
- Breaking cycles for people facing multiple disadvantage.
- Promoting independence.

A multi-agency Prevention Steering Group has been established and will provide support to those wishing to apply a preventative approach to services. This group will also promote the need for, and establishment of, wider preventative programmes, such as those suggested above.



# Breaking the cycle

A prospectus of preventative programmes for people facing multiple disadvantage

## 1. Introduction

Jen grew up in Birkenhead, went to local schools and wanted to be a nursery nurse. At 18 she had her first child. Her baby was only 4 months old when the first reported incident of domestic abuse was made to Children's Social Care. Professionals described her as a "nurturing mum" who "loves her baby unconditionally". Having grown up in a home with domestic abuse, Jen was no stranger to violence and was quick to minimise the abuse she experienced.

By age 21, Jen was mum to 3 children, and considered a "warm and loving parent" by those who knew her. But Jen felt she was "letting them down" as she found herself becoming stuck in a cycle of domestic violence and alcohol misuse. As her mental health deteriorated, she turned to pain medication, illegal substances, and alcohol to "get by". Over the coming years, Jen and her children had intermittent contact with Children's Services and other support agencies, but the words "lack of engagement" are repeated throughout the case files.

At age 30, after many months of medical treatment, Jen died of liver failure. Her 3 children were placed in the care of the Local Authority.

There are an estimated 363,000 adults experiencing multiple disadvantage in England - including a combination of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Many of these people have been caught in this situation for years, experiencing entrenched disadvantage, trauma, and ill-health. They come into repeated contact with our police, criminal justice, social care, and health services without receiving the support they need to help them break the cycle. The most vulnerable adults in this situation are estimated to cost the state five times more than the average citizen per year. Beyond the finances is the human cost: life without hope; experiencing desperation; lack of options; feeling on the outside of a *normal life*; lost potential.

As Wirral Council sets out its ambitious and inspiring plans to transform the borough through the regeneration of Birkenhead and The Left Bank, it is the right time to be purposeful, collaborative, and work with intention, to enable people in those communities to break out of intergenerational cycles of disadvantage and poor outcomes- to help them find *room to breathe and space to grow*.

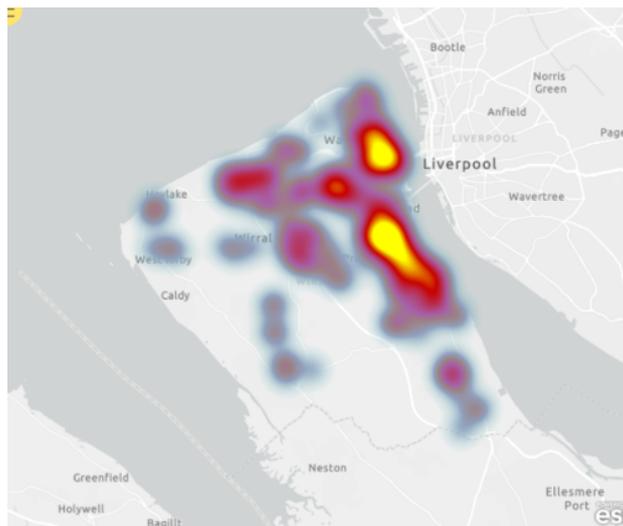
Emerging policy and plans for Wirral Council and its partners seek *equity for people and place and opportunity for all*. To make this a reality, it is time to abandon phrases such as *hard to reach* and *difficult to engage* and accept that perhaps it is not that the responsiveness of the people that is the barrier, but rather the support offer and the public services system that needs to change.

Breaking the cycle requires a more joined-up, person-centred approach to local delivery, with commitment to making long-term and sustainable changes to our local system that will deliver improved outcomes for individuals experiencing multiple disadvantage.

## 2. Rationale for change

### (a) Understanding local need

Wirral, when considered as a whole, is a *fairly average* borough in terms of outcomes for its people. But the average masks a picture of disparity between the east and west sides of the borough. The heat map below shows referrals to social care services because of alcohol and substance misuse, domestic abuse, mental health issues, risk of homelessness and involvement with the criminal justice service.



Inequity has rightly become a priority for several strategic groups including Wirral's Health and Wellbeing Board, Wirral Health and Care Commissioning and Wirral Safeguarding Children Partnership. They highlight:

- Difference in life expectancy between the most and least deprived wards in Wirral is 12.1 years for men and 10.7 years for women (2016-18 data, Wirral Intelligence Service).
- Wirral has become more deprived between 2015 and 2019 and has 35% of its population living in deprivation (2019 Indices of Multiple Deprivation).

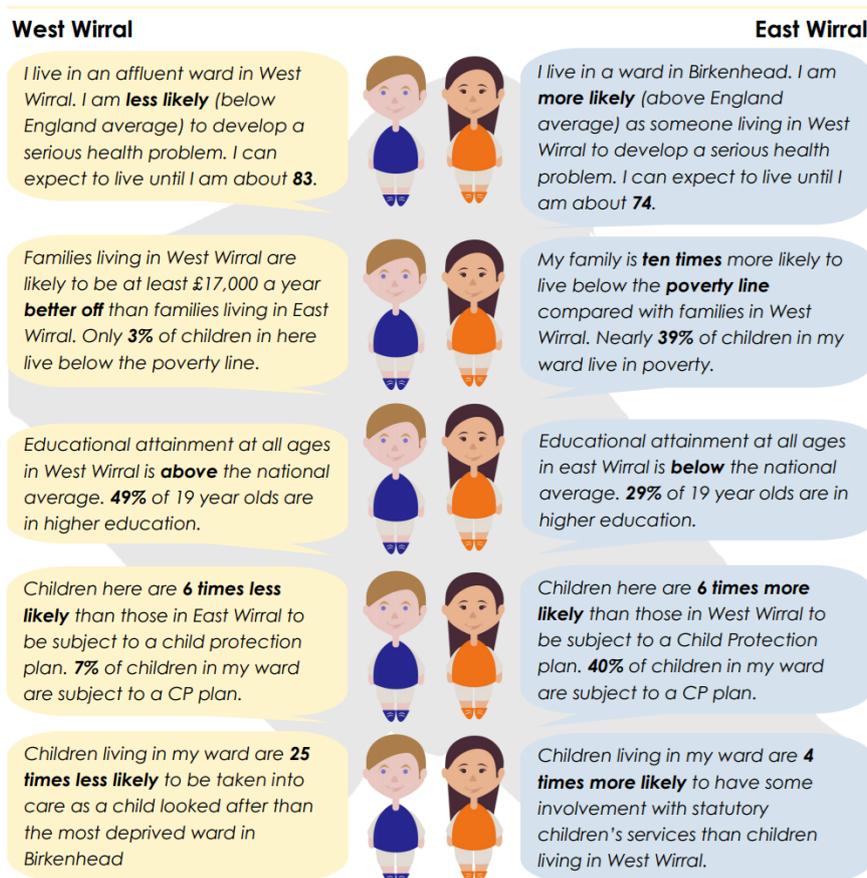
Wirral Intelligence Service's collection of statistics and insight, *This Is Wirral*, provides key messages relating to multiple disadvantage categories:

- The Wards of Birkenhead & Tranmere, Rock Ferry, Bidston & St James and Seacombe, consistently featuring in the bottom performing wards for "No Qualifications", "Participation in Higher Education", "Healthy Life Expectancy at Birth", "Out of Work Benefit Claimants and "Net Household Income".
- In Wirral (2018), the economic costs of alcohol were estimated to cost the borough £131 million.
- People living in lower income households were more likely to have requested, but not received mental health treatment.

- Over half (55%) of all social care users report having anxiety and depression in Wirral.
- The health of people experiencing homeless is significantly worse than that of the general population, with the cost of homelessness experienced by single people to the NHS and social care being considerable. 41% of homeless people report a long-term physical health problem and 45% had a diagnosed mental health problem compared to 28% and 25% respectively in the general population.
- The majority of local YMCA (Young Men's Christian Association) residents are in contact with drug and/or alcohol services. Wirral had over double the national rate of benefits claimants for 'alcoholism'.
- In 2015/16, 22% of all crime costs in Wirral were estimated to be related to alcohol. Anti-social behaviour incidents related to alcohol were most common in the more deprived areas, with peaks in domestic violence associated with periods of increased alcohol consumption.

(b) Looking to future need

Whilst the Breaking the Cycle programme will work with adults, with and without children, now to support them to make sustainable change, it is important to give particular attention to the experiences of children and young people in the borough, our future adult population. Breaking the cycle means creating a different, *brighter future* for them. Wirral Safeguarding Children Partnership's Annual Report for 2019-20 focused on disparity of experience and outcomes for children, producing the following insightful infographic:



### 3. Ambition for our people

#### (a) Change for individuals, services, and systems

The Breaking the Cycle approach aims to improve outcomes for those experiencing multiple disadvantage and placing a high demand on local response services, but for whom current systems of support are not working. By improving the way our local system and services work we seek to re-energise local people, their support workers, and our organisations.

Local people experiencing intergenerational cycles of disadvantage need, and deserve, more from public services and their local community so that ambitions for *brighter futures for children and young people, safe and pleasant communities* and *living an active and healthy life* are within their reach. This is what their support workers and our organisations want for them. Breaking the Cycle means change at individual, service, and system levels.

#### Change for the individual:

- ✓ improved wellbeing
- ✓ reduced offending
- ✓ reduced substance misuse
- ✓ better physical and mental health
- ✓ secure housing
- ✓ increased financial security
- ✓ increased levels of education, employment, and training
- ✓ increased safety
- ✓ experiencing purpose, belonging and security
- ✓ improved experience of services through co-production

#### Change for professionals and services:

- ✓ person-centred focus
- ✓ greater integration
- ✓ greater collaboration
- ✓ more effective delivery of service
- ✓ reduce demand on reactive services
- ✓ improved information sharing
- ✓ improved experience of work through co-production

#### Change for organisations and systems:

- ✓ stronger multi-agency partnerships
- ✓ improved governance
- ✓ data shapes commissioning
- ✓ achieving common goals
- ✓ better value for money
- ✓ joint commissioning approaches
- ✓ improved system of practice through co-production

(b) People who need help to break the cycle

This programme of preventative approaches is for people facing the following multiple disadvantage categories:

- domestic abuse
- mental health issues
- substance and alcohol misuse
- experiencing or at risk of homelessness
- involvement with criminal justice system

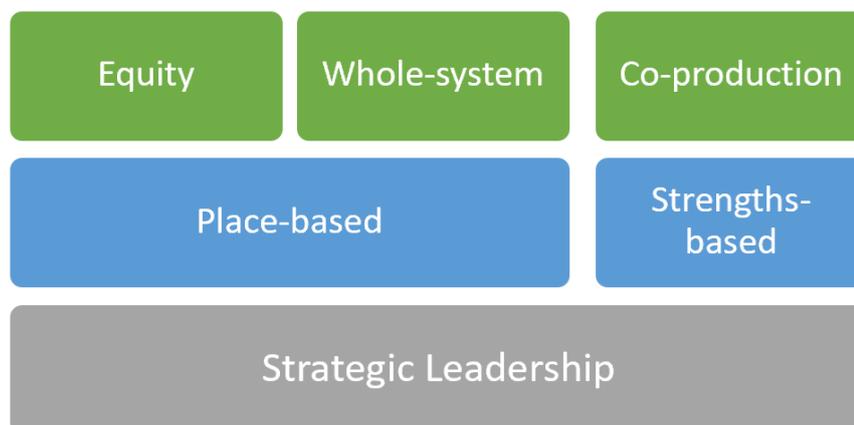
Priority will be given to people facing the above categories who also live in wards identified as having the highest levels of need which are creating the greatest levels of demand:

- Birkenhead and Tranmere
- Bidston and St. James
- Seacombe
- Rock Ferry
- Liscard
- Leasowe and Moreton East

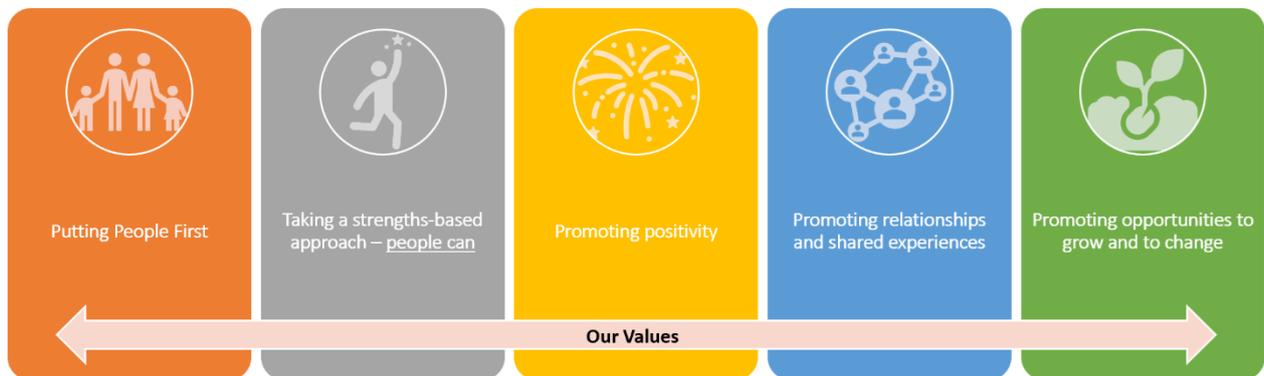
The programme will work with individuals and families. Where adults are parents, or likely to become parents, the impact on their children and future cycles of disadvantage will be given significant consideration. Breaking the cycle for both the present and the future.

(c) Delivery Principles and Values

The co-produced Prevention Framework outlines the values and delivery principles which underpin the Breaking the Cycle programme. The figure below outlines the core set of building blocks to set the foundations for preventative approaches.



Local organisations and workers collaborated to agree a set a value base for prevention as follows:



With regard to the Breaking the Cycle programme, there is a further *ask* to workers, supporters, leaders, services and organisations and that is, for people facing multiple disadvantage and intergenerational cycles we need to be prepared to give ***a bit more***.

- ✓ a bit more understanding
- ✓ a bit more time
- ✓ a bit more empathy
- ✓ a bit more support
- ✓ a bit more one-to-one help
- ✓ a bit more encouragement
- ✓ a bit more patience
- ✓ a bit more compassion
- ✓ a bit more choice

Giving *a bit more* will be achieved through the notion of *adapted practice* described in section 4 on delivery model and approach.

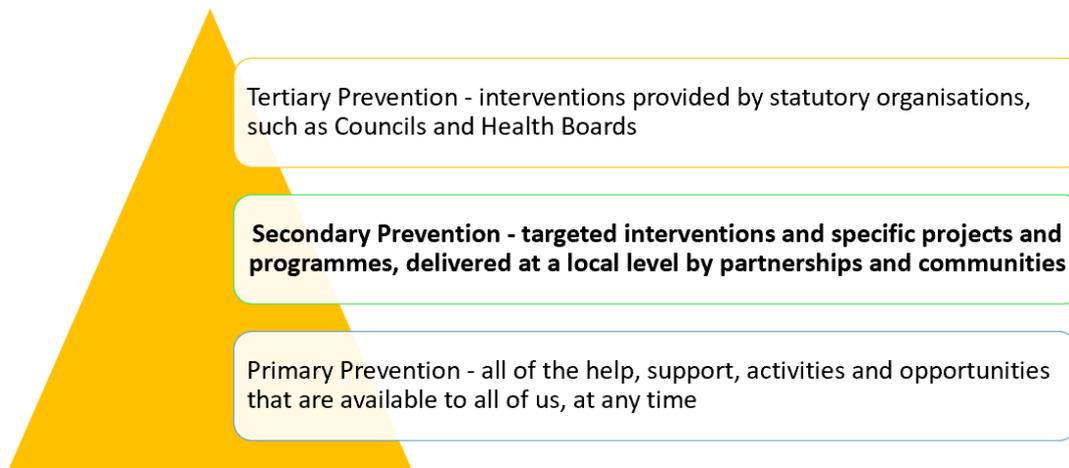
(d) Strategic Fit

The Breaking the Cycle prospectus is aligned with the following:

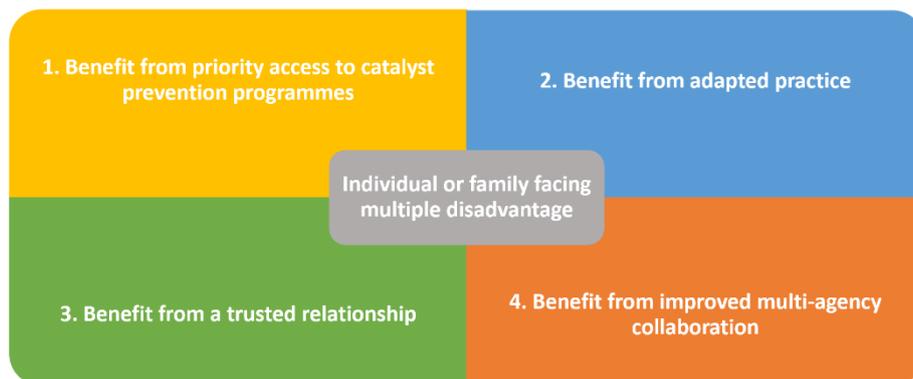
National Legislation & Policy	Local Strategic Plans and Policy
<ul style="list-style-type: none"> <li>✓ The Care Act 2014</li> <li>✓ The Equality Act 2010</li> <li>✓ The Children Act 2004</li> <li>✓ The NHS Long-Term Plan</li> <li>✓ The 5-Year Forward Plan for Mental Health, Primary Care and NHS</li> <li>✓ The Public Health England Strategy 2020-25</li> <li>✓ Domestic Abuse Act 2021</li> </ul>	<ul style="list-style-type: none"> <li>✓ Wirral Plan 2021-26</li> <li>✓ Climate Emergency Plan</li> <li>✓ Community Wealth Building Strategy</li> <li>✓ Neighbourhoods Strategy</li> <li>✓ Domestic Abuse- No Excuse</li> <li>✓ Safer Adolescence Strategy</li> <li>✓ Health Inequalities Strategy</li> <li>✓ Healthy Wirral Plan</li> <li>✓ Digital Strategy</li> <li>✓ Community Safety Strategy</li> </ul>

## 4. Delivery model and approach

The Breaking the Cycle programme can be described as *secondary prevention*, with specific projects delivered to benefit particular groups. It is designed to offer more intensive support, beyond that which is available from more universal, early help services.



The delivery model features 4 aspects, to be delivered simultaneously, in collaboration with the individual and/or family.



### 1. Benefit from priority access to catalyst prevention programmes

There are 8 catalyst prevention programmes:

**Pause**- a programme for women who have had multiple children removed from their care aiming to give a pause from pregnancy to provide treatment and recovery from trauma.

**Drive**- a programme which aims to prevent harm to victims of domestic abuse, and their children, by working with high-risk, high-harm perpetrators to challenge and change their behaviour.

**We Can Talk About Domestic Abuse**- an additional provision of subject expertise and advocacy to work alongside Social Workers to improve the experience of families affected by domestic abuse.

**Cradle to Career-** a place-based, collective impact project which aims to improve the life chances of people within the North Birkenhead community, with a specific focus on educational aspiration and attainment.

**Family Nurse Partnership-** a home-visiting programme for first-time young mums to support a healthy pregnancy, improve child development and health outcomes, and increase family aspiration.

**ADDER-** a programme which seeks to reduce drug-related crime, drug-related deaths and the prevalence of illicit drugs through multi-agency collaborations.

**Get Real Programme-** a specialist employability programme for care leavers and children looked after who are not in education, employment or training providing tailored, individual support to improve life chances.

**Ways to Work-** tailored help for people aged 16+ who are struggling to secure long-term employment, building confidence to become *job ready*, with access to mentoring and traditional work preparation activity.

Priority access to the catalyst prevention programmes will be given to those people requiring help to break the cycle, and there may be instances where individuals and/or families access a combination of programmes. Further details on each programme is contained within Appendix 1.

## 2. Benefit from adapted practice

The catalyst prevention programmes, many of which have well-established evidence-bases, are designed to provide specialist expertise for particular issues, but we are reminded that they operate within a much wider system of public services and communities. Those delivering preventative programmes need the commitment and support of the wider system to optimise their chance of success. To break the cycle, the wider system, services, and workers need to adapt practice and offer that bit more, for those facing multiple disadvantage.

Whilst a significant proportion of the catalyst prevention programmes are delivered by children's and adult services, the role of wider Council departments such as Neighbourhood Services, Libraries, Museums and Galleries, Leisure Services, Housing, and Transactional Management is equally important as they provide vital services, support and advice which is part of everyday life for our residents. So too, the services and support provided by partners such as Police, probation services, hospitals, health care professionals and education can make a significant difference in whether an individual will be successful in making a positive change. Adapting practice will allow us to go further, faster with our ambition to break cycles and improve outcomes for Wirral residents.

What adapted practice may involve:

- ✓ rather than send a leaflet or letter, take time to have a conversation.

- ✓ rather than expect the individual to come to you, go to them.
- ✓ open up venues, offering a welcome to individuals and their support workers to use the space as an alternative to more traditional or clinical venues.
- ✓ offer induction sessions on a one-to-one basis to allow individuals to gain confidence in attending facilities or taking part in activities.
- ✓ rather than expecting an individual, who is already overwhelmed, to join a queue or fit in with your appointment schedule, try to fit in with them.
- ✓ rather than signpost, make the contact together.
- ✓ adapt your pace, chunk it up, do less but more frequently to complete the task.
- ✓ try to provide choice.
- ✓ be inclusive, consider literacy or language barriers, and promote advocacy services.

On a case-by case basis, support workers will partner with colleagues to consider how practice needs to be adapted to ensure that individuals and families can access and engage with wider services. Whilst this may give rise to concerns for capacity of services and time constraints, it should not be forgotten that our current collective experience of *revolving doors*, repeat referrals, poor outcomes, frequency of *DNA- Did Not Attend* notices, and unsatisfactory contacts, means that together we must try a different approach.

### 3. Benefit from a trusted relationship

All individuals and families engaged in a catalyst prevention programme will have a designated key worker whose role it is to form a trusted relationship.

We have learned a lot from initiatives such as the Troubled Families Programme and Trauma Informed Practice to understand the value of a key worker with whom an individual and family can build a trusted relationship. Having a dedicated worker, who is dedicated to the family is a key part of breaking the cycle. It is the key worker's role to:

- ✓ Be honest, clear, assertive, and persistent.
- ✓ Understand the daily lived experience of each individual.
- ✓ Understand the dynamics within the family and wider networks.
- ✓ To be solution-focused, flexible, and creative in their approach.
- ✓ To act with authenticity, congruence and show unconditional positive regard.
- ✓ To co-ordinate support plans, collaborating and negotiate with partners.
- ✓ To help individuals and families recognise positive change in their lives.

The relationship between the worker and the individual is often the most transformational aspect. As noted by the Director of Dissemination for the Early Intervention Foundation (EIF):

“In early intervention services, the trust that develops between a skilled practitioner and a parent, child or young person can motivate and equip people to change their lives. The evidence shows that positive relationships can support the development of skills, coping strategies, confidence, and behaviour change for children and young people.”

Whether their job title is Social Worker, Case Manager, Intervention Worker, Support Worker or Advocate, is no matter so long as the worker is enabled through support, supervision, training, and collaboration to establish and maintain a meaningful relationship with those whom they work with.

#### 4. Benefit from improved multi-agency collaboration

The catalyst prevention programmes are multi-agency in their formation. This combined with adapted practice from those agencies on the periphery of the support plan, brings immediate improvement to multi-agency collaboration. What this Breaking the Cycle programme will actively seek to improve is information and data sharing across agencies.

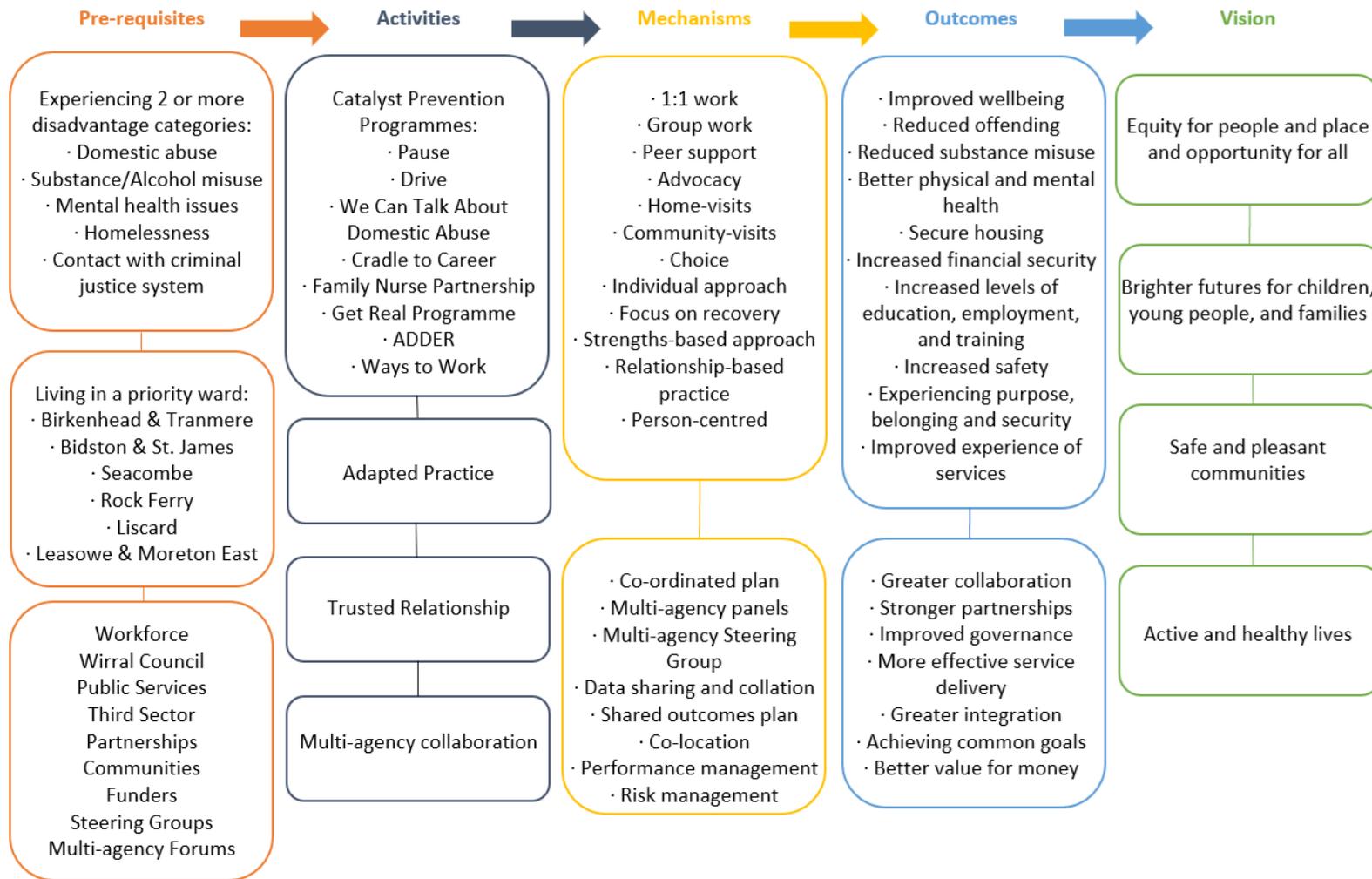
Individuals and families facing multiple disadvantage will be interacting with many different public services at once, including schools, health services, the police and social care services. As we operate on different data systems, often the information available to workers is limited and means that they do not have a complete picture of the presenting issues. Sharing and matching data, in accordance with GDPR, means bringing together data from different services to get a combined view of the multi-faceted needs of individuals, families and different communities.

Previous data collection practices from the Troubled Families Programme will be extended to provide means to collect, match, and analyse data for families engaged in the Breaking the Cycle programme. The resource to extend this approach is available to the programme. This will enable:

- ✓ Better information for workers: whilst data does not replace professional judgement or decision-making, good access to information can support decision-making and holistic practice.
- ✓ Better understanding of how the catalyst programmes and wider services operate: data analysis will help us understand how well our services are working and to ensure optimum performance. This will support benchmarking costs and performance, make reporting easier, enable more sophisticated cost benefit analysis.
- ✓ Better evaluation of what works: improved data collection will enable an evidence-based assessment to be undertaken on how well each project, or combinations of projects, work to break the cycle for people facing multiple disadvantage and inform future programmes.

# 5. Achieving change

(a) Breaking the Cycle- Theory of Change Model



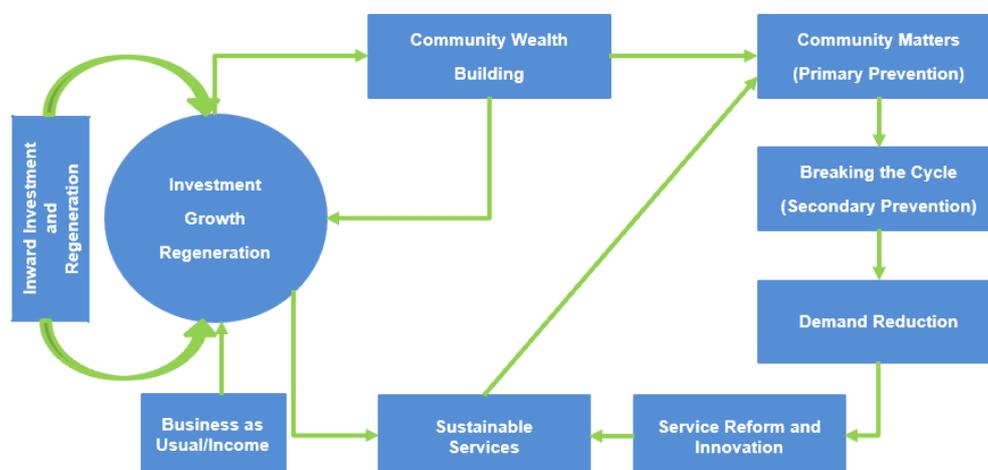
(b) Breaking the Cycle Outcomes Plan

Issue	Breaking the Cycle Success Target	Sustainment Period	Cohort Target
1. Individuals involved in crime and anti-social behaviour	Individuals have stopped offending with a realistic expectation that this will continue	12 months	60% of families no longer offend – have not offended during sustainment period
	Individuals have ceased involvement with ASB with a realistic expectation that this will continue	12 months	50% of families have no involvement in ASB during the sustainment period
2. Children and young people who have not been attending education regularly	All children in the family are attending school at or above 90% for the most recent consecutive terms. Alternatively, where attendance issues are severe, substantial improvement may be deemed acceptable where: (i) Overall attendance is over 50% for the most recent consecutive terms (ii) Overall attendance has improved by 40% or more during the same period (iii) this decision is consistent with the views of the Attendance Service	Three consecutive Terms	60% of families achieve the 90% attendance threshold, 65% reduction in the number of families affected by fixed term exclusion, and 75% reduction in the proportion of families with a 16- to 24-year-old NEET throughout the sustainment period
3. Children who need help	The aim is for the needs to be met and children to de-escalate through the threshold of need. Evidence should indicate that needs have been met and it is safe for all children in the family to de-escalate by at least 1 level of need	12 months	De-escalation in level of need, by at least one level, for 75% of the cohort
4. Worklessness	Evidence should indicate that all workless individuals have engaged with employment support and made identifiable progress to work such as training, voluntary work, employment coaching etc	12 months	20% of workless individuals have worked for a minimum period (6 months) within the sustainment period
5. Violence within families	Domestic Abuse Outcomes Matrix evidences low/no risk which has been maintained for 3 months. If the matrix score is unavailable, evidence from an assessment where lead professional is satisfied that no further risk of domestic violence or abuse is present will be sufficient	12 months	70% of individuals affected by domestic abuse have reduced their levels of risk to 'low' within the sustainment period
6. Individuals with a range of health problems	Engagement with an appropriate health service or the completion of a health programme and a reduction in score for Alcohol and Drugs Misuse / Mental Health assessment in an appropriate Distance Travelled Tool. If the Distance Travelled Tool is not available, evidence from an assessment where lead professional is satisfied that health issues have been addressed and there has been a significant improvement in the individual's health	At case closure	95% of families have engaged in appropriate treatment services
7. The Individual or Family Journey	All individuals/families recognised and benefit from progress in a number of relevant areas such as parenting capacity, confidence, relationships, problem solving evidenced through the distance travelled tool	At case closure	85% of individuals/families report improvement in relevant areas

(c) Breaking the Cycle Investment Plan

Project	Wirral Contribution	Other Contribution	Total Investment	Annual Cost	Unit cost for 12-month activity
Pause	£200k	£224k from Department for Education	£424K	£283k	£11,778
Drive	£285K	£225k from the Community Safety Partnership £330k from the National Lottery	£840k	£336k	£5,600
We Can Talk About Domestic Abuse	Nil	£350k from What Works for Children's Social Care	£350k	£350k	£1,620
Cradle to Career	Nil	£2.6m from a collaboration of the Steve Morgan Foundation, Shine and Right to Succeed	£2.6m	£867k	£1,040
Family Nurse Partnership	Nil	£470k from the Public Health Grant	£470k	£470k	
ADDER	Nil	£1.4m from the Home Office and Public Health England	£1.4m	£1.4m	Tbc
Get Real Programme	£25k	Nil	£25k	£25k	£1,042
Ways to Work	£172k	£259k from European Social Fund	£431k	£216k	£859
<b>Total</b>	<b>£682k</b>	<b>£5.858m</b>	<b>£6.540m</b>	<b>£3.947m</b>	

Whilst the key driver for the Breaking the Cycle programme is to improve outcomes for people facing multiple disadvantage, the programme can make an important contribution to the Medium Term Financial Strategy. Further work is being undertaken to calculate potential savings and/or cost avoidance. The role of prevention in the MTFS can be illustrated as follows:



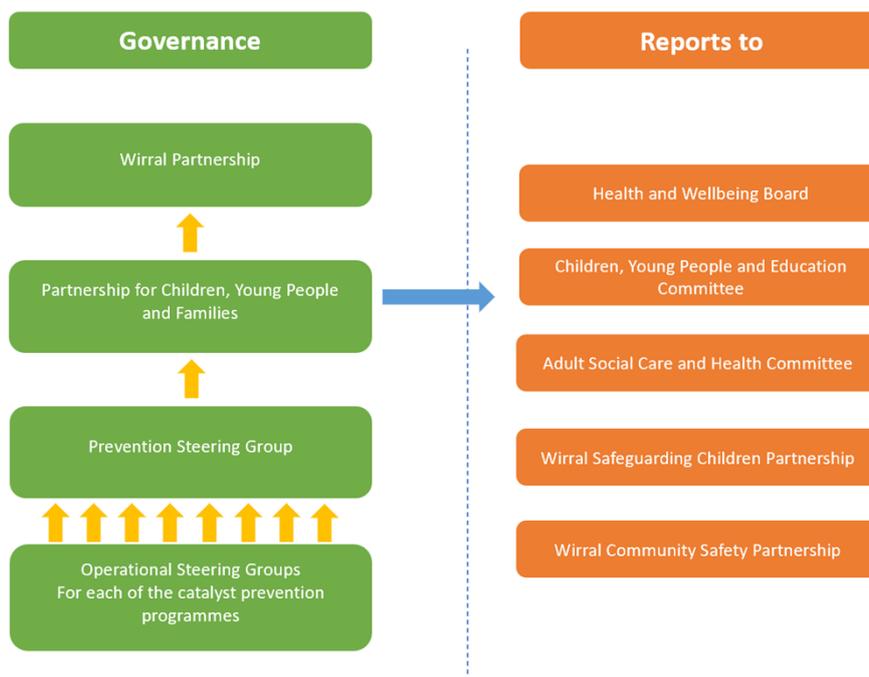
(d) Breaking the Cycle Risk Management Overview

Risk	Impact	Mitigation
Catalyst prevention programmes do not meet their contractual requirements and are ceased.	Capability of the Breaking the Cycle programme is reduced.	Robust arrangements are in place for contract management of all catalyst prevention programmes, with clear milestones, deliverables and outcomes identified. The Prevention Steering Group will provide oversight of contract performance, reporting to the Partnership for Children, Young People and Families and the Council's Project management Office.
Catalyst prevention programmes do not apply consistent practice in accordance with the prevention framework and Breaking the Cycle prospectus.	Likelihood of achieving long-term change for individuals and families is compromised.	Responsibility for the delivery of the programmes is held by a single senior officer, who Chairs the Prevention Steering Group and reports directly to the Chair of the Partnership for Children, Young People and Families, and to the Director of Adult Social Care and Health. Quality assurance activity will be used to routinely test the consistency of practice across programmes.
Ability to share quality data across agencies would prevent full implementation of integrated information.	Failure to capture and share relevant data will reduce the capacity to understand and measure change, cost-benefits, and create an evidence base for preventative intervention.	The programme is endorsed by the Partnership for Children, Young People and Families, and benefits from a multi-agency steering group. Escalation routes are established through the partnership. Objectives and intention to share data is supported by GDPR and legislation related to safeguarding children and vulnerable adults.
Inability to engage the wider organisation and partners to adapt practice for individuals within the cohort.	Likelihood of achieving long-term change for individuals and families is compromised.	The programme is endorsed by the Partnership for Children, Young People and Families, and benefits from a multi-agency steering group. Escalation routes are established through the partnership. Wirral Council's Senior Leadership Team support for a prevention programme
Lack of engagement for individuals and families.	Lack of take-up would lead to continued high demand of acute services. Individuals would continue to face cycles of poor outcomes.	Known cohort of individuals and families experiencing multiple disadvantage is high, with the majority already engaged with public services. Information leaflets are available for each catalyst prevention programme, with explicit consent obtained for all participation. Partnership workforce informed and able to inform individuals and support engagement where in their best interest. A communications plan will be implemented for Breaking the Cycle.
Too many individuals and families wanting to engage on catalyst prevention programmes.	Individuals and families would continue to face cycles of poor outcomes.	The Breaking the Cycle prospectus clearly outlines the priority categories for access. Each programme has a clear eligibility criteria linked to its funding arrangements which supports the priority categories.
Capability of data management system to collate, present and provide analysis of information.	Manual collection of information would lead to missed opportunities and less efficient and effective responses at individual, service and system level.	There is capability within the Liquid Logic system and Power BI tool which can be developed to meet needs. Further support available from IT and providers if required.

### (e) Local Partnerships and Governance

All aspects of the Breaking the Cycle programme are multi-agency in nature. Each of the catalyst prevention programmes have arrangements in place to oversee operational delivery and strategic co-ordination.

It has been agreed by the Partnership for Children, Young People and Families, that a multi-agency Prevention Steering Group, with representation across public services, third sector organisations and involving young people and adult as lay members is established. This Prevention Steering Group will be Co-Chaired by the Assistant Director for Early Help and Prevention and a nominated third sector representative. It will meet on a 6-weekly basis and report to the Partnership for Children, Young People and Families. Governance and wider reporting are illustrated in the diagram below:



The Assistant Director for Early Help and Prevention will lead on the programme, with the Director of Adults, Health and Strategic Commissioning as the Senior Responsible Officer.

The Project Management Office (PMO) will provide oversight of project deliverables, plans, milestones and Key Performance Indicators, ensuring that the Senior Leadership Team are kept updated on progress.

Where external evaluations are in place, commissioned by external funders, participants and beneficiaries will be supported to engage. Interim and final evaluations will be shared through governance and reporting arrangements. Wirral Safeguarding Children Partnership is committed to sharing all multi-agency learning, audits, reports, via their website.

## Appendix 1- Further Detail on Catalyst Prevention Programmes

Pause	
<b>Summary</b>	The programme will work with women who have experienced repeated pregnancies that result in children needing to be removed from their care. This will involve the Local Authority and other partners working together to implement an integrated, intensive and systemic model of support tailored to meet women's needs.
<b>Leads</b>	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Lynn Campbell, Head of Service Children's Social Care
<b>Funding Arrangements</b>	£0.2m contribution from Wirral Council £0.2m contribution from Liverpool City Council £0.448m from Department for Education (split between Wirral and Liverpool)
<b>Target Cohort</b>	24 women (Wirral cohort) who have experienced repeat pregnancies that result in children being removed from their care
<b>Timeline</b>	18-month programme, commencing April 2021.
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· Estimated net cost savings for Wirral £0.3m per year, for 6 years, from 2022.</li> <li>· Reduction in pregnancies</li> <li>· Reduced referral rates to Children's Social Care</li> <li>· Reduced number of Section 17 (Child in Need) or Section 47 enquiries (Child Protection)</li> <li>· Reduced number of children in care</li> <li>· Positive service-used feedback</li> </ul>
<b>Anticipated Impact</b>	<ul style="list-style-type: none"> <li>· This will prevent the damaging consequences of children being taken into care every year.</li> <li>· Positive and significant impact on women engaging on the programme including progress towards learning and employment, improvement in mental health, reduction in domestic abuse, stability of housing, quality contact with removed children, reduction in substance misuse, support from specialist agencies.</li> </ul>

Drive	
<b>Summary</b>	Drive will improve the lives of victims/survivors by working with high-risk, high-harm perpetrators of domestic abuse to challenge and change their behaviour. This will involve a multi-agency panel having oversight of all cases and working together to apply disruption tactics whilst the Case Manager undertakes an intensive behaviour change programme.
<b>Leads</b>	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Anna Jones, Performance and Improvement Manager
<b>Funding Arrangements</b>	£0.33m contribution from the National Lottery £0.225m contribution from the Community Safety Partnership £0.285m from Wirral Council
<b>Target Cohort</b>	125 high-risk, high harm perpetrators of domestic abuse
<b>Timeline</b>	30-month programme, commencing March 2021
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· Reduced number of serial perpetrators of domestic abuse</li> <li>· reduced number of repeat and new victims</li> <li>· Reduced harm to victims and children</li> <li>· Reduced referral rates to Children's Social Care</li> <li>· Reduced number of Section 17 (Child in Need) and Section 47 enquiries (Child Protection)</li> </ul>
<b>Anticipated Impact</b>	<ul style="list-style-type: none"> <li>· Reduction in prevalence of domestic abuse</li> <li>· Improved co-ordination and collaboration in tackling perpetrators</li> <li>· Significant contribution to key priorities of the Domestic Abuse- No Excuse strategy to <i>increase safety without adding to trauma and reduce opportunities for perpetrators to abuse</i></li> </ul>

We Can Talk About Domestic Abuse	
<b>Summary</b>	An additional provision of subject expertise and advocacy to work alongside Social Workers to improve the experience of families affected by domestic abuse. Team includes 3.0 FTE Domestic Abuse Practice Professionals, 3.0 FTE Domestic Abuse Family Advocates, 1.0 FTE Team Manager and 1.0 FTE Project Officer. The project is being evaluated by Manchester Metropolitan University.
<b>Leads</b>	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Alex Kaittell, Head of Service Children's Social Care
<b>Funding Arrangements</b>	£0.35m contribution from What Works for Children's Social Care Fund
<b>Target Cohort</b>	216 families affected by domestic abuse with cases open to Children's Social Care
<b>Timescale</b>	12-month delivery, commencing in January 2021
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· 54 families receiving support in 3 months</li> <li>· 108 families receiving support in 6 months</li> <li>· 162 families receiving support in 9 months</li> <li>· 216 families receiving support in 12 months</li> <li>· Quarterly audits completed plus Learning Report published and Learning Event held</li> </ul>
<b>Anticipated Impact</b>	<ul style="list-style-type: none"> <li>· Reduction in Section 47 enquiries (Child Protection)</li> <li>· Prevention of children becoming looked after</li> <li>· Improved relationships between families affected by domestic violence and their Social Worker</li> <li>· Social Worker understanding and experience of working with people affected by domestic abuse improves</li> <li>· Contribution to the priorities for Domestic Abuse- No Excuse strategy to <i>increase safety without adding to trauma</i></li> </ul>

Cradle to Career	
<b>Summary</b>	A place-based, collective impact project which aims to improve the life chances of people within the North Birkenhead community, with a specific focus on educational aspiration and attainment.
<b>Leads</b>	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Kerry Mehta, Head of Service Family Matters
<b>Funding Arrangements</b>	£2.6m contribution from The Steve Morgan Foundation, Shine, Right to Succeed. Realignment of Local Authority and Public Service staff resource.
<b>Target Cohort</b>	2,500 children and young people living in North Birkenhead and their families.
<b>Timeline</b>	3-year pilot commencing in September 2020.
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· Increased uptake in universal services, related to the Childhood Offer (take up of 2, 3 and 4-year old funding, school attendance, school attainment)</li> <li>· Reduction in crime and anti-social behaviour</li> <li>· Increased levels of education, employment and training</li> <li>· Increased participation in health services- substance and alcohol treatment, mental health support, physical health support</li> </ul>
<b>Anticipated Impact</b>	<ul style="list-style-type: none"> <li>· Increased community cohesion</li> <li>· Collective impact achieved with partners, residents and community organisations</li> <li>· Positive service user feedback</li> </ul>

<b>Family Nurse Partnership</b>	
<b>Summary</b>	A home-visiting programme for first-time young mums to support a healthy pregnancy, improve child development and health outcomes, and increase family aspiration. Women are recruited onto the programme early in pregnancy and support can be provided until the child is two years of age.
<b>Leads</b>	Project Sponsor: Jane Harvey, Consultant in Public Health Project Lead: Julie Graham, Senior Public Health Manager
<b>Funding Arrangements</b>	£0.47m Wirral Council (Public Health grant)
<b>Target Cohort</b>	First time young mothers and their families (predominantly teenage parents, but support can be provided for mother aged up to 22 years if they have additional needs)
<b>Timeline</b>	The programme is a longstanding element of the Healthy Child Programme for 0-19 years.
<b>Key Performance Indicators</b>	FNP is licenced under a National Unit with a requirement to complete a reporting framework which includes: <ul style="list-style-type: none"> <li>· Client attrition fidelity goal,</li> <li>· Recruitment before 16 weeks gestation,</li> <li>· Programme uptake,</li> <li>· Ages and Stages Questionnaire (ASQ),</li> <li>· Behaviour change impacting on maternal health</li> <li>· The 'New Mum's star' to identify personal goals and progress.</li> </ul>
<b>Anticipated Impact</b>	To improve vulnerable children's development, their readiness to learn at school, and their early educational attainment: factors which are known to influence improved health, wellbeing and economic outcomes for people in the long term.

<b>ADDER</b>	
<b>Summary</b>	Pilot project to test an intensive, whole-system approach, led by local police and drug treatment and recovery services, to tackle drug misuse and drug-related crime.
<b>Leads</b>	Project Sponsor: Elspeth Anwar, Consultant in Public Health Project Lead: Gary Rickwood, Senior Public Health Manager
<b>Funding Arrangements</b>	£1.4m contribution from the Home Office, Department for Health and Social Care, Public Health England
<b>Target Cohort</b>	Problematic drug users, particularly those who are also offenders. Cohort number to be confirmed.
<b>Timeline</b>	15-month programme commencing in April 2021
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· Reduction of drug-related deaths;</li> <li>· Reduction in drug-related offending;</li> <li>· Reduction in the prevalence of drug use;</li> <li>· Sustained and major disruption of high-harm criminals and networks involved in middle market drug and firearms supply.</li> </ul> <p>These are to be delivered by the combined and co-ordinated efforts of drug treatment services (and their local health and social care partners), and Merseyside Police.</p>
<b>Anticipated Impact</b>	To reduce the number of Drug Related Deaths/Deaths in Treatment by strengthening the health and care partnership work around the specialist treatment service. Increased diversion from problematic drug use, for younger people before they begin, or at the very beginning of their experimentation, and for those young people and adults who have got into difficulty and who are offending as a consequence, increasing the diversion away from a prolonged journey along a criminal justice pathway. Increase the engagement of drug using offenders with specialist treatment and reduce their level of criminal activity as a consequence of that engagement.

Get Real Programme	
<b>Summary</b>	A bespoke, intensive employability programme for care leavers aspiring to access employment and overcome their personal barriers. The programme is delivered by a Wirral based education provider, Eutopia Project, alongside officers from the Council 14-19 Team.
<b>Leads</b>	Project Sponsor: Paul Smith, Head of Integrated Skills, Learning and Employment Project Lead: Gareth Jones, 14-19 Learning, Skills and Employment Manager
<b>Funding Arrangements</b>	£25,000 per annum contribution from Wirral Council
<b>Target Cohort</b>	24 Care Leavers aged 17 to 21 not in employment, education and / or training (NEET)
<b>Timeline</b>	2 courses commissioned (12x care leavers per course) - January 2021 to July 2021 and January 2022 to July 2022
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· Minimum of 60 percent of programme participants to access and sustain employment post internship phase.</li> <li>· Significant cost savings to the public pursue (up to £20k / annum / successful outcome) from no further benefit payments, housing support, reduced requirement for health services, reduced incidences of anti-social behaviour, as a positive consequence of sustained employment.</li> <li>· Increase in the percentage of care leavers in employment, education and / or training (EET).</li> </ul>
<b>Anticipated Impact</b>	This programme seeks to break the cycle of worklessness and a poverty of aspirations often exhibited by care leavers. All participants in the programme will get to undertake experiences that take them of their comfort zone and help to identify their strengths and build confidence / resilience. A paid internship element of the programme will give the participants an opportunity to shine, develop positive routines, gain valuable real-world experience and employment.

Ways to Work	
<b>Summary</b>	Supports young people and adults who are unemployed and have multiple barriers to positive participation. Each participant is supported by a designated coach who will undertake an initially assessment and provide a tailored package of support leading towards employment, education and / or training.
<b>Leads</b>	Project Sponsor: Paul Smith, Head of Integrated Skills, Learning and Employment Project Lead: Joanne Smith, ESIF Programme Manager
<b>Funding Arrangements</b>	£172,340 contribution from Wirral Council £258,510 contribution from European Social Fund (ESF)
<b>Target Cohort</b>	251 enrolments of which 160 long term unemployed, 91 young people not looking for immediate employment (active enrolments are a challenge to remove barriers and promote participation), 38 young people from the BAME community and 78 young people with special educational needs and / or disabilities and 25 enrolments from lone parents with a dependent child.
<b>Timeline</b>	2-year programme commencing December 2020
<b>Key Performance Indicators</b>	<ul style="list-style-type: none"> <li>· Improvement in basic skills</li> <li>· Reduction in NEET for 16- to 18-year-olds</li> <li>· Assisting inactive young people to overcome barriers to positive participation</li> <li>· Participation in local volunteering opportunities</li> <li>· As a minimum, 43 percent of all participants to successfully access employment, education and / or training</li> </ul>
<b>Anticipated Impact</b>	The anticipated impact on young people and families will include a reduction in reliance on and access Universal Credit and benefits. Young people and families will also benefit from improvements in wellbeing including mental health and self-esteem. In our most deprived communities, the project will tackle multi-generational unemployment and worklessness presenting positive role models and raising aspirations.



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## HEALTH AND WELLBEING BOARD

Wednesday, 16 June 2021

<b>REPORT TITLE:</b>	<b>YOUTH OFFER</b>
<b>REPORT OF:</b>	<b>DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION</b>

### REPORT SUMMARY

This report provides the Health and Wellbeing Board with an overview of a report to be considered by the Children, Young People and Education Committee, outlining proposals to implement an equitable, consistent, branded, neighbourhood youth offer for universal, open access provision. It is the final element of the Youth Offer Review to be actioned, following the consultation which took place in summer 2019 and the report to Cabinet in February 2020. The neighbourhood model responds to the views and wishes of local young people and outlines the contribution of the Local Authority, The Hive Youth Zone and other partners within the developing Wirral Youth Collective.

The report and strategy are aligned to priorities of Wirral Council's Plan 2025:

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

This matter affects residents across the borough.

### RECOMMENDATIONS

The Health and Wellbeing Board is recommended to note the report.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATIONS**

- 1.1 Provision for universal, open-access youth activity is the final part of the Youth Offer review to be implemented. In February 2020, Cabinet requested further exploration of options which have been completed and presented in detail via a workshop for Elected Members on 12 April 2021. Feedback from Elected Members during the workshop session has been considered and amendments made to the model as appropriate.
- 1.2 Officers and Elected Members alike understand the impact the Covid-19 pandemic has had on young people. There have been many informative reports and surveys published, both nationally and locally, highlighting how important local youth services are in supporting young people to recovery from the effects of missed schooling, missed opportunities for social and emotional development, and responding to the impact of hidden harm. It is our duty to ensure that youth services adequately support recovery for young people and implementing a localised, youth offer is a key task in enabling that to be achieved.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Continuing with the existing provision for universal, open-access youth provision is not an option. Known as the 'youth services duty', the Council has a statutory duty to secure, so far as is reasonably practicable, sufficient provision of educational and recreational leisure-time activities for young people. It is the duty of the Local Authority to consult with young people as to how they would like that provision to be delivered. The Youth Offer consultation clearly outlined that the existing provision did not adequately meet young people's needs for local, equitable, high-quality activity.
- 2.2 The opportunity to commission all universal youth provision has been considered however, this option was not supported. The benefits of the Local Authority retaining the lead role in delivery of youth provision are significant, particularly in terms of maintaining quality assurance and strengthening joint working with wider Children's Services and safeguarding teams. A mixed economy of Local Authority and third sector delivery is preferable.

### **3.0 BACKGROUND INFORMATION**

- 3.1 In the summer of 2019 we commenced a review of youth provision in Wirral. To enhance our needs analysis we undertook a consultation with young people. Asking them *how we could make Wirral an amazing place for young people* provided not only a wealth of brilliant ideas, but also an extraordinary insight into their day-to-day experience of being a young Wirral resident. Approximately 3,000 young people took part in the consultation, sharing their experiences, views and outlining what they would like from their youth offer.
- 3.2 Throughout the Youth Offer review we aimed to understand what young people in Wirral need to support their development and help them to achieve the best possible outcomes. With insight from the consultation, we worked collaboratively to develop a

Youth Offer which is accessible and beneficial to all young people in the borough. To develop the offer, five proposals were presented to Cabinet on 24 February 2020. They were:

- We will design, develop and launch a digital platform(s) for young people in Wirral.
- We will negotiate on behalf of young people with internal and external partners who can contribute to/improve the youth offer.
- We will work with Public Health, schools and further education providers to develop a curriculum for life.
- We will give young people a voice and real stake in the future of the borough.
- We will revise arrangements for delivery of youth clubs to create a consistent, equitable, branded, local offer.

3.3 The first four proposals were approved by Cabinet in February 2020, and significant progress has been made in those areas. The fifth proposal, relating to the delivery of youth clubs, was deferred so that further development of the proposal could be undertaken. Considerable work has been completed since the Cabinet meeting, and this report presents the revised arrangements for youth clubs for approval.

#### 3.4 **The Current Offer**

The current offer is provided using the 4 localities model: Birkenhead, Wallasey, West Wirral and South Wirral. Each locality has a designated 'hub' which operates 4 evenings per week and a 'club' offer of 3 evenings per week. The current costings of running the hubs range from £35,939 to £85,787 per annum, and club costs from £26,162 to £51,132. The staffing hours available to deliver the hubs range from 36 to 100 hours per week, and club staffing hours from 28 to 44. The variation in resource has led to the offer being inconsistent across areas.

3.5 Analysis of the current offer has been undertaken to identify strengths and weaknesses. Strengths include:

- Mixed economy of provision.
- Co-location with other services.
- Qualified and experienced workforce.
- New ways of engaging with young people through a 'blended offer'- during lockdown digital delivery has been welcomed by many young people.

These strengths are retained within the proposed model. Weakness to overcome in the new model are:

- Offer across areas is not equitable.
- Any staff absence impacts on delivery.
- Lack of consistent Youth Offer brand and quality assurance.
- Membership and footfall varies considerably across areas, and this does not correlate with spend on the offer.
- Limited career pathways for youth workers.

### 3.6 **The Proposed, New Offer**

The proposed model for universal, open-access youth provision seeks to provide a consistent, equitable, branded, local offer, by:

- Using the neighbourhood model to provide a consistent offer.
- Developing, with young people, a service brand and set of standards.
- Using a quality assurance framework to ensure consistency.
- Introducing a set of key performance indicators for collective impact.

3.7 The neighbourhood model, introduced by Adult Social Care and Health Services in 2018, divides Wirral into 9 areas of relatively equal population size. It was introduced in response to the King's Fund report on place-based systems of care as a way to enhance partnership working, transform the way services are delivered and improve the focus on population health and wellbeing. The neighborhoods are detailed in Appendix 1- Wirral Neighbourhoods.

3.8 The youth offer for each neighbourhood will consist of:

- A designated venue for delivery and coordination of the youth offer;
- A fulltime, qualified, Neighbourhood Youth Worker;
- 3 x weekly youth club sessions, each for 3 hours;
- Coordinated access to and support from the Detached Youth Work Team;
- 6 x hours (weekly) of counselling provision;
- A monthly, Wirral Youth Weekenders event.

3.9 The designated venue for delivery and coordination of the youth offer in each neighbourhood is identified in Appendix 2- Youth Offer Overview. Co-location with partners and other services has been identified as a strength within the current model and this will continue wherever possible. In the Youth Offer consultation young people told us that they wanted to be included in the wider community and benefit from strengthened relationships with other community groups, which co-location can facilitate.

3.10 The Neighbourhood Youth Worker will be a great asset to the offer. Working closely with all schools, community groups, public service providers and local residents in their area, the Neighbourhood Youth Worker will ensure that the youth offer is well-supported, linked to the wider system and able to respond to emerging local need. The Neighbourhood Youth Worker will act as a single point of contact for local leaders and Ward Councillors on matters regarding young people in their area.

3.11 As described in Appendix 2- Youth Offer Overview, The Hive Youth Zone, will provide the Neighbourhood Youth Worker posts for both Birkenhead A and Birkenhead B as part of their Service Level Agreement with the Council. The Service Level Agreement will ensure that there is consistency across the Neighbourhood Youth Worker role and that those delivered by the Hive Youth Zone will be part of the Youth Offer Delivery Team, attending Team Meetings, Performance Reviews and training sessions.

- 3.12 The weekly youth club sessions in each neighbourhood will be managed by the Neighbourhood Youth Worker. A pool of staff able to cover any absences or leave will be facilitated through the wider Children's Services staff resource, ensuring a robust, reliable offer for young people across Wirral.
- 3.13 As described in Appendix 2- Youth Offer Overview, the weekly youth club sessions in Birkenhead A and Birkenhead B will be delivered by the Hive Youth Zone as part of their Service Level Agreement with the Council. The Service Level Agreement will ensure that this provision, for young people in the two Birkenhead Neighbourhoods, is delivered as a specific local offer rather than subsumed into the wider Hive activity.
- 3.14 Each neighbourhood will benefit from continued support and joint working with the Detached Youth Work Team. Liaison between the Neighbourhood Youth Worker and Detached Youth Team Manager will seek to ensure deployment of resource to hot spots across Wirral using intelligence from Merseyside Police, Anti-Social Behaviour Team, resident and partner feedback, and notifications from Ward Councillors. The Kontactabus and Life Cycle projects will continue to be used to engage with young people in the community and specific parks and open spaces.
- 3.15 Building on the success of the counselling offer which was made available to young people in South Wirral through funding allocated by Ward Councillors, the new youth offer will replicate this across all 9 neighbourhoods. This will provide 6 hours per week of counselling in each neighbourhood which is easily accessible for young people and provided in a non-clinical, comfortable setting.
- 3.16 The proposed model will introduce a new initiative, Wirral Youth Weekenders. Building on the growing capacity and strengthening relationships of the Wirral Youth Collective, community groups will be funded to deliver this element of the Youth Offer. In each of the 9 neighbourhoods, on the last weekend of each month, an event for young people which is fun and promotes personal development, will be delivered by community organisations. Funding of £1,000 will be provided for each event, at an annual cost of £108,000 (12 events per neighbourhood, across 9 neighbourhoods).
- 3.17 Wirral Youth Weekenders will be implemented using the existing process to deliver the Holiday Activity Fund (HAF). Arrangements to report on uptake, provide case studies and feedback from events will be incorporated into the Service Level Agreements with providers. The new website for young people, Zillo, will advertise, promote engagement across Wirral and be used to showcase the Wirral Youth Weekender events. Residents, young people, community organisations and Ward Councillors will be able to find information on the events via Zillo and the Council website.
- 3.18 In addition to providing resource for Birkenhead A and Birkenhead B, the Hive Youth Zone, as part of their Service Level Agreement with the Council, will provide a further 3 elements of delivery for Wirral young people as part of the youth offer. These are:
- **Enabling inclusion in youth activity for young people with SEND-** the Hive will deliver a fixed-term project which trains mentors/supporters to support young people with SEND in accessing mainstream youth activities. This project will aim to create a sustainable approach to improving inclusion in youth activity across Wirral.

- **Increasing the reach of Hive activity across Wirral-** targets to extend the reach of Hive activity across the Wirral youth population will be explicit in the Service Level Agreement. This will include (i) outreach which takes Hive activity into the other neighbourhoods and (ii) in-reach activity which brings young people from other neighbourhoods into Birkenhead to experience the excellent Hive facilities.
- **A programme to support young people adversely affected by the Covid-19 pandemic-** the Hive will lead on a fixed-term, borough-wide programme helping young people to *reset* following the disruption to their lives and negative impact on their health and wellbeing. The programme will address a number of key areas for young people including mental health, confidence, future plans, friendships, and safely getting *out and about*.

3.19 The proposed Youth Offer seeks to strengthen the Local Authority resource as well as improve existing partnerships. The model promotes a consistent offer which will be delivered by the Local Authority Youth Service, the Hive Youth Zone, and third sector partners. Together these groups are part of the developing Wirral Youth Collective.

3.20 The proposed Youth Offer provides a strong response to the findings of the consultation initiated in 2019. On implementation, it is recommended that that the Young People's Action Group leads on a *You Said-We Did* communications campaign for young people and residents across Wirral.

### 3.21 **Measuring Impact of the Youth Offer**

Performance reporting on the current youth offer focuses mainly on the number of activities delivered, types of sessions delivered, and number of beneficiaries. Whilst these figures will continue to be collected, monitored and reported, the new model will introduce a set of impact measures for the youth offer. This set of indicators has been taken from the broader suite of performance measures for the Children, Young People and Education Committee, and includes those which the Youth Offer should have a positive impact on. They are:

- % of secondary pupils attending school
- % of secondary pupils with persistent absence from school
- The gap in progress between disadvantaged pupils and their peers at Key Stage 4
- % of young people aged 16-17 who are not in employment, education or training (NEET) or categorized as 'not known'
- Number of young people currently missing from home or missing from care
- Number of first-time entrants to the criminal justice system
- Rate of re-offending
- Number of anti-social behaviour incidents involving young people

3.22 These performance datasets will be reported on a neighbourhood basis as well as borough wide. The Neighbourhood Youth Worker will use performance to inform their priorities for partnership working and support for young people.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The current universal, open-access youth offer costs £474,500 per year. The proposed model is £566,140 per year, an increase of £91,640. On 01 March 2021 at the Council Budget Setting Meeting, it was agreed to increase investment in the youth service by £200,000. The increased cost of £91,640 will be met through this additional investment.
- 4.2 The remaining £108,360 additional funding will be invested in the Wirral Youth Weekenders initiative.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 A Service Level Agreement between The Hive Youth Zone and Wirral Council will be established in accordance with current Council procedure.
- 5.2 Commissioning of the Wirral Youth Weekenders will be undertaken in accordance with current Council procedure.
- 5.3 Robust contract monitoring arrangements will be in place for all funded activity, with performance reported to the Children's Services Senior Leadership Team.

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

- 6.1 Implementing the neighbourhood model will require a restructure of Council staffing. This will be undertaken in partnership with Human Resources and Finance colleagues, with Trade Unions being kept informed and available to support the workforce. The restructure will be delivered in accordance with existing Wirral Council practice and procedure. The proposed model is realistic and achievable against our existing staff establishment and will create a clear pathway for professional development. There are no anticipated negative effects for staff.
- 6.2 There are no ICT implications arising from this report. Existing work to improve performance reporting and data collection will continue as planned through Liquid Logic and Power BI systems.
- 6.3 There are ongoing developments to assets which are aligned with the proposed model. Existing work at Moreton Library to develop a multi-function, community hub, from which to deliver youth activity corresponds with the Youth Offer which seeks to strengthen connectivity between young people and their communities. The new facility at the St. Anselmian's Rugby Club, another positive example of co-location, will officially launch in July 2021.

## **7.0 RELEVANT RISKS**

- 7.1 The most significant risk would be not taking action on the findings of the consultation or responding to the impact of the Covid-19 pandemic on young people. Young people have asked for a local, equitable, branded youth offer, which these proposals can deliver.

- 7.2 It is noted that capacity within the Youth Service has in previous years been stretched, and a risk in moving to a model where seven neighbourhoods are delivered by Local Authority Youth Workers, is that any annual leave or absence may impact on the ability to deliver the offer. This risk is mitigated by establishing a pool of Local Authority cover which can be called upon to deliver sessional work. The pool will include professionals from across Children's Services from a range of teams with current, relevant experience of working with young people.
- 7.2 With considerable efforts and resource being invested in the Youth Offer, it is important to ensure adequate *future-proofing*. While developing the model appropriate research has been undertaken on best-practice models in other local authority areas, advice and expertise has been sought from Youth Focus North West and the changes in the national context have been considered. It is anticipated that the Government are considering the rollout of *Youth Partnerships*, which hold responsibility for commissioning a local youth offer. Our model and Wirral Youth Collective would align very well to such arrangements, readying Wirral for a future youth offer.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Extensive consultation has been undertaken with young people in Wirral via a survey on the Youth Offer. The survey was designed in partnership with members of the Youth Voice Group and Children In Care Council to elicit views on the support and services needed for them *to be all that they can be*. The consultation was completed between June to September 2019 with almost 3,000 young people taking part. Surveys were received from 2,736 young people and several groups took part in the consultation events, forums, and workshops. Events for young people and the public were expertly facilitated by members of the Youth Voice Group.
- 8.2 Analysis of the returned surveys confirmed that the sample was representative of the population, that all groups considered had been engaged and that the response levels were statistically valid.
- 8.3 Communication and consultation with young people and stakeholders has been continuous throughout the development and implementation of the Youth Offer. The Young People's Action Group, Youth Voice Group and Children in Care Council continue to be involved and updated on the progress of the review. Bespoke engagement work has taken place with young people in areas, such as Moreton and South Wirral, where significant changes to venues are taking place.
- 8.4 Young people have contributed to a number of surveys and focus groups in relation to the Covid-19 pandemic and their experiences over the past year. Learning from those engagements has been incorporated into the neighbourhood youth model to ensure there are strong links with schools and access to mental health support.
- 8.5 On 12 April 2021, a workshop for Elected Members was held to facilitate a detailed presentation on the proposed youth offer model. Feedback from the workshop has informed final amendments to the model.
- 8.6 Youth Workers and partners of Wirral Youth Collective have participated in workshops and engagement sessions as part of the development of this model. The

neighbourhood approach and strengthening of the collective approach to youth provision is welcomed.

- 8.7 The report is due for consideration at the Children, Young People and Education Committee.

## 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 has been completed for the Youth Offer and neighbourhood youth model and can be found via this link:

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

## 10.0 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 10.1 The environment and climate change are becoming increasingly important to our young people. Enabling our younger residents to have a stronger voice and increased engagement in democracy through their local youth offer, we anticipate that their determination to reduce carbon emissions will positively influence our decision-making and that they will play a worthwhile role in holding residents, officers, and leaders to account.

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## APPENDICES

Appendix 1- Wirral Neighbourhoods  
Appendix 2- Youth Offer Overview

## BACKGROUND PAPERS

*Care More About Us* report and Youth Offer papers to Cabinet February 2020  
(Public Pack)[Agenda Document for Cabinet, 24/02/2020 10:00 \(wirral.gov.uk\)](#)

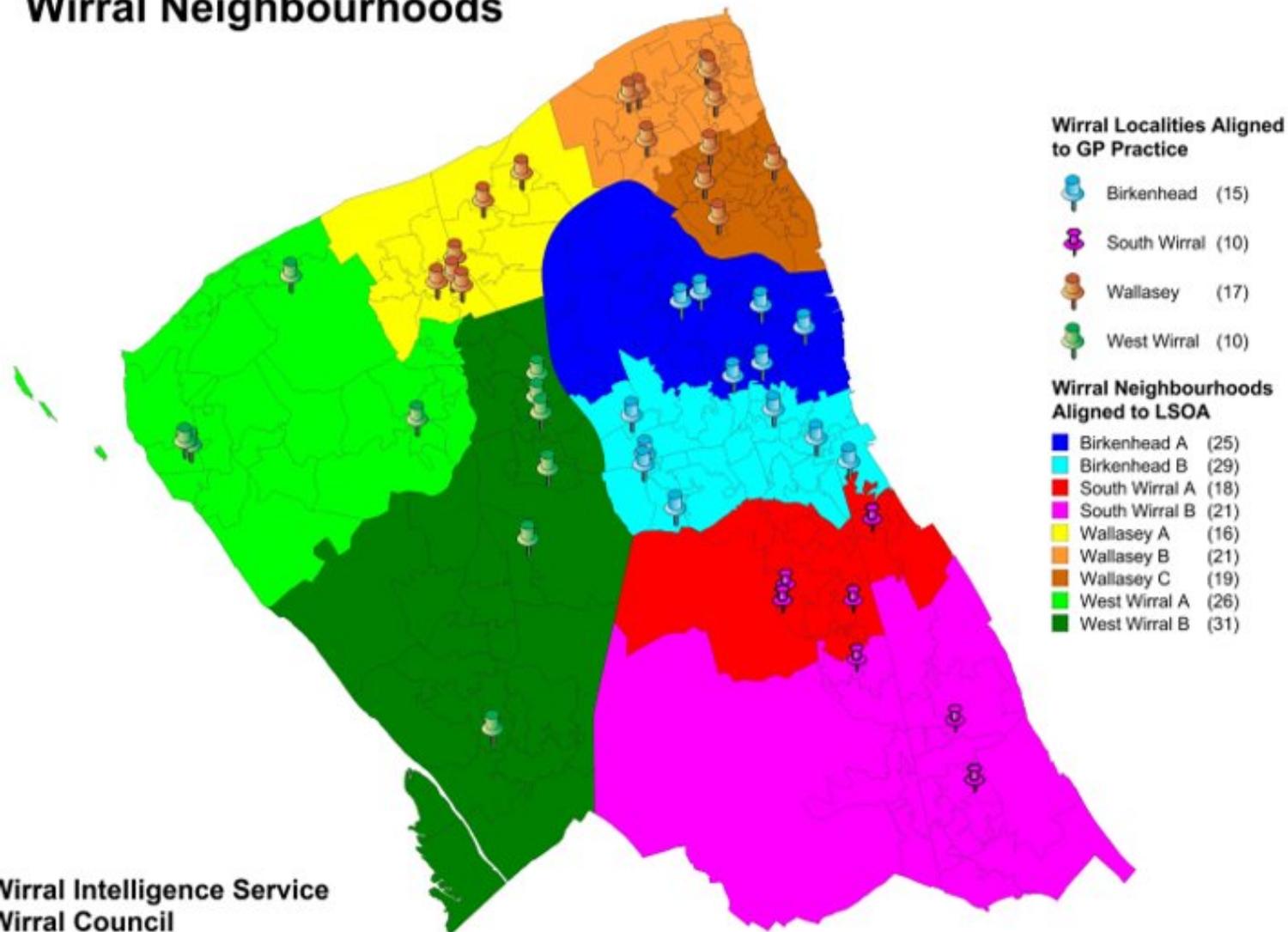
## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet	24 February 2020
Elected Member Workshop	12 April 2021

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Appendix 1- Wirral Neighbourhoods

# Wirral Neighbourhoods



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## Appendix 2- Youth Offer Overview

Neighbourhood	Wallasey A	Wallasey B	Wallasey C	B'head A	B'head B	South Wirral A	South Wirral B	West Wirral A	West Wirral B
Delivery Agent	Wirral Council	Wirral Council	Wirral Council	Hive Youth Zone	Hive Youth Zone	Wirral Council	Wirral Council	Wirral Council	Wirral Council
Delivery venue	Moreton Youth Club (Library)	Wallasey Youth Club (Fire Station)	TBC	The Hive	The Hive	Bebington Youth Club	St. Anselmian Rugby Club	Fender Youth Club	West Kirby Youth Club
Neighbourhood Youth Worker FTE	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)	1.0 FTE (36 hours)
Neighbourhood Youth Worker Cost	£26,437	£26,437	£26,437	£26,437	£26,437	£26,437	£26,437	£26,437	£26,437
Neighbourhood Weekly Sessions	3 x 3 hours	3 x 3 hours	3 x 3 hours	3 x 3 hours	3 x 3 hours	3 x 3 hours	3 x 3 hours	3 x 3 hours	3 x 3 hours
Total Cost of sessions	£17,694	£17,694	£17,694	£17,694	£17,694	£17,694	£17,694	£17,694	£17,694
Weekly counselling hours	6	6	6	6	6	6	6	6	6

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## HEALTH AND WELLBEING BOARD

16<sup>th</sup> June 2021

<b>REPORT TITLE:</b>	<b>TACKLING HEALTH INEQUALITIES THROUGH REGENERATION: HEALTH &amp; EMPLOYMENT</b>
<b>REPORT OF:</b>	<b>JULIE WEBSTER, DIRECTOR OF PUBLIC HEALTH</b>

### REPORT SUMMARY

This report outlines collaborative Council investment to address health related worklessness and improve social, economic and health outcomes.

This matter affects all wards within the Borough; it is not a key decision.

### RECOMMENDATION/S

The Health and Wellbeing Board is requested to note the information included within this report.

## **SUPPORTING INFORMATION**

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

- 1.1 The relationship between employment and health is well established. This report provides an overview of the key issues in relation to health and employment and highlights the existing work being carried out across Wirral.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The schemes referenced within the report were developed using a range of evidence, based on data for Wirral and research about what works. Colleagues from across the Council will work together to review the existing schemes and develop longer term proposals for the sustainability of the schemes referenced within this report.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Being in good employment protects health, while unemployment, particularly long-term unemployment, contributes significantly to poor health. Evidence shows that good quality work is beneficial to an individual's health and wellbeing and protects against social exclusion through the provision of income, social interaction, a core role, identity and purpose. Good employment opportunities are therefore a fundamental tenant 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. Promoting and protecting health and creating a vibrant economy is not a binary choice, both must be viewed as complimentary aspirations and this report provides an overview of the work to achieve this.
- 3.2 Unemployment and health related worklessness have presented longstanding challenges within the Borough with poorer health outcomes in areas with increased deprivation, unemployment and within that health related worklessness. In response, Wirral has for many years sought to address health related worklessness and has had success in doing so by reducing it at a rate that is double the national average. However high levels remain, with rates that far exceed the regional/national averages. The pandemic and associated social and economic response, has further highlighted the need to augment work that supports people to enter the job market and maintain economic independence for themselves and their families. Currently:
- Claimant count data currently shows that there are 12,345 working age people claiming an out of work benefit in Wirral, this is 6.4% of the population (NOMIS, March 2021), the national average is 6.5%.
  - The claimant count has increased by 5,215 claimants (73%) since March 2020 and the start of the pandemic.
  - Currently, 2,695 of claimants are aged 18-24 which is a rate of 12.1% much higher than regional and national averages at 10.1 and 9.1% respectively.

- In our most deprived areas such as Birkenhead and Seacombe rates can reach up to 17%, particularly for young males aged 18-24.
- Universal Credit (UC)<sup>1</sup> data for February 21 shows that there are 31,352 people who are claiming UC. There are 20,211 people claiming the 'not in employment' element of UC and 11,131 people claiming the 'in employment' element. (DWP, Stat Xplore)
- 36% of UC claimants are searching for work (11,287) and 26% have no work requirements as part of their benefit (8,112).
- The Birkenhead and Wallasey Parliamentary Constituencies account for 41% and 32% of all UC claimants in Wirral.
- 9,045 people have been claiming for 2 years or more which highlights the area of Health related worklessness, with mental health being the most common primary condition within the Employment Support Allowance (ESA) element accounting for 51% of all claims.

3.3 One of the most immediate and inequitable impacts of the COVID-19 containment measures has been in relation to employment and income. According to analysis from the ONS, the mortality rate from COVID-19 in the most deprived areas was almost double that in the least deprived areas between March and July 2020, the latest period for which mortality data by deprivation are available. Both employment and income are closely related to health outcomes and the impacts of containment measures on employment and income will have profoundly negative impacts on health and levels of health inequality unless effective mitigating action is taken.

3.4 In addition to the individual, family and community health and wellbeing benefits there is a strong economic argument to address worklessness, across public expenditure, the wider economy and personal and household income. It is estimated that when a claimant moves into a job paying the National Living Wage, there are savings of £6,900 for government, a £13,100 boost to the local economy, and £6,500 gain to the individual.

### 3.5 **ACTIONS TO TACKLE UNEMPLOYMENT & HEALTH RELATED WORKLESSNESS**

In 2014 Wirral Council embarked on the Health Related Worklessness Programme, with a focus on the parliamentary constituency of Birkenhead, starting with detailed engagement and conversations with residents, stakeholders and employers to explore how best to integrate and sequence a bespoke package of support to reduce health related worklessness and reduce the cost to the public sector.

3.6 Realising the synergies between those who were not working due to their health and those populations that had low levels of life expectancy and poor health outcomes public health partners were engaged to develop the programme. An innovative approach using ethnographic research was used to shed new light on the problem,

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<sup>1</sup> Please note current UC data for those not in employment is also included in the Claimant Count data set as this is currently a 'experimental dataset' to account for changes in benefit regimes since 2010.

understanding the real experiences behind the statistics and to aid the development of solutions. The insights revealed a fundamental disconnect between the worlds of health and employment which meant that low level mental health barriers which limit a person's ability to work were often deemed non-urgent in a healthcare setting.

- 3.7 This immersive approach enabled the Council to understand the individuals behind the statistics – seeing first-hand how individuals were stuck in a cycle of demotivation, isolation and low-level mental health – while services inadvertently exacerbated these problems. The stories of real people catalysed a Wirral wide innovation resulting in the commissioning of the Community Connector service aimed at directly addressing the problems identified in the research.
- 3.8 A jointly funded commission for a new programme aimed specifically at Employment Support Allowance (ESA) claimants with low-level mental health issues was implemented. This commission was jointly funded by the Public Health Grant and the Investment Team within the Council. The Investment Team had traditionally commissioned services with job outcomes as the focus of the programme, however this new programme focused on improving individual's wellbeing as the insight work demonstrated that people were so far from the job market that this was an unrealistic target.
- 3.9 The programme, Connect Us delivered by Involve North West, intends to tackle socioeconomic inequalities focused on the underlining issues affecting people's lives rather than the symptoms of it. The Connect Us team use door knocking as a means of engagement, using an asset-based community development approach, focusing on people's strengths and encourages individuals to do things for themselves with some support. The programme increases connectivity into the wider community for individuals, allows greater access to information, self-help, improves wellbeing and tackles social isolation. Using a community 'sparks fund' the service had also improved community resilience and developed community spirit through funding small groups to set up at a neighbourhood level. Connect Us is person-centred approach, offering help and support based on individual need with a community focus, striving to build community resilience at all times. The needs of individuals they help vary greatly from simply getting someone to take the bin out to getting others into employment and volunteering. The programme has been independently evaluated by John Moore's University and evidenced outcomes for the programme include improved social connectiveness, financial stability, family relationships including access to children, physical and mental wellbeing and an increased uptake to training, employment and volunteering opportunities.
- 3.10 The model for Connect Us was based on the success of the Reach Out model which Involve North West have been delivering for over 13 years, helping local residents find employment. The service originally engaged residents through door knocking to support them to overcome barriers that were preventing them from going to work. Reach Out provides residents with a personalised job coach who provides one to one support with writing or amending CVs, online job searching, help with job applications, interview techniques and builds individuals confidence to help with the transition of starting a new job. Reach Out offers this support through work clubs in the wards with the highest levels of unemployment.

- 3.11 Reach Out is currently funded through the European Social Funded (ESF) Wirral Ways to Work Programme, matched through investment from the Public Health Grant. The ESF and match funding has only allowed for short term funding to support the service, not providing any stability or long-term investment in the programme. Wirral Ways to Work has supported over 7,600 residents with employment support since it started in April 2016 and has a positive outcome rate of 54%.
- 3.12 The table below details the current Council investment into programmes designed to improve health through employment.

Commissioned Service	Investment	Funding Source	Contract Expiry
Connect Us	£717,121	Public Health	Feb 2023 (option of additional +1, +1)
(extra investment in programme- further 22 connectors to support COVID)	£598,881	Tier 3 COVID monies	March 2022
Reach Out	£1,450,500	European Social Fund- £934,766.67  Public Health- £515,733.33	October 2022

### 3.13 PLANNING FOR HEALTH & ECONOMIC RECOVERY

- 3.14 Covid-19 has had a profound effect on the UK labour market. Many workers have been furloughed and unemployment is likely to rise materially over the next year, and as of March 31<sup>st</sup> 2021 Wirral had 17,200 workers on furlough. The unemployment rate took seven years to return to pre-recession levels after the past two recessions and the expected rate could take even longer. The two key factors to determine this is firstly the uncertainty about future demand, this can cause firms to delay any hiring decisions. The impact of Covid-19 is different in nature to past impacts on unemployment levels, Covid-19 has led to greater uncertainty about the economic outlook and the likelihood of finding a job. The pandemic has led to fewer new business starts and less recruitment from businesses who have survived, making it difficult for those furthest from the labour market and excluded groups who are now competing against those recently unemployed who may be more 'job ready'.
- 3.15 The broader strategy for the economy and our regeneration plans is integral to our efforts to address existing social and health inequalities within the borough. This is particularly significant in the aftermath of COVID-19. Places such as Wirral, with existing economic and health inequalities, have been disproportionately affected by COVID-19. Additionally, the long-lasting effect of measures to tackle COVID-19 (e.g. business curfews and temporary closures) will impact on our community and economy increasing demand for local services and the financial resilience of the borough. This requires an enhanced focus on regeneration to mitigate these as well as identifying opportunities to respond to a new way of working and living due to the pandemic.

- 3.16 Services like the Community Connectors and Wirral Ways to Work will be an invaluable resource for local communities as they begin to recover from the lasting impacts of Covid-19. They are a trusted 'brand' with expertise skills in engaging those communities who do not typically engage with services. They can provide a holistic and seamless transition for people to encourage and guide them to build their confidence to progress into volunteering or employment opportunities. The regeneration programme for Birkenhead provides an advantageous opportunity for local people to gain employment, however there is need to be investing in the development of skills and knowledge in the present day to ensure that when those opportunities arise residents are equipped to be able to take full advantage of the opportunities available.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This report describes the existing investment in the schemes outlined in this report. Whilst they are currently funded and commissioned, they are resourced from grant and or short-term funding. Long term commitment to these schemes needs to be considered as part of the MTFS.

#### **5.0 LEGAL IMPLICATIONS**

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

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

- 6.1 This report and work referenced within it has been developed by public health and investment teams working collaboratively. There are long term risks in relation to recurrent funding and therefore the sustainability of the work referenced within this report.

#### **7.0 RELEVANT RISKS**

- 7.1 The schemes described within this report are currently commissioned for a specified period using grant and or other short term funding. They are not therefore secure longer term

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

- 8.1 No public engagement or consultation has been undertaken in relation to this report. However, the schemes of work referenced within the report engage with services users to inform delivery and development.

#### **9.0 EQUALITY IMPLICATIONS**

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

- 9.2 The Equality Impact Assessments for the ReachOut and Community Connector Programmes can be accessed here:

Wirral Growth Plan (2016) EIA: [Microsoft Word - Wirral Growth Plan - Equality Impact Assessment](#)

Wirral Council (2019) EIA: Community Connector Recommission.  
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 No direct climate implications.

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## APPENDICES

N/A

## BACKGROUND PAPERS

- 1) Timpson et al (2019) An Evaluation of the Wirral Health-Related Worklessness Programme Executive Summary. Liverpool John Moores, Public Health Institute  
<http://democracy.wirral.gov.uk/documents/s50077845/Timpsonetal2019.pdf>
- 2) Wirral Council (2021) ReachOut Project Evaluation.  
<http://democracy.wirral.gov.uk/documents/s50077846/ReachOutProjectEvaluation.pdf>
- 3) Wirral Intelligence Service (2021) Wirral JSNA. Economy, Business and Skills  
<https://www.wirralintelligenceservice.org/this-is-wirral/economy-business-and-skills/>
- 4) ONS (2020) Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 31 July 2020  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020>
- 5) HM Government (2021) Build Back Better: our plan for growth  
<https://www.gov.uk/government/publications/build-back-better-our-plan-for-growth>
- 6) Health Equity Institute (2020) Health Equity in England: The Marmot Review 10 Years On  
<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

- 7) HM Government (2019) Public Health England. Health Matters: Health and Work.  
<https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work#how-phe-can-support-you>

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>



## HEALTH AND WELLBEING BOARD

WEDNESDAY 16 JUNE 2021

<b>REPORT TITLE:</b>	<b>HEALTH AND WELLBEING BOARD WORK PROGRAMME</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF LAW &amp; GOVERNANCE</b>

### REPORT SUMMARY

The report provides the Health and Wellbeing Board with its current work programme and affords the Board the opportunity to propose additional items for consideration at future meetings.

It is envisaged that the work programme will be formed from a combination of standing items, requested officer reports and items for consideration from partners. This report provides the Board with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Health and Wellbeing Board is attached as Appendix 1 to this report.

### RECOMMENDATION

The Health and Wellbeing Board is recommended to:

- (1) note and comment on the proposed Health and Wellbeing Board work programme for the of the 2021/22 municipal year.
- (2) suggest further items to be included on the work programme for consideration at future meetings.
- (3) agree its standing items for the 2021/22 municipal year.

## **SUPPORTING INFORMATION**

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

- 1.1 To ensure Members of the Health and Wellbeing Board have the opportunity to contribute to the delivery of the annual work programme.

### **2.0 OTHER OPTIONS CONSIDERED**

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

### **3.0 BACKGROUND INFORMATION**

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

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

#### **Terms of Reference**

The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012. The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place
- e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision

- g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

#### **4.0 FINANCIAL IMPLICATIONS**

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

#### **5.0 LEGAL IMPLICATIONS**

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

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

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

#### **7.0 RELEVANT RISKS**

- 7.1 The Board's ability to undertake its responsibility 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: Health and Wellbeing Board Work Programme

**BACKGROUND PAPERS**

Wirral Council Constitution  
The Health and Social Care Act 2012

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>

## **Health and Wellbeing Board Work Programme**

<b>Report</b>	<b>Lead Officer</b>	<b>Approximate timescale</b>
Public Health Annual Report Update	Rachael Musgrave	20 July
Community, Voluntary and Faith Sector Working Group Report	Nikki Jones/Rachael Musgrave	20 July
Tackling Health Inequalities Through Regeneration	Rachael Musgrave	20 July
Public Health Annual Report Final	Rachael Musgrave	20 Sept
Integrated Care System Project Update	Graham Hodgkinson	20 Sept

### **STANDING ITEMS AND MONITORING REPORTS**

<b>Item</b>	<b>Reporting Frequency</b>	<b>Lead Officer</b>

### **WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE**

<b>Report</b>	<b>Lead Officer</b>	<b>Timescale</b>
Community, Voluntary and Faith Sector Working Group	Nikki Jones/Rachael Musgrave	Workshop 9 June
Community, Voluntary and Faith Sector Reference Group	Rachael Musgrave	Ongoing

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