



Health and Wellbeing Board

Date:	Wednesday, 15 December 2021
Time:	2.00 p.m.
Venue:	Floral Pavilion, Marine Promenade, New Brighton, CH45 2JS

Contact Officer: Daniel Sharples
Tel: 0151 666 3791
e-mail: danielsharples@wirral.gov.uk
Website: <http://www.wirral.gov.uk>

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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 3 November 21.

4. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, 10 December 2021 to the Council's Monitoring Officer (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: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, 10 December to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission

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 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. EXPERIENCES OF THE PANDEMIC BY CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) (Pages 7 - 30)**
- 6. WORKING WITH THE COMMUNITY, VOLUNTARY AND FAITH SECTOR (Pages 31 - 56)**

- 7. ADDER PROJECT (Pages 57 - 100)**
- 8. RESTORATION AND DEVELOPMENT OF NHS SERVICES AFTER COVID-19 (Pages 101 - 116)**
- 9. HEALTHWATCH WIRRAL QUARTERLY REPORT (Pages 117 - 126)**
- 10. INTEGRATED CARE SYSTEM UPDATE (Pages 127 - 140)**
- 11. JOINT STRATEGIC NEEDS ASSESSMENT DEVELOPMENT (Pages 141 - 150)**
- 12. WORK PROGRAMME (Pages 151 - 156)**

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.

HEALTH AND WELLBEING BOARD

Wednesday, 3 November 2021

Present:

Councillor Yvonne Nolan	Chair
Councillor Tom Anderson	Wirral Council
Councillor Phil Gilchrist	Wirral Council
Paul Satoor	Chief Executive
Graham Hodgkinson	Director of Care and Health
Simone White	Director of Children, Families and Education
Julie Webster	Director of Public Health
Simon Banks	Chief Executive, NHS Wirral Clinical Commissioning Group
Dr Paula Cowan	Chair, NHS Wirral Clinical Commissioning Group
Micha Woodworth (in place of Karen Prior)	Healthwatch Wirral
Mike Gibbs (in place of Janelle Holmes)	Wirral University Teaching Hospital NHS Foundation Trust
David Hammond (in place of Karen Howell)	Wirral Community NHS Foundation Trust
Julie Gray (in place of Liz Bishop)	Clatterbridge Cancer Centre NHS Foundation Trust
Louise Healey	

33 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Paul Satoor, Sir David Henshaw, Warren Ward, Mark Thomas, Mike Maier, Michael Brown, Councillor Wendy Clements, Councillor Janette Williamson, Janelle Holmes, Karen Howell, Karen Prior, Tim Welch, Supt Martin Earl and Liz Bishop.

34 **DECLARATIONS OF INTERESTS**

No declarations of interests were made.

35 **MINUTES**

Resolved – That the accuracy of the minutes of the meeting held on 29 September 2021 be agreed.

36 **PUBLIC QUESTIONS/STATEMENTS AND PETITIONS**

Councillor Phil Gilchrist raised that a resident had submitted a public question on time, but that it had not been received by Democratic and Member Services. The Chair undertook to provide a written response to the question.

37 **DEVELOPING A WIRRAL HEALTH AND WELLBEING STRATEGY WITH SUPPORT FROM THE MARMOT COMMUNITY PROGRAMME**

The Director of Public Health introduced the report which detailed the work of the Marmot Community Programme to reduce inequalities and the work of the Cheshire and Merseyside Health and Care Partnership with the programme. The report also set out proposals for a workshop led by the Marmot team to ensure that work already in progress was acknowledged and aligned to assist in the production of the Wirral Health and Wellbeing Strategy, via the establishment of a working group with representation from partners to take forward the recommendations of the 2021 Public Health Annual Report and findings from the Marmot workshop and final report to produce the local Health and Wellbeing Strategy.

Colleagues around the table welcomed the approach which aligned with other work ongoing in the Health sector and committed to engaging in the working group. The Board was informed of the investment coming into the borough through the Towns Fund, with multi-million-pound capital investment into the renovation of the Treasury Annex building in Birkenhead to develop a multi-sector Wellbeing and Opportunity Centre encompassing health, education and the voluntary sector. It was felt that the Board would benefit from an update on that development and the other work coming out of the Towns Fund from both a Health and Education aspect.

Resolved – That

- (1) a workshop be arranged in November 2021 to be held in Wirral and delivered by the Marmot team, to support the development of Wirral's place plans in line with the identified strategic and local priorities and key drivers to address post Covid-19 inequalities as outlined in the 2021 Public Health Annual Report and Wirral Plan.**
- (2) a working group be established with representation from partners to take forward the recommendations of the 2021 Public Health Annual Report and findings from the Marmot workshop and final report to produce a local Health and Wellbeing Strategy.**
- (3) Wirral Community NHS Foundation Trust and Wirral Met College be invited to present a report to a future meeting on the developments associated with the Towns Fund.**

38 COMMUNITY SAFETY STRATEGY 2021-2026

The Assistant Director Neighbourhoods, Safety & Transport introduced the report of the Director of Neighbourhood Services which provided detail on the Community Safety Strategy 2021-2026. It was reported to the Board the strategy had historically focused on crime prevention, but that the strategy before members had been co-produced following significant consultation with a wide range of stakeholders such as victims of crime and voluntary sector organisations and had been produced taking a public health approach around prevention and early intervention. The Strategy based itself 10 priority thematic areas, these included:

- Anti-Social Behaviour
- Violent Crime

- Domestic Abuse
- Drugs and Alcohol
- Hate Crime
- Modern Slavery
- Prevent
- Road Safety
- Emergency Planning
- Coastal and Inland Water Safety

It was outlined that these themes would be under-pinned by a detailed action plan focusing on operational delivery, and the Board were invited to select thematic areas for further updates at future meetings.

Some Board Members noted that this was the first time the Community Safety Strategy had been considered by the Health and Wellbeing Board and welcomed the public health approach being taken and the involvement of the Board given the breadth of its membership. It was felt that through the strategy there were components that had a consequence on public health and the Director of Public Health undertook to work collaboratively with the Assistant Director Neighbourhoods, Safety & Transport to align the various initiatives.

Resolved – That

(1) The co-produced Crime and Disorder Reduction Strategy (Community Safety Strategy 2021-2026 be noted.

(2) the Assistant Director Neighbourhoods, Safety and Transport be requested to provide regular updates at least annually to the Health and Wellbeing Board on the progress made in respect to the delivery of the Community Safety Strategy.

39 HEALTH AND EMPLOYMENT

The Director of Public Health introduced the report which outlined the link between employment and health, with good quality employment opportunities being a fundamental part of the collective effort to improve health outcomes. It was stated that the Board had considered a number of overarching policy documents such as the Public Health Annual Report, the Health and Wellbeing Strategy and the Wirral Plan and the report sought to illustrate how those strategies were being put into action in relation to employment and the potential further development of the recommendations in relation to the Public Health Annual Report relating to health and employment.

The Director of Public Health introduced the Chief Executive Officer and Contract Manager from Involve North West, which was a voluntary sector organisation who through its ReachOut Partnership sought to help deliver employment solutions to individuals and families across Wirral. It was reported to the Board that of those accessing the service, 40% asked for health and wellbeing support which it was felt demonstrated the link between health and employment.

The work of the partnership was outlined to the Board in detail. There was a team of fully qualified and skilled staff of Wirral residents with 14 years' experience of supporting people into employment. The approach included looking at the health and wellbeing and social circumstances of the service user and considering in the first instance whether employment was the right approach for their circumstances. Established links had been set up with JobCentre Plus and local employers, and over the previous 5 years 2,650 local residents had gained employment, 81% of which had sustained employment for over 6 months.

Members welcomed the presentation and sought advice on how partner organisations could assist the work being undertaken. It was noted that there were issues around recruitment and retention of social workers and more could be done to link in with Involve North West to identify potential candidates to fill those vacancies. It was highlighted that the project had always been funded on a 12-month funding stream and a more sustainable funding stream would allow for more security for the staff and service users.

It was moved by Councillor Phil Gilchrist, seconded by Councillor Yvonne Nolan that Council officers be requested to explore funding streams for the continuation of the work of the ReachOut Partnership. The motion was put and agreed by assent. It was therefore –

Resolved – That

(1) the report and presentation be noted.

(2) Council officers be requested to explore funding streams for the continuation of the work of the ReachOut Partnership.

40 **INTEGRATED CARE SYSTEM PROJECT UPDATE**

The Director of Care and Health introduced the report which provided an update on the development of the Cheshire and Merseyside Integrated Care System (ICS) and Wirral's Integrated Care Partnership (ICP). The report detailed the workshop that had been held with local NHS system partners as well as representatives of the ICS on 8 October 2021 to discuss the development of the associated governance arrangements alongside system progress, system maturity and work to integrate which it was reported would soon be followed up with meetings of chairs across the system. The Cheshire and Merseyside system required 'Places' to self-assess in terms of partnership maturity and it was felt Wirral had well established partnership arrangements in place which should enable the ICS to have a high level of confidence in the local system and therefore delegate responsibilities to a high degree.

The concerns of residents were raised in relation to the duties reserved to the Cheshire and Merseyside Integrated Care System and the potential for merging services or making services and the need to safeguard jobs. It was outlined that the Integrated Care Board that would in effect replace the Clinical Commissioning Group (CCG) at a Wirral level would build on the existing partnerships and deliver local functions in a similar way, and it was felt that the level of partnership working locally would result in most functions being delegated to the Integrated Care Board. It was

further outlined that the guarantee to the 1100 CCG staff to transfer to the new organisation remained. A further query was raised in relation to the existing deficit that would be transferred to the new system and colleagues in the CCG undertook to bring a further report to the Board on the financial framework in the new year.

Resolved – That

- (1) the progress achieved at the Governance workshop held with place partners on 8th October 2021 be noted and regular committee reports relating to the development of Cheshire and Merseyside Integrated Care System and Wirral's Place-based partnership arrangements be noted.**
- (2) the development of and next steps relating to Wirral's Integrated Care Partnership at place level, and the requirement to submit a self-assessment against the development framework to the Cheshire and Merseyside Integrated Care System by 29 October 2021 be noted.**

41 **WORK PROGRAMME**

The Head of Legal Services introduced the report of the Director of Law and Governance which provided the Board with its current work programme and gave opportunity to propose additional items for consideration at future meetings.

Resolved – That

- (1) the work programme be noted.**
- (2) the standing items for the 2021/22 municipal year be agreed.**

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HEALTH AND WELLBEING BOARD

15 December 2021

REPORT TITLE:	EXPERIENCES OF THE PANDEMIC BY CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)
REPORT OF:	DIRECTOR OF CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

The report provides a summary of the experiences of children and young people with Special Education Needs and Disabilities (SEND) during the COVID-19 pandemic and the impact on the future needs and priorities for young people.

The report summarises findings from a series of consultation and engagement events held nationally and locally, both of which involved children and young people with SEND in Wirral.

At its meeting of the 15th of December, members of the Health and Wellbeing Board will receive a presentation from members of the SEND Youth Voice Group who will share their (and their peers) experiences of the pandemic directly.

The report will also highlight some of the additional participation and engagement work which enables young people to have a voice as well as emerging developments around a Youth Partnership and Participation and Engagement Strategy.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- a) Note the feedback from young people with Special Educational Needs and Disabilities (SEND) around their experiences of the pandemic and the information contained in the report.
- b) Agree to continue to engage with young people through the Youth Partnership and other forms of engagement, ensuring that the views of children and young people are considered and encouraged: and,
- c) Agree to engage in the development of the Participation and Engagement Strategy and receive a final version of the Strategy for review and endorsement.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 To recognise the importance of children and young people's voice in the work that the local authority and its partners carry out and the policy and decisions that are taken.
- 1.2 To listen to the voice of young people with SEND and to help shape the future direction and priorities for SEND transformation.
- 1.3 To commit to building and establishing a constructive relationship with young people through existing forums/groups e.g. Voice Groups, Youth Partnership whilst recognising the multi-dimensional opportunities to listen and engage.
- 1.4 To establish strong partnership connections with young people that will lay the foundation for positive co-production activity moving forward.
- 1.5 To enable the Director of Children's Services and the designated 'Lead Member' for children to fulfil their responsibilities in promoting the participation and involvement of children and young people.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Do nothing: The Chair and members of the Health and Wellbeing Board have requested the attendance of children and young people to share their experiences of the pandemic. The option of doing nothing has been discounted given that this would not allow young people's voice to be heard in line with wishes of the Board.
- 2.2 Engagement as a 'one off': The report proposes the development of a constructive relationship between the Health and Wellbeing Board and children and young people, to ensure that engagement is regular and meaningful. The option of doing engagement as a 'one off' has been discounted, given that it negates the potential to explore further opportunities for dialogue and communication.

3.0 BACKGROUND INFORMATION

- 3.1 The COVID-19 pandemic brought unprecedented challenges to all children and young people, and even more so for children and young people with special education needs and disabilities (SEND).
- 3.2 The closures of schools, settings and community/youth provisions as well as retail and business caused disruption for children, young people and their families. Families were initially unable to access some health services given the wider need to reprioritise resources to manage an overwhelmed health system.
- 3.3 In order to fully understand the impact of the pandemic on children and young people with SEND, it is important to listen and encourage them to share their experiences. The value of this for organisations such as the local authority and partners is to help

identify what additional support may be needed to help them recover. Understanding which new ways of working have worked well and could or should be continued can help drive improvement in the sector and better provision for children and young people.

- 3.4 Since February 2021, a series of consultation and engagement events have been held with young people to share their experiences of how lockdown has impacted them, in relation to their support network, academic goals, and social and emotional wellbeing. These included:
- A commissioned programme of work by the Council for Disabled Children: This was a national engagement exercise involving focus groups and an online survey and young people across the country and included Wirral young people. A detailed summary of the consultation and the findings are included in the 'Lessons Learnt from Lockdown' report attached at appendix A.
 - Wirral consultation and engagement events with SEND Youth Voice Groups.
 - Online survey and questionnaires sent via the Wirral Local Offer website and targeted at children and young people with SEND in the borough.
- 3.5 Over 800 young people nationally, including 20 Wirral children and young people took part in the engagement events and contributed in different ways to the engagement activity to share their experiences. The Local Offer continues to provide a forum for communication and engagement of young people, regularly seeking views from young people across Wirral.
- 3.6 Findings – the impact of the pandemic on children and young people with SEND**
- 3.7 In relation to overall experiences, the findings of the engagement work highlighted:
- Some children and young people with SEND enjoyed being at home with their family and were less anxious because they didn't have to go to school. The time to do things together was important for young people.
 - For others, the break from the security of school routine and environment was a particular challenge, particularly with the constant stop start of lockdowns and especially for children and young people who found change difficult.
 - Young people missed their wider family and friends and the limited opportunity for social interaction impacted on their confidence and wellbeing. For some, this culminated in feelings of loneliness and social isolation which has had a longer-term impact on their social and emotional health.
 - Some young people found that doing things online worked for them as they could interact without the pressure of being physically in the spotlight.
- 3.8 In relation to the support and help provided, the feedback from young people highlighted:

- Young people enjoyed the activities put on by youth groups and school learning online became easier and fun. The provision of IT equipment helped those to access learning who did not have a computer, but the quality of equipment was poor.
- Young people valued a phone call from school to check-in on the progress with learning and their wellbeing
- Young people who remained in school enjoyed learning in smaller groups with more support from teachers. Some young people felt they learned more during this time.
- Appointments were rescheduled or cancelled which meant that some children and young people waited a long time before they were seen.
- Some young people really welcomed online appointments as it meant they could stay at home but for others, the need for face-to-face appointments was important to them and not offered.

3.9 A full summary report on the national research is attached at appendix A. Local insight gathered from young people has been shared with members of the Partnership for Children, Young People and Families and SEND Strategic Board as well as Ofsted inspectors when they visited in March. This has helped to strengthen understanding of the impact of COVID on young people and to outline the actions and priorities moving forward.

3.10 Establishing a constructive relationship between the Health and Wellbeing Board and children and young people

3.11 At its meeting of 15th December, members of the Board will receive a presentation from young people about their experiences of the pandemic. The young people, as members of the SEND Youth Voice Group are proactive in wanting to share their views and engage in a range of different participation and engagement events and activities.

3.12 The SEND Youth Voice Group and a range of other Voice Groups are facilitated and supported by the local authority Participation and Engagement Team. This Team facilitates young people/s engage in a whole host of activity which allows them to exert influence and be empowered to share their views. Examples of this include:

- Budget consultations in January 2021 ‘Have Your Say’ – The Youth Voice Group had a say on this.
- Violence Reduction Survey – working with Young Advisors in a pan-Merseyside group to build a survey, where 80 young people from Wirral were interviewed and a report developed.
- Youth Justice ‘Children First Plan’ development
- Digital media consultation and feedback to the Youth Matters Digital group

- Keeping Streets Safe June 2021 - The females of the YVG's put in their views as young women about public spaces where they may feel unsafe.
- Regeneration of Birkenhead
- Commissioning of new disability care home

3.13 The voice groups are keen to strengthen their connection with key stakeholders including senior leaders and elected members and would welcome the opportunity to develop a constructive and positive relationship with the Health and Wellbeing Board. This could be through presenting at meetings or being consulted and engaged on key decisions which impact on the health and wellbeing of young people in the borough.

3.14 The development of a Youth Partnership for the borough as endorsed by the Partnership for Children, Young People and Families in November 2021, which will consist of elected young people who will represent 11 portfolio areas, would also provide opportunity for representative young people and the Health and Wellbeing Board to collaborate on health and wellbeing issues as well as wider issues which affect young people so that this can be used to inform strategic planning and decisions.

3.15 In this regard, members of the Health and Wellbeing Board are requested to support the approach to build a sustainable relationship with young people through voice groups and the establishment of the Youth Partnership.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from the report.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the report. By law, the Director for Children's Services and the designated Lead Member for Children have a statutory duty to promote the participation and engagement of young people in decisions.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral's SEND Youth Voice Group and other voice groups are supported by the local authority Participation and Engagement Team. This Team is made up of one manager and one part-time participation and engagement officer. Their role is not only to establish the networks and forums of young people but to provide nurture, wellbeing support and skills training which enables them to play a professional and proactive role in sharing their voice.

7.0 RELEVANT RISKS

7.1 Young people are the adults of the future, and their needs and experiences are important in shaping a society that they will grow into. Failure to listen and enable young people to influence presents a danger that the priorities and services are not fit for purpose for our future citizens.

8.0 ENGAGEMENT/CONSULTATION

8.1 There are over 2000 children and young people who are engaged by the Participation and Engagement Teams. They engage in a variety at a variety of different levels with some more directly engaged than others. All activity is co-ordinated by the Participation and Engagement Teams who use a variety of different methods and practices to engage young people and ensure that all children can be involved in exerting influence and sharing their voice.

9.0 EQUALITY IMPLICATIONS

9.1 There are no equality or diversity implications arising from the report. Any associated actions following from the report including the development of a Participation and Engagement Strategy may need an equality impact assessment.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral's youth voice group members are active participants on the Environment Youth Action Group which sits under the Cool Wirral Climate Board. Young people are keen to play an active role in championing positive action to address the climate crisis.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The empowerment and support of children and young people through the offer of participation and engagement is vital in supporting the growth of confidence and self-esteem. Learning skills around self-development and professionalism provides vital skills for young people as they move into adulthood and explore opportunities for employment and career development. Overall, providing young people with opportunity to share their experiences helps to develop their skills to become active and engaged citizens for the future.

REPORT AUTHOR: **Hannah Myers**
(Hannah Myers, Performance and Improvement Manager)
email: hannahmyers@wirral.gov.uk

APPENDICES

Appendix A Lessons learnt from lockdown

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

BACKGROUND PAPERS

SEND Interim Visit Presentation
Youth Partnership Presentation

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Lessons

learnt from

LOCKDOWN

The highs and lows of the pandemic's impact on disabled children and young people

Children and Young People's Summary



Department
for Education

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NATIONAL
CHILDREN'S
BUREAU

Part of the family

Introduction

The COVID-19 pandemic has brought unprecedented challenges to all children and young people, and even more so for children and young people with special education needs and disabilities (SEND).

Yet we haven't heard much from children and young people with SEND about their experience of the pandemic. The large number of children and young people who took part in this consultation shows us how much children and young people with SEND want to be heard and how much they have to say.

What we did

During February and March 2021 more than 643 children and young people with SEND, 128 parents and 110 professionals who work with or support young people with disabilities shared their views and experiences of the COVID-19 Pandemic.

We worked with young people and their support workers to choose the questions for the surveys and focus groups. We made sure that young people had enough time to think about the questions before the focus groups and that they could choose how they felt most comfortable expressing their views.

We wanted to find out:

- **How the pandemic has been for them? What has been the impact of the pandemic on them? What was most difficult? Have there been any positive things?**
- **What additional support young people will need to help as the lockdown ends and schools go back?**
- **Is there anything we can learn from the experience that could help improve things in the future for children and young people with SEND.**

Over 643 children and young people took part in this consultation. This highlights how much young people with SEND had to say and how important it was to schools, youth groups and parents to support them to express themselves.

“Thank you so much for visiting our project last night...the young people all fed back at the end of the session that they really enjoyed being able to share their opinions.” (Professional)

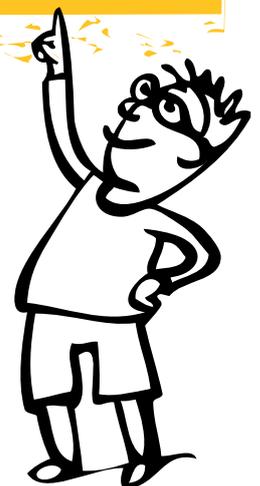
**“It was great being back and telling our side of how covid affects us”
(Young Person)**

Who took part?

In total

- **425 children and young people took part in focus groups.**
- **218 shared their views and experiences through the online survey.**
- **128 parents completed the survey.**
- **110 professionals who work with children and young people with SEND completed the survey.**
- **Slightly more young men participated than young women.**
- **The young people participating lived all over the country.**
- **The young people who took part had more than 50 different disabilities, health or learning support needs.**
- **The majority of children and young people who took part in the consultation via survey monkey described themselves as White. The focus groups reached a more diverse range of young people with 1/3 of the 425+ young people taking part in the focus groups describing themselves as either Black, Asian or from another ethnic minority background.**

This report highlights the common themes that came out of the online surveys and focus groups. We have given more priority and space to the voice and experience of young people are the least heard perspectives.



What did they say?

→ MISSING FAMILY AND FRIENDS

Children and young people told us:

- That they really missed friends and family. Sometimes it was hard to understand why they couldn't see people or hug them.
- When you don't see your friends for a long time you don't get to practice social skills and it can be hard, a bit awkward or difficult when you see people again.
- Some young people felt lonely, sad or depressed because they couldn't be with their friends or family members.
- Other young people liked the fact that they didn't see so many people. This was often when they found social interaction difficult or when they had experienced bullying at school.
- Sometimes even when young people said they were happy not really going out and seeing people, parents worried that they were getting withdrawn and forgetting their social skills.
- Some young people liked that they got to spend more time with their parents, brothers or sisters. There was time to cook, garden and watching TV together. This was important.
- Young people appreciated that they had learnt how to connect with friends online. Computer gaming was a way that many young people found helpful and fun to stay in touch with friends.
- Some young people said communicating with people online actually made it easier because the screen would put the person speaking big, you could turn off your camera and also there was less pressure to read non-verbal cues.
- Pets were one of the key relationships that helped young people get through this period. Pets became their confidants and best friends.

**“I have been unable to remain in touch with many of my friends and have felt quite isolated and sad. There is only me and mum at home”
(Young Person)**

**“I like that nowhere is busy and people I don’t know can’t be too close because I have social anxiety and trouble talking with others”
(Young Person)**

“I have been able to spend more time with my older brother going cycling and walking the dog. I have learned how to play Pool and Darts with my family” (Young Person)

“I have found it easier to talk to people online rather than in-person. Video meetings make it easier to not worry whether I am maintaining the appropriate amount of eye contact during conversations” (Young Person)

“My pets - cats know when you are sad or unwell - stroking them relaxes me when am not in a good place” (Young Person)



→ NOT ENOUGH SUPPORT FOR FAMILIES

Support for children and young people with SEND and their families changed a lot during lockdown. Some things stopped, like support groups and respite care, assessments and health and social care meetings went online.

People told us:

- There was less support at a time when they probably needed it the most. Professionals were also often aware of this and worried about it.
- Assessments and appointments were cancelled, delayed and rescheduled.
- Professionals were concerned that online support and sessions were less engaging and accessible. They were unable to use a lot of play-based activities or go on trips that they would normally do.
- Announcements and information about COVID rules could be confusing and not accessible to young people.
- Having meetings online with professionals and support workers worked really well for some young people and their parents. It saved time and money, worry about travel. Some young people felt more confident participating in meetings online.
- Other young people said they would much prefer meetings to be face to face.

“We have gone from supporting families multiple times a week to next to nothing. Routine is so important for a lot of the families we support, the impact of a child being with our provision, is also respite for the family. This has all changed and we have seen families really struggle” (Professional)

“I have had some of my young people participate in their PEP and EHCP meetings online which they would have usually not done had it been a face to face meeting - they have been able to turn their cameras off or mute themselves when they wanted to” (Professional)

→ **LEARNING ONLINE OR IN SCHOOL**

Young people had very different experiences of home-schooling or going into school during lockdown. Some young people really didn't enjoy studying online from home. Other young people preferred it. The feedback showed us how important it is to listen to individual young people and their preferences about learning.

- **Online lessons were hard to understand or keep up sometimes, lessons were not adapted for children and young people with SEND. Parents sometimes found it hard to help.**
- **It could be hard to get help when you were studying at home. Young people also said it was boring and easy to disengage if you were staring for too long at the screen. It wasn't the same as having the teacher in front of you.**
- **Some young people didn't have laptops or tablets that worked well or their Wi-Fi connection wasn't very good.**
- **Some young people preferred home-schooling. There was less noise and sensory overload. They could work in their own time and take breaks when their mental or physical health needed it and they could withdraw socially or take cameras off without missing out on learning.**
- **The children and young people who returned to school often liked it. They enjoyed the smaller class sizes, more one to one time with teachers and quieter communal areas.**

"I usually get a lot of support at school from my teaching assistants but I have not had this. My parents both work and don't always have time to do my home schooling with me. I get very frustrated when I don't understand something and then I have no help. It makes really angry, I feel me like I have been left"
(Young Person)

"I don't understand the online lessons, I find them difficult"
(Young Person)

“when I have a day when I am tired or not up to feeling like going out, it is OK as I can go online and turn off the camera and listen.

That is not always easy face-to-face”

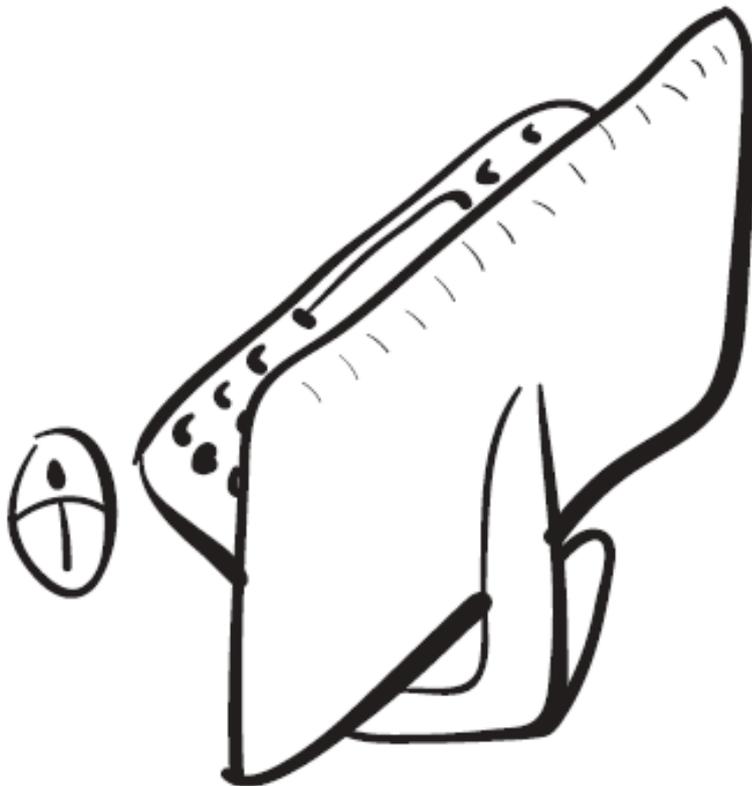
(Young person)

“I’ve enjoyed my independent work and I’ll probably struggle with the visual overload and noise going back to school”

(Young Person)

“I think we should have a medium between online and in person school, perhaps (for example) every Tuesday we are online, then Wednesday we come in person to school”

(Young Person)



→ CHILDREN AND YOUNG PEOPLE'S MENTAL AND PHYSICAL HEALTH

The COVID -19 pandemic has been a really worrying time for young people for lots of reasons. Not having a clear routine and having lots of change can be really upsetting. Missing friends, family and the fun activities and hobbies that young people normally did was stressful. It put a lot of pressure on young people's emotions and mental health. It has impacted on young people's physical health as well as people found it hard to be as active as before and health appointments have been moved online, delayed or cancelled.

Young people said:

- They felt sad, lonely or angry during the lockdown.
- The lack of routine was really unsettling for some young people and sometimes this meant that they got more anxious and their behaviour was more challenging for those people looking after them.
- A lot of young people worried a lot about getting COVID or passing it on to loved ones.
- Some young people were said they were worried about going back to school or being around lots of people again.
- COVID restrictions actually helped some young people's mental health. Quite a few young people said that they liked home-schooling and enjoyed the extra time to rest at home. They could create calmer environment with less noise than school and this suited them.
- Young people's fitness levels had been going down because they couldn't take part in their normal sporting activities and life was very much confined to the home.
- Sleep patterns had also been really disrupted.
- Some older young people had to attend medical treatment by themselves and this was really difficult for them.
- Medical appointments online were seen as a positive by some young people but others still preferred to see doctors face to face.

**“I get angry more often”
(Young Person)**

**“Being away from school has made me even sadder and I don’t
like feeling like it, now when I eat I feel sick so I don’t eat”
(Young Person)**

**“I have been sleeping better during lockdown- because it’s been
quieter and there is nothing to stress about in the morning”
(Young Person)**

**“I have enjoyed having more time to reflect on my behaviour, beliefs
and thought systems. I have had the time to re-evaluate if the people
in my life are causing me more good than bad”
(Young Person)**





→ RETURNING TO SCHOOL SAFELY

Young people were worried about how to reopen schools and clubs safely. Concerns included not finding it easy to understand the rules, worries that people were not sticking to the rules and generally being very worried about catching or passing on COVID-19.

**“Please make sure that young people with SEND are prioritised first when our age group are inline to be vaccinated”
(Young Person)**

**“It’s hard to understand some of the things Boris does say I get very confused with the big words”
(Young Person)**

Recommendations

→ YOUNG PEOPLE'S MENTAL AND PHYSICAL HEALTH IS THE MOST IMPORTANT THING

- When schools open up don't just put pressure on to catch up with school work. There needs to be more time for talking about feelings, learning to be with friends again and doing fun things to help young people become confident and happy again.
- Open and / or restart youth clubs, sports and outdoor activities (including social clubs for neuro-diverse young people) and extra curriculum activities.
- Provide more mental health support services including bereavement support and support for children and young people who worry lots about COVID-19.
- Make sure that we keep some of the extra downtime / family time that happened during lockdown. Before COVID-19 young people often had very 'busy' lives that could be overwhelming on the senses and stressful.
- Consider limiting COVID-19 news stories on TV until after watershed as these can be really worrying.
- Get more 'therapy' pets both in school settings and at home (where appropriate). Pets can really help a lot of young people in difficult times.



A 'one size fits all' approach doesn't work

- It's really important to have a clear routine for young people but also choice as young people all need different things.
- Keep smaller class sizes and extra one to one support where needed.
- Keep some choice and the option for some young people to continue online learning. Especially for those children who cannot come into school yet for physical or mental health reasons or people who really did well learning from home. Then they can still be connected to school when they can't come in.
- Help children and young people to participate in their Education, health and care plan reviews and Personal Education Plan meetings online.
- Provide more training for school staff and teachers about supporting children and young people with SEND.
- Ensure children and young people have the correct technology and access to Wi-Fi to be able to access school from home when they need to.
- Create the school systems and environment where school staff / teachers can implement the things they learn on training to support children and young people with SEND.

Make sure we can return safely to school:

- Give clear messages about COVID safety and make sure the information is accessible.
- Give vaccinations for staff working with SEND young people.
- Develop plans for Educational psychologists and Speech and language therapists to return to school and face to face visits safely.
- Don't keep changing the rules about COVID.

Young people, parents and professionals all recognised that for many of these recommendations to happen there would need to be a commitment to funding and resourcing the education, health and social care sectors and voluntary sector adequately to be able to deliver.

Conclusions

The experiences that children, young people, parents and carers have highlighted through this report clearly communicates the difficulties, pain, anxiety and stress of the last year. For many families it has been an incredibly challenging period.

However, in the stories about what has helped people get through this period there is a glimpse of a possible future where there is a bit more time to relax, consolidate, be flexible, take time with loved ones and explore interests. Where young people can be in learning environments with smaller class sizes, less sensory overload, more one to one support or the option to engage online when that suits an individual young person. We can begin to see and explore possibilities for an alternative vision where we have learnt the lessons from this experience and commit to keeping those elements that can work, to create a better future for children and young people with SEND.

→ ACKNOWLEDGEMENTS

A big thank you to the hundreds of children, young people, parents and practitioners from across England who took time to share their views in the focus groups and on the survey.

The consultation was co-designed by FLARE, the national young SEND advisors to the Department for Education.

→ ABOUT KAIZEN

The Council for Disabled Children asked Kaizen to design and deliver this consultation. Founded in 2000, Kaizen have delivered dozens of consultations with tens of thousands of people. They have worked with thousands of children and young people including in hundreds of schools, and in community organisations and premier league football Academies. For more about Kaizen, see www.kaizen.org.uk

Making Participation Work

This resource has been created by the Council for Disabled Children as part of the Making Participation Work programme, a joint partnership between the Council for Disabled Children and KIDS, and funded by the Department for Education. For more information about the Making Participation Work programme, visit us at:

<https://councilfordisabledchildren.org.uk/our-work/participation/practice/making-participation-work>

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HEALTH & WELLBEING BOARD

Date: 15th December 2021

REPORT TITLE:	WORKING WITH THE COMMUNITY, VOLUNTARY AND FAITH SECTOR
REPORT OF:	COMMUNITY, VOLUNTARY AND FAITH SECTOR

REPORT SUMMARY

The Health and Care Bill 2022 currently passing through Parliament enables the Community, Voluntary, Faith and Social Enterprise Sector within each Local Authority to play a full part in the local design of service provision as it relates to communities and residents.

At the meeting of the Health and Wellbeing Board on 31st March 2021 a proposed approach to working with the community, voluntary and faith sector to improve health and reduce inequalities was presented and endorsed.

A progress report was provided to the Board on 29th September 2021 at which it was agreed that a further update on this work would be provided to the December meeting.

This update report represents a culmination of research and discussion across the sector around key areas of importance into a plan. Any plan and mechanisms need to be brought forward with the participation of all key stakeholders working together, therefore we seek endorsement from the Health and Wellbeing Board to further coproduce the plan with such stakeholders.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the update provided within this report and endorse the ongoing work programme included which identifies the following recommendations:

1. Provide support and cooperation through its membership to enable further engagement and coproduction, to design and bring forward a detailed proposal for consideration in March 2022.

2. Encourage engagement from Partners to support the principles of this plan and to develop its implementation further, including identification of investment required to deliver sustainable action.
3. Endorse the establishment of a cross sector working group whose role will be to coproduce a place-based partnership charter which will set out the necessary agreed behaviours to build strong relationships and of which uniformity will aid integration. A representative(s) will be required from each partner with senior responsibility for implementation of the charter within their own organisation.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The White Paper, 'Integration and Innovation: working together to improve health and social care for all', (February 2021) places particular emphasis on 'The Primacy of Place' and the full involvement of the Community, Voluntary and Social Enterprise sector in the development of locally designed and developed systems for tackling health inequalities. The Health and Care Bill currently progressing through parliament creates the legal framework to support these working together principles.
- 1.2 The refreshed Wirral Plan 2021 - 2026, Equity for People and Place, was approved by Full Council on 6th September 2021 and fully supports these principles and in addition emphasises the need for communities and residents to play a full part in the local design process.
- 1.3 The NHS Guidance Building strong integrated care systems everywhere; ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector (September 2021) advises,

By April 2022, ICB's are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector. These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level, and makes two key points:

1. The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving, and delivering services, and developing and implementing plans to tackle the wider determinants of health. VCSE partnerships should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership, and organisational development plans.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options are presented.

3.0 BACKGROUND INFORMATION

- 3.1 The community, voluntary and faith (CVF) sector plays a hugely important role in Wirral, contributing to the local economy and providing a wide range of activities and services to residents that improve health and wellbeing. The sector is therefore a key partner in the delivery of the Wirral Plan and an important bridge between the public sector and local people.
- 3.2 The Health and Wellbeing Board supported the proposed approach to working with the Community, Voluntary and Faith Sector on 31st March 2021 and the establishment of a working group to oversee the work programme.

- 3.3 The Working Group, which is made up of a variety of representatives reflective of the Community, Voluntary and Faith Sector, has led the development of work through the following thematic focused groups:
- Increasing collaboration
 - Community, Voluntary and Faith Sector representation
 - Modernising volunteering
 - Behaviours that reflect values
 - Tackling health inequalities
- 3.4 Three studies of value and particular relevance and interest have been identified by the sector^{1,2,3}.
- 3.4.1 The Joint Review of partnerships and investment is highly relevant to the design of a future relationship between the VCSE sector and ICS, ICB's and noteworthy for Health and Wellbeing boards in the development of partnership working. It contains 27 recommendations under 16 headings as follows,
- Health and care services are co-produced, focussed on wellbeing, and value individuals' and communities' capacities
 - Commitment to the Compact
 - VCSE organisations are involved in strategic processes
 - Social value becomes a fundamental part of health and care commissioning, service provision and regulation
 - Social prescribing is given greater support
 - The skills of those involved in health and care commissioning are improved
 - Long term funding is standard
 - Health and care bodies fund on a simplest-by-default basis
 - Greater transparency
 - Volunteering is valued, improved, and promoted
 - Dormant funds are used for good
 - Evidence underpins health and care
 - A sustainable and responsive infrastructure
 - A greater focus on equality and health inequalities
 - Market diversity
 - A streamlined Voluntary Sector Investment Programme
- 3.4.2 Improving Commissioning through a VCSE Single Point of Contact (SPOC) supports the establishment of an organisation with whom the VCSE sector

¹ Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector, 2016

² Improving commissioning through a VCSE Single Point of Contact, NAVCA, May 2017

³ Commissioner perspectives on working with the voluntary, community and social enterprise sector, The King's Fund, February 2018.

and commissioners can work for greater benefit. The paper defines a SPOC as a single organisation through which a commissioner can work with a broad range of VCSE organisations through a single grant or contract.

It argues that the SPOC enables the commissioner to design services reflecting the needs of local people and communities. It also argues that the SPOC is paid to performance manage the delivery organisations, allowing commissioners to focus on outcomes.

It cites and explains ten elements:

1. Commitment to the local area, but connected regionally
2. Trusted by commissioners and local VCSE organisations
3. Facilitate co-production
4. Foster collaboration and partnership with and across the local VCSE sector
5. Build community capacity to respond
6. Understand community needs and assets
7. Make sure vulnerable and under-represented voices heard
8. Address health inequalities
9. Encourage the VCSE to adapt, innovate, and improve
10. Promote equality and diversity

It also claims seven wider benefits a SPOC will bring, grants, social investment, prevention, person-centred services, commissioning intelligence, building community resilience and saves money.

3.4.3 The third paper by The King's Fund is a 'warts and all' examination of the relationship between the commissioners and the VCSE sector. It is a most illuminating study carried out in confidence illustrating how commissioning practices can be very helpful or unhelpful.

4.0 COMMUNITY, VOLUNTARY AND FAITH SECTOR COMING TOGETHER PLAN

4.1 Following two Community, Voluntary and Faith Sector conferences held in June and September 2021 the five thematic groups have, in consultation with the wider sector, developed an outline plan, *Community, Voluntary and Faith Sector Coming Together*, based on the opportunities and challenges facing the Sector and the Borough.

4.2 The Plan, which is included in Appendix 1, intends to support the delivery of the Wirral Plan and partners to achieve positive results for people and communities in Wirral outlining proposals for future ways of working. The intended outcomes of which are:

- A strong and sustainable community, voluntary and third sector
- Strategy, decision making and commissioning intentions informing and responding to strategic and resident priorities

- An impactful focus on recovery and renewal
- Faster response to changes in societal issues
- More evidence of impact on service delivery
- Helping the public sector to be efficient and deliver better services

4.3 To do this the Plan identifies the following four key pillars and four cross cutting themes that will improve the sector and enable community development.

4.4 Four Key Pillars

4.4.1 Influence and voice

Wirral's CVF sector is diverse and vibrant; there are many organisations and citizen associations that work with local people and in neighbourhoods attributing to economic, environmental, and social sustainability. Key areas for development include:

- Creation and facilitation of the coproduced representative mechanism, ensuring the CVF sector are involved at all levels in planning and policy across the system and wider partners
- Creation of communities of interest, be that a neighbourhood or a thematic group to aid collaboration and gather wider community insight around specific topics.

4.4.2 Coproduction and working together

Adopting a coproduced approach to working together will support the development of services that respond to local people as well as developing ways the sector can work together and with partners. Key areas for development include:

- Develop innovative ways to help colleagues across the system understand the CVF sector.
- Work with commissioners to develop coproduced commissioning which builds on trust, collaboration, openness, and transparency rather than traditional methods that are competitive and divisive.
- Asking that partners permanently embed procurement process flexibility introduced during the pandemic and review commissioning approaches reflecting the areas for development which are described in the Plan.
- Offer grant funding where appropriate.
- Equally value the sector by providing cost of living rises for contracts in line with statutory rises.
- Support sustainability and ability to attract additional investment through longer term contract and funding arrangements
- Develop a strategic funding group, uniting system partners in identifying opportunities for investment and putting Wirral on the map using our local assets and skills. This group will lead on bids and applications for Wirral as a collective.

4.4.3 Health Creation

As evidence throughout the pandemic collaboration, reducing duplication of effort, maximising skills and value and sharing best practice can achieve health creation and tackle health inequalities. Key areas for development include:

- Using systems to dynamically map new organisations and services to understand health creation and share this with connectors and other signposting organisations.
- Have a CVF catalogue of organisations who wish to collaborate and their area of interest/specialist.
- Ask partners to adopt the same health creation priorities as their social value framework when commissioning.
- Understand the physical infrastructure (geographically focused organisations with premises, ie community centres and churches) to support the Wirral Plan and emerging Health and Wellbeing Strategy
- Consider environmental improvements, exploration of the potential to have anchor organisations within the CVF sector as well as further development of community hubs and family hubs.

4.4.4 Volunteering

Volunteers are a huge asset to Wirral, and they take on varying roles across the CVF, and Public, Sector. Key areas for development include:

- Make it everyone's business to value Volunteers
- Work smarter around promotion of volunteering in Wirral and enable access to all
- Further develop 'the volunteer family' approach which provides volunteers with the feeling of a safe family unit; a supportive environment that gets the most out of people in a personalised way.
- Encouraging volunteering with public sector colleagues and facilitate connections.

4.5 Cross-cutting themes

4.5.1 Developing the right culture and conditions for collaboration

Wirral's CVF sector would like to lead the coproduction of a charter for the Wirral, which will set out the necessary agreed behaviours to be adopted across the system. This will also be an important element of how we work within our place-based partnership. CVF Champions will create new links and foster a better understanding of the CVF Sector and as a result, better working relationships.

4.5.2 Improving focus on data and insight

Data and insight gathering collectively with CVF sector organisations can be used to influence strategy, planning and commissioning, improving the design process and in turn outcomes. The Sector needs dedicated resource to support organisations to improve impact measurement and collate and

demonstrate collective value working closely with BI colleagues across the system. As part of exploring new approaches the CVF sector are interested in identifying a methodology for collective impact reporting for the CVF sector collective.

4.5.3 *Continual learning*

The sector has played a strong role throughout the pandemic, being integral to the humanitarian cell, the BAME subgroup and faith sector subgroup, taking a leading role in navigating local residents through the pandemic. Their voice has been strong and enabled rich insights to be gathered to inform strong communications and policy development. Learning lessons is an important part of continual improvement and therefore is a key principle of the way we need to work now and in the future.

4.5.4 *Knowing our strengths and building capability*

Wirral has a huge amount of skills and experience across the combined workforce sectors. By having a better understanding of how we can work together and make the best use of our skillsets, we can be more effective at influencing and shaping local plans. This approach needs to be built into how we encourage and support volunteering, shared training, and development opportunities such as networking, mentoring, and coaching.

4.6 The Plan concludes with the following recommendations:

4. The CVF sector request recognition and endorsement from Wirral Partners.
5. The CVF sector will develop an independent representative mechanism to enable it to engage with Wirral Partners
6. Engagement from Partners to support the principles of this Plan and to develop it further including identification of investment required to deliver action.
7. Partners are asked to permanently embed procurement flexibility introduced during the pandemic and review commissioning approaches reflecting the areas for development outline in the Plan.
 - HWBB endorse the establishment of a cross sector working group whose role will be to coproduce a place-based partnership charter which will set out the necessary agreed behaviours to build strong relationships and of which uniformity will aid integration. A representative will be required from each partner with senior responsibility for implementation of the charter within their own organisation.

4.7 To date the Plan has been developed across a wide and varied range of organisations within the Community, Voluntary and Faith Sector. It is proposed that partners are now be engaged to further develop the Plan. A series of engagement events will take place in January 2022 with Partners and Elected Members to inform a final version of the Plan.

- 4.8 The scope of this Plan and the Sector is not limited to the Health and Wellbeing Board. The programme of engagement in January will therefore need to consider how this work is shared with other key groups and committees and how support to deliver the Plan will be achieved.
- 4.9 It is proposed that further work is undertaken to fully develop the Plan, which will continue to be led by the Sector, including the Communities of Practice Group, Sector Leadership Network (formally Chief Officers Group), and Humanitarian, BAME and Faith cells and HWBB Reference Group.

A final version of this Plan will be presented to the Health and Wellbeing Board in March 2022.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The work programme outlined within this report identifies potential financial implications and commissioning intentions which may include pooling resources across the Council and or with Partners.
- 5.2 Subsequent resource requirements will be identified following engagement of Partners in this Plan.
- 5.3 The plan will support the understanding and broadening of opportunities around social value therefore providing improved impact and value for money.

6.0 LEGAL IMPLICATIONS

- 6.1 There are no legal implications arising from this report, however future actions taken may have legal implications which will need to be addressed.

7.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 7.1 The involvement of all key stakeholders including Elected Members will be required in discussions relating to the developments of strategies, policies, the plans, possible models, and proposals, ensuring the outcome of deliberations is acceptable to all participants.

8.0 RELEVANT RISKS

- 8.1 An early major risk has been identified, where stakeholders, Elected Members, and the members of the CVFSE sector do not actively participate.
- 8.2 This risk can be mitigated by ensuring that the continued engagement from the Community, Voluntary and Faith Sector is as key as the contribution from Wirral partners. As part of this work further relevant risks will be identified related to the workstreams outlined.

9.0 ENGAGEMENT/CONSULTATION

9.1 A fundamental tenet of this approach is to enable a co-produced programme of work, engaging with the many local Community, Voluntary and Faith networks, and organisations. In addition, it is essential that communities and residents are also engaged and consulted and are at the centre of all aspects of partnership working. This will allow the development of local infrastructure to support place-based activities designed to improve their health and wellbeing.

The next stage of this work will be to understand the opportunities and challenges of Partners for working with the Sector.

10.0 EQUALITY IMPLICATIONS

10.1 This report has no impact on equalities; however, we will ensure that any associated actions meet our obligations under the Equality Act 2010 and the Public Sector Equality Duty, such actions will be subject to individual Equality Impact Assessments where appropriate.

11.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

11.1 There are no environment and climate implications as part of this report however the CVF Sector are highly cognisant of this agenda for the following reasons:

- Environmental factors are, in many ways, acknowledged as a key driver for supporting good health and have been recognised as such for decades.
- Open space for recreation and exercise can play a significant part in keeping people well and safe.
- Looking after the environment is a global challenge needing the full attention at all levels of society as it is widely accepted that failure to do so is adversely affecting the climate.
- The challenge of looking after the local environment, within a place-based system for improving health and wellbeing, can create a strong sense of ownership at community level and pride in joint ownership.

12.0 COMMUNITY WEALTH IMPLICATIONS

12.1 The Community Wealth Building Strategy makes an important contribution to improving the economic, social and health outcomes of the borough and reducing disparities in health. The CVF is an important partner in community wealth building therefore this work programme will contribute to the aspirations outlined in the Community Wealth Building Strategy.

REPORT AUTHOR: Wirral's Community, Voluntary and Faith Sector

APPENDICES

1. Community, Voluntary and Faith Sector Coming Together Plan

BACKGROUND PAPERS

Wirral Community Wealth Building Strategy

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

The Health and Care Bill

Equity for People and Place, Wirral Borough Council, September 2021

Building strong integrated care systems everywhere; ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector. NHS, September 2021

Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector, 2016

Improving commissioning through a VCSE Single Point of Contact, NAVCA, May 2017

Commissioner perspectives on working with the voluntary, community and social enterprise sector, The King's Fund, February 2018.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	29 th September 2021
Health & Wellbeing Board	20 th July 2021
Health & Wellbeing Board	31 st March 2021

Appendix 1

Community, Voluntary & Faith Sector Coming Together Plan

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Introduction

This plan has been developed by Wirral’s CVF sector, mainly through the Communities of Practice Group, Sector Leadership Network (formally Chief Officers Group), and Humanitarian, BAME and Faith cells. It is a high-level plan that requires more coproduction work along with system partners to further refine; however, the pillars and themes identified are based on the opportunities we see and want to shape for Wirral as well as the challenges we believe we face as a sector and Borough.

One of the many strengths of the CVF sector is its agility and therefore we recognise that this plan may adapt over time in harmony with how relationships and communities’ change; we are willing to review, learn and improve on our journey.

CVF and Communities Plan

This plan delivers on four key pillars and four cross cutting themes that will improve CVF and community development:

Four Key Pillars

- 5 Influence and voice
- 6 Coproduction and working together
- 7 Health Creation
- 8 Volunteering

Cross-cutting themes

- 9 Developing the right culture and conditions for collaboration
- 10 Improving focus on data and insight
- 11 Continual learning
- 12 Knowing our strengths and building capability

Influence and Voice

Wirral’s CVF sector is diverse and vibrant; there are many organisations and citizen associations that work with local people and in neighbourhoods attributing to economic, environmental, and social sustainability. However, they cannot do this alone, they work with communities and with statutory organisations to gather and share insight as well as providing effective and efficient services. This valuable insight helps design local policy that works with communities not against so we must enable and support ways that this can happen and these voices to be heard.

Key areas for development	Why is this important?	How do we make this happen?	How can our partner’s support?
Creation and facilitation of the coproduced representative mechanism , ensuring the CVF sector are involved at all levels in	It would be impossible to have the entire CVF sector involved in every discussion due to volume of organisations and capacity required.	<ul style="list-style-type: none"> • Agree and communicate new mechanism • Recruitment and ongoing support of representatives. Organisations must 	<ul style="list-style-type: none"> • Work with the CVF to coproduce the mechanism and fully engage with it. • Be clear when it’s an organisational

<p>planning and policy across the system and wider partners.</p>	<p>Therefore, a mechanism is required to share these roles, so the sector has a voice and conduit but without being overburdened. The sector needs to be confident that the mechanism works and communication flows freely to further develop trust and collaboration.</p> <p>The mechanism must be effective but without too much bureaucracy which could exclude smaller organisations. It must be a supportive mechanism to engage and involve organisations of all sizes.</p> <p>Organisations must use their beneficiary groups and networks to ensure citizen voice and reach, adding value and depth through lived experience to the role of representative.</p> <p>We also recognise that not all organisations will want to or have the capacity to represent but we must still ensure</p>	<p>support each other smaller/larger</p> <ul style="list-style-type: none"> • Develop robust and effective two-way communication channels • Regular review involving all and a commitment to quality improvement • A Co-ordinator role to support with coproduction, implementation, ongoing co-ordination, and review/improvement • Be mindful of digital exclusion and ensure inclusive ways of working 	<p>representative or a CVF representative required and if that latter go via the mechanism so we can offer these roles to many rather than the few, this develops CVF leadership skills</p> <ul style="list-style-type: none"> • Consider funding to enable representatives from all size groups to participate. Often only larger groups can find ways to spare some time away from their organisation to attend meetings/events.
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	that they are connected and well informed of everything that is going on.		
Creation of communities of interest , be that a neighbourhood or a thematic group to aid collaboration and gather wider community insight around specific topics.	Gaining a better understanding of who is doing what locally facilitates increased collaboration and better use of skills and resources. Additionally, such networks provide peer support, sharing of good practice and relationship building.	<ul style="list-style-type: none"> • These communities of interest would provide additional CVF and community infrastructure in addition to the communities of practice groups (both ABCD champions and CVF senior leaders). • These communities of interest would grow over time and find the best way for them to connect such as email groups or virtual or face to face meetings. The format would be self-determined, but support would be provided by the new organisation. 	<ul style="list-style-type: none"> • Support to link people from across the system into these communities of interest groups. • Involvement and recognition in the role they can support with for engagement activities. • The opportunity to collaborate with partners on key initiatives and considerations to investment required within these networks.

Coproduction and Working Together

*‘Co-production is simultaneously **an activity, an approach and an ethos** which involves members of professionals and the public working together, sharing control and responsibility across the entirety of a project’*

By adopting a coproduced approach to how we work together we can help ensure that resources are used to develop the services that people really want. CVF organisations can reach into communities and support people with lived experience to participate in such activities.

We also need to develop ways in which the CVF can work together and with external partners as we know we can achieve more if we work together. We need to work together to define how coproduction would work in practice.

Key areas for	Why is this	How do we make	How can our partner’s support?
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development	important?	this happen?	
<p>Develop innovative ways to help colleagues across the system understand the CVF sector, for example create an online induction module for all public sector staff and Cllrs explaining what the CVF sector is and does; what co-production is and why it's important; introduce volunteering and representation</p>	<p>The CVF sector is fluid as it shifts and moves with communities, this can be difficult to keep up with and understand. Plus, partner organisations have a regular turnover of employees, elected members and/or other non-executive directors so it's important that we provide this introduction to the CVF sector regularly.</p>	<ul style="list-style-type: none"> • Develop an online module for all Cllr, staff, and volunteers to learn about the voluntary sector and vice versa • Make opportunities for partners to have volunteering days with CVF organisations mandatory as part of their development 	<ul style="list-style-type: none"> • Mandatory inclusion within induction training and at all levels within the organisation. • Support for volunteering • Feedback/work with us – what would help you understand the CVF sector?
<p>Work with commissioners to develop coproduced commissioning which builds on trust, collaboration, openness, and transparency rather than traditional methods that are competitive and divisive.</p>	<p>Current commissioning and procurement processes are divisive and have a detrimental effect on our desire to build relationships across the CVF. We must modernise approaches; we too are</p>	<ul style="list-style-type: none"> • Contribute to collaborative bids and provide our skills and strengths • Be open to efficiencies and sharing resources differently • Shift away from a 'look after yourself' approach to 	<ul style="list-style-type: none"> • A commitment to finding ways to commission and procure differently in a way that is more sensitive to the CVF sector and that complements efforts to build relationships • Working/commissioning/providing grants in a more joined up way and being more fluid will focus effort on what's important and release efficiencies for both organisations and grant/contract managers.

<p>Offer grant funding where appropriate.</p> <p>Equally value our sector by providing cost of living rises for contracts in line with statutory rises.</p> <p>Support sustainability and ability to attract additional investment through longer term contract and funding arrangements .</p>	<p>very experienced around accountability in relation to public funds and we must start from a position of trust and build on what's good and works.</p> <p>The CVF sector should be able to influence commissioning decisions by showcasing good practice and raising awareness of existing organisations as well as identifying gaps.</p>	<p>commissioning'</p> <ul style="list-style-type: none"> • Build smaller organisations into the supply chains of larger 	
<p>Develop a strategic funding group, uniting system partners in identifying opportunities for investment and putting Wirral on the map using our local assets and skills. This group will lead on bids and applications</p>	<p>Let's be ambitious for Wirral and build on our skills, strengths, and creativity as a whole system to maximise funds into Wirral. A more joined up approach would place us in a much stronger position but at present this lack</p>	<ul style="list-style-type: none"> • Provide leadership around this agenda • Build on the strengths within the borough • Proactively work on equity and wider distribution 	<ul style="list-style-type: none"> • Participate and channels opportunities through this group • Provide tools, data/information, and skills to help develop bids and plans

for Wirral as a collective.	coordination and happens more by chance than design.		
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Health Creation

Through enabling collaboration, reducing duplication of effort, maximising skills, and value, and sharing best practice we can achieve health creation and tackle health inequalities. Language is important therefore we would rather adopt the term health creation than tackling health inequalities.

Key areas for development	Why is this important?	How do we make this happen?	How can our partner's support?
Using systems to dynamically map new organisations and services to understand health creation and share this with connectors and other signposting organisations.	There is a significant amount of activity within the borough looking at health inequalities, but we haven't collated this into one place. Until we know what we have, how can we know where the gaps are or what we can build on? Infobank would act as the starting point for this exercise.	<ul style="list-style-type: none"> A specific piece of work would be required using connectors, networks and CVF organisations to contribute to our health creation map for Wirral ensuring it covers the wider determinants of health 	<ul style="list-style-type: none"> Share these messages Support with skills to enable this piece of work
Have a CVF catalogue of organisations who wish to collaborate and their area of interest/specialist.	Services and initiatives change frequently and it's difficult to keep track. Infobank provides a useful resource to members of the public, but it doesn't	<ul style="list-style-type: none"> Manage and continually develop the catalogue based on CVF feedback Use this resource to identify partners 	<ul style="list-style-type: none"> Identify a CVF lead/champion in each organisation/department (depending upon size) who can act as a link to enable collaboration across sectors

	contain the relevant information that would support CVF collaborations.	and collaborators	
Ask our system to adopt the same health creation priorities as their social value framework when commissioning – will give extra support as part of existing expenditure/commitments	<p>Social Value is now very much on the agenda and is a good way to make the most of procurement activities through asking bidders to help us with certain areas around environmental, economic, or environmental impact.</p> <p>If system partners adopt the same social value framework, we can create bigger impact in fewer areas. If we target areas for health creation, then this extra activity also moves us in the right direction.</p>	<ul style="list-style-type: none"> • Support and facilitate conversations to develop a shared social value framework • Support CVF organisations to help measure social value 	<ul style="list-style-type: none"> • Adopt a system wide social value framework and consistent approach to monitoring • Work with the CVF to explore how partners can also deliver social value such as volunteering schemes, salary sacrifice
<p>More and longer-term investment is needed in prevention if we are ever to stop ‘firefighting’</p> <p>Agree some consistent prevention messages that the CVF can adopt. Together we can have</p>	<p>Let’s start to think longer term and be braver in how we approach prevention.</p> <p>We have had strong</p>	<ul style="list-style-type: none"> • A dedicated role to support communication within the CVF sector but also to support CVF 	<ul style="list-style-type: none"> • The opportunity to be involved in communications planning around health and wellbeing and community activities. • Clear messaging and

greatest impact.	messages in the past for example 5 ways to Wellbeing which many organisations continue to use. If we are included within system communication strategies, then we can play our part in getting these messages to all parts of our community.	organisations to share agreed messages across their communities and networks.	support to adopt these <ul style="list-style-type: none"> • Plain language and accessible to all
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Volunteering

A central organisation to support volunteering is needed for Wirral to support individuals looking to volunteer and organisation to involve volunteers. Encouraging volunteering within Wirral will improve people’s health and wellbeing, will enable more social action, and increase community spirit and feelings of purpose and belonging.

Locally rooted community organisations play a unique role in tackling local unemployment. They are direct providers of jobs and volunteering opportunities in areas facing some of the greatest challenges; they provide tailored and sensitive employment support for their community; and they take a strategic role in supporting local economic development (Locality, communities work report). This is of particular importance in post-covid jobs recovery as neighbourhoods with existing employment problems are more than twice as likely to be at high risk of covid related job losses.

Volunteers are a huge asset to Wirral, and they take on varying roles across the CVF sector, some informal that don’t require training, could be one-off or more flexible; and formal where a regular role is taken, and training provided.

Key areas for development	Why is this important?	How do we make this happen?	How can our partner’s support?
Make it everyone’s business to value Volunteers	Volunteering is valuable to both those who volunteer and those who receive support from volunteers so we need ways in which we can recognise people’s	<ul style="list-style-type: none"> • Agree a consistent tool for measuring volunteer outcomes. This tool can help people to understand their journey • Organise a joined-up awards ceremony using the categories 	<ul style="list-style-type: none"> • Open training to staff and volunteers within CVF organisations Support the volunteering Recognition Event through venue, funds, or

	individual journey and celebrate this.	from the tool above, so everyone is recognised	event planning skills
Work smarter around promotion of volunteering in Wirral and enable access to all	CVF organisations can feel at a disadvantage as they cannot complete with larger organisations	<ul style="list-style-type: none"> • Have a brand for volunteering in Wirral, almost like an accreditation ‘time to give Wirral’, create a logo which every organisation that involves volunteers can use. The volume of organisations using it will mean it becomes a beacon for volunteering, so people know volunteers are valued. 	<ul style="list-style-type: none"> • Sign up to and promote this brand
Further develop ‘the volunteer family’ approach which provides volunteers with the feeling of a safe family unit; a supportive environment that gets the most out of people in a personalised way.	Wirral needs a modernised support offer around volunteering that capitalises on the surge in volunteering seen during the pandemic and embraces new approaches that local organisations are taking.	<ul style="list-style-type: none"> • Provide practical support – DBS, training, an email group for volunteer managers to ask questions and share information • Developmental support – mobility across organisations, working with DWP and training their advisors 	<ul style="list-style-type: none"> • Support mobility so volunteers can spend time with smaller organisations • Open training opportunities • Share best practice
Encouraging volunteering with public sector colleagues and facilitate connections.	More local organisations are now encouraging their employees to give something back by volunteering however this can prove to be difficult to coordinate without knowing what’s available and how to get the most out	<ul style="list-style-type: none"> • Provide a one stop shop for people looking to volunteer and broker these discussions between the individual and the organisation based on strengths and impact. • Facilitate regular conversations with 	<ul style="list-style-type: none"> • Senior leaders and Elected Members to spend a day with a local organisation to build understanding and ‘get a feel’ for what it’s like on the ground

	<p>of people using their skills and strengths.</p> <p>Some organisations such as DWP have a key role in supporting people into volunteering but people in receipt of benefits are often worried about volunteering. How can we adopt a consistent message that truly encourages and facilitates?</p>	<p>key partners such as DWP around volunteering</p>	
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Cross Cutting Themes; our enablers

1. Developing the right culture and conditions for collaboration

Culture and behaviours are fundamental to success but also the most difficult to affect. If we are to truly work together there must be a real commitment to addressing cultural issues and behaviours that have a detrimental impact on relationships. **Trusting relationships are required** and will need to be built over time in a cognisant way. Transparency helps build trust; we may not always agree but at least we understand the rationale or pressures/constraints that people are working in.

System values also need to inform behaviours if we want to move in the same direction. Having a **standardised set of behaviours** will help people understand what is and isn't acceptable and we need to be able to **respectfully challenge behaviours** that sit outside of what has been agreed. This will require real buy in from all systems partners at all levels, through pledges and these pledges brought to life in how they work with CVF organisations both strategically and operationally.

Wirral's CVF sector would like to **lead the coproduction of a charter for the Wirral**, which will set out the necessary agreed behaviours to be adopted across the system and how we manage conflict. This will also be an important element of how we work within our place-based partnership.

The CVF sector through the creation of this plan have agreed to work hard at building trusting relationships and 'leaving any cynicism at the door'. **We are committed to working in a way aligned to such a charter**, be brave and be challenged if behaviours are experienced not akin to what we have agreed.

CVF Champions within every department within the Council and wider partners would create new links and foster a better understanding of the CVF Sector and as a result, better working relationships.

2. Improving the focus on data and insight

Over recent years we have made improvements in feeding data collected by the CVF into the Wirral Observatory but there is still more than could be done. This will provide more depth to the Wirral picture and will help design local places and services.

Data and insight gathering collectively with CVF sector organisations can be **used to influence strategy, planning and commissioning**, improving the design process and in turn outcomes.

Implementing data collection methods and analysis is a specialist role that often CVF organisations are unable to embed within teams due to funding, the weekly amount of time required and time from the organisation. The only way to facilitate better data collection and analysis across the CVF would be to have **a role that supports across the sector**.

Integral to this plan would be a dedicated role, specialist in data gathering and analytics who can not only support organisations to improve impact measurement but can also collate and demonstrate collective value. This role would sit within the new coordinating organisation Wirral CVF, **working closely with BI colleagues across the system**.

Although the CVF sector are keen to develop ways of evidencing impact/change; this **information/data collection needs to be meaningful and relative**. More flexible approaches were adopted during covid which seems to work well for both commissioners and providers, therefore it would seem sensible to continue with this or be willing to look at new ways of working.

Individually we measure impact, sometimes this can be more focused on the requirements of funders or commissioners and not always based on what organisations achieve. We need to get better at measuring real impact and by combining our efforts we can highlight the role and importance of the CVF Sector in Wirral. As part of exploring new approaches the CVF sector are interested in **identifying a methodology for collective impact reporting** for the CVF sector.

3. Continual learning

Often it feels as though we have 'done this before' so it's important that we learn from the past, what worked well and what not so well. **Learning lessons means we don't make the same mistakes again**. By looking at what has been done in Wirral and other areas we can guide our work, for example Wirral Volunteering Standard was created but never fully rolled out/adopted. What can we take from this standard and experience in the next stage of our journey?

We also need to give **permission to fail**; this breeds creativity and shared responsibility; **if we fail, we fail together**.

4. Knowing our strengths and building capability

Wirral has a huge amount of **skills and experience within our combined workforce** across the sectors that we should make every **effort to understand, connect and utilise**. By having a better understanding of how we can work together and make the **best use of our skillsets**, we can be **more effective** at influencing and shaping local plans.

This approach needs to be built into **how we encourage and support volunteering** and other aspects of the plan through shared training and development opportunities such as **networking, mentoring, and coaching**.

By providing **system multi-disciplinary training** opportunities some of which CVF organisations can deliver if funding was provided is one way in which we build on our strengths. Could preferential opportunity be given to **Wirral organisations to provide training** so we can retain funds within the borough and further **support our CVF sector and wider economy**.

Infrastructure

What do we mean by infrastructure?

The role of local infrastructure organisations takes many shapes and forms, but they generally exist to serve a common purpose - to ensure that voluntary, community, faith and social enterprise organisations get the advice, support, and representation they need to improve the circumstances of the people and communities they work with. They generally do this in several ways:

- they **identify and fill the gaps in existing provision** by monitoring the services provided by the third sector in its local area and **working with new and existing groups to around health creation and address unmet needs** in their communities.
- they raise standards by providing access to **information, advice and support to local groups and organisations** in order that they have the knowledge, skills, and resources they need **to support the local community**.
- they **enable communication and collaboration** by encouraging local groups and organisations to **share resources** and to work collaboratively and establish forums for networking where they can **share good practice and form partnerships** through which new activity can be developed.
- they provide a mechanism through which the **diverse views of local groups and organisations can be represented** to local public sector bodies. They also enable two-way communication so that the local sector is involved and can contribute to policy developments and decision-making.
- they **promote strategic involvement** in local policy making and planning, **ensuring that the sector is represented and involved in local decision-making bodies**, and actively work with representatives to ensure they keep on top of key local issues.

Mobilisation

Integral to a new way of working, is the requirement for an independent, trusted CVF led organisation to provide support, connect, facilitate and to enable the voice of the CVF sector in Wirral to be heard within LCR and C&M. This new body would act as a flexible coordinating organisation as well as a vehicle for funds to flow through to create pace and agility for local organisations and communities for health creation purposes.

The CVF sector have already united around this need and the new organisation Wirral CVF is in development with a temporary board in place until wider elections can happen.

Wirral CVF would also play an independent critical role in championing the values and benefits of a thriving collaborative CVF sector as an equal partner within the borough. These shared values include:

- a belief in collective action
- social justice and making a positive difference to people's lives
- taking a holistic approach to people's needs
- empowering people and making voices heard
- building social capital and reinvesting financial surpluses for community need
- putting communities first
- promoting health creation and tackling inequalities
- being open, honest, trustworthy, and transparent in everything we do
- operating ethically and with the highest standards of integrity.

Threats to these shared values also jeopardise the independence of voluntary organisations and the sector as a whole. These include:

- the 'top-down' nature of the relationship between government and the voluntary sector
- funders preventing legitimate campaigning, lobbying and advocacy either directly or implicitly
- funders influencing the activity and direction of voluntary organisations
- voluntary organisations relying too heavily on one source of funding or contract
- perceived pressures to become more like a business, rather than more business-like.

Individual voluntary organisations, and the sector as a whole, must hold onto their values and continue to operate independently of state. This independence and these values give users and donors confidence in services and advocacy. They enable us to challenge government and speak up for individuals and communities who might not otherwise be heard. In short, the sector's independence and values are vital for democracy (NCVO, 2020).

Wirral CVF would be responsible for facilitation and delivery of the coproduced CVF and communities plan and would be required to provide support in line with the NAVCA performance standards of a local infrastructure organisation:

Development: Working with the local community to create and develop ways to meet the needs and aspirations of people in their area.

Liaison: Bringing people together from all kinds of voluntary and community groups, to make connections, share what they do and support each other.

Support: Encouraging local voluntary organisations and community groups with tools, information, and practical expertise, so they can be the best they can be.

Representation: Making the case for, and speaking as the trusted voice of, the local voluntary community with local councils, NHS, government, and others.

Working in partnership: Connecting with local initiatives and partners, and working together on local projects, to share knowledge and resources or the benefit of the local community, voluntary organisations, and community groups.

This organisation would be accountable to the CVF sector through its board of Trustees for the organisation, appointed from the membership, who set the strategy and direction. This new organisation would be a key strategic partner within the Borough, supporting with policy changes and translation into local action. It will actively look for and share best practice in Wirral and beyond.

The sector is united in wanting a local infrastructure organisation to ensure connectivity, facilitate collaboration to innovate and secure investment in Wirral; be that attracting new funds or getting the most out of funds already within the borough through the social value agenda.

The new organisation would:

- Work with partners to embed ABCD in the ways in which it designs and delivers
- Be as lean and efficient as possible, using digital technology where possible but not exclusively
- Use data and insight to drive innovation
- Be inclusive
- Champion the CVF Sector in Wirral locally, regionally, and nationally
- Build trust in its character and competence
- Be CVF Sector designed, developed, and led

Wirral, which will set out the necessary agreed behaviours to be adopted across the system and how we manage conflict. This will also be an important element of how we work within our place-based partnership.

The CVF sector through the creation of this plan have agreed to work hard at building trusting relationships and 'leaving any cynicism at the door'. **We are committed to working in a way aligned to such a charter**, be brave and be challenged if behaviours are experienced not akin to what we have agreed.

CVF Champions within every department within the Council and wider partners would create new links and foster a better understanding of the CVF Sector and as a result, better working relationships.

Investment

It is important that we learn from the past and ensure we provide enough investment to the CVF sector to support delivery of this ambitious plan and that this is sustained. It is estimated that to deliver the ambitions included within this plan an investment of at least £400k per annum would be required. This is a reflective benchmark of the investment committed in peer authorities.



WIRRAL HEALTH AND WELLBEING BOARD

15TH DECEMBER 2021

REPORT TITLE:	WIRRAL ADDER (ADDICTION, DIVERSION, DISRUPTION, ENFORCEMENT AND RECOVERY) ACCELERATOR PROGRAMME UPDATE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides the Health and Wellbeing Board with an update on progress in delivery of the Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme.

The proposed actions affect all wards within the borough.

The decisions requested are not key decisions.

RECOMMENDATION/S

The Health & Wellbeing Board is recommended to note the contents of the report on the progress made in delivering the Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Delivery of the ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme will strengthen local capacity to reduce drug related deaths, hospital admissions and drug related offending.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options were considered in relation to developing the Wirral ADDER Delivery Plan and interventions to be delivered. The Wirral ADDER Programme Delivery Plan was agreed upon by the multi-agency Wirral ADDER steering group following review of local intelligence and consultation with a wide range of partners. The delivery plan was reviewed and agreed by Government colleagues in the Home Office and Office for Health Improvement and Disparities (previously Public Health England).

3.0 BACKGROUND INFORMATION

- 3.1 In January 2021, the government announced an additional £148 million funding to reduce drug-related crime and health harm. This included an announcement of further funding for Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), a joint Home Office, Department for Health and Social Care and Public Health England programme.
- 3.2 Wirral was selected as one of eight additional sites as part of an expansion of Project ADDER from the original 5 sites. These additional sites, which are called Project ADDER Accelerators, build on the ADDER model by providing investment to participating areas with focused support from across Government for those leaving prison, people experiencing homelessness and recovery support around employment. Wirral was selected to be a Project ADDER Accelerator site based-on consideration of key indicators including high-levels of drug-related deaths and drug related offending. Clear aims and objectives for the ADDER Accelerator programme have been set out by the Home Office and Office for Health Improvement and Disparities (previously Public Health England), along with key performance metrics, these are outlined in Appendix 1.
- 3.3 This report provides the Health and Wellbeing Board with an update on progress made to date on implementation of the agreed delivery plan.
- 3.4 Progress to date has been made related to the following interventions:

Increased staff capacity, supporting case work, outreach work, and in-reach work

Funding allocated: £255k per annum.

Recruitment of seven additional staff by Wirral Ways to Recovery to strengthen engagement with vulnerable problematic drug users through increasing the capacity in a dedicated team of clinical and non-clinical staff.

Improved Links and Engagement with Primary and Secondary Health Care

Funding allocated: £260k per annum.

- Development of Specialist GP clinics within drug treatment hubs – weekly GP sessions and specialist prescribing nurse
- Successfully recruited two additional health connectors within Wirral Ways to Recovery to strengthen links and engagement with primary care and wider health services
- Recruitment of a specialist mental health nurse to work with the drug treatment service; One post to be recruited by Cheshire and Wirral partnership NHS Foundation Trust (CWP)
- Additional specialist respiratory nurse capacity provided by Wirral University Teaching Hospital to provide respiratory clinics within drug treatment hubs, clinics commenced week commencing 11th October 2021.

Enhanced partnership work with Community Pharmacies

Funding allocated: £154k per annum.

Planning underway to establish an extended function with selected community pharmacists who have expressed an interest in working more closely with the specialist drug service. This will consist of three posts working across community pharmacies and Wirral Ways to Recovery.

Support provided through community pharmacy will include the following:

- Enhanced Needle Exchanges, including additional training for teams.
- Naloxone provision (an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone).
- Vaccination e.g., Flu, COVID
- Assessing Safeguarding Risks - Children, domestic violence, security & safe storage of meds Safe disposal of containers / medication waste.
- General Welfare Check: Hygiene, Oral Health, Demeanour, Presentation, Female health
- Checks on Health, which could include Lifestyle questions and advice, BP measurement, Diabetes screening and early detection, cholesterol monitoring, medication reviews, COPD Review
- Smoking cessation advice and/or supply

Enhanced Naloxone Provision

Funding: £52k per annum.

Funding will enable the recruitment of a naloxone co-ordinator by Wirral Ways to Recovery and purchase of additional naloxone supply.

Naloxone is a medication used to block the effects of opioids. It is commonly used to counter the effects of opioid overdose, Naloxone is useful in treating both acute opioid overdose and respiratory or mental depression due to opioid use. It is now included as a part of emergency overdose response kits which are now being increasingly

distributed to heroin and other opioid drug users, and to emergency responders. This has been shown to reduce rates of deaths due to overdose.

The funding will:

- Increase the provision of naloxone through the creation of post to deliver a peer naloxone distribution service, that also links in with increased provision in pharmacies.
- Support the implementation of a Police Naloxone programme (to be agreed).

Housing support workers

Funding: £54k per annum.

Provision of two additional workers within Wirral Ways to Recovery who will work closely with registered social landlords and housing support services to support drug service clients to maintain a stable lifestyle in their accommodation, as a key element of a recovery journey towards independent living.

Criminal Justice linked work

Funding allocated: £216k per annum.

- Two additional posts within Wirral Ways to Recovery to increase capacity for collaboration and joint working arrangements with Liaison and Diversion schemes, Courts, and the Probation Service, to increase the number or community sentence treatment requirements (CSTR) and support improved engagement in treatment and compliance by individuals on court mandated orders.
- An additional staff member within Wirral Ways to Recovery to support increased diversion into treatment through greater custody cell engagement and court support, including opportunities to influence / advise on sentencing decisions and enrol people into treatment at key points/times of high level of motivation on the criminal justice pathway.
- Strengthen Through The Gate (TTG) prison services, improving engagement with treatment and support services after release from custodial sentences. Two additional posts, one within Wirral Ways to Recovery and one based with Tomorrow's Women Wirral. These workers will provide specialist support to assessment for criminal justice service users, improving engagement with treatment and reducing the risk of disengagement and harm. Also, the recruitment of a drug treatment Groupworker to connect with Probation services, enhancing the criminal justice offer and supporting the reducing re-offending pathway.

Additional Residential Rehab capacity

Funding allocated: £119k per annum.

Increased funding available to place vulnerable service users in residential rehabilitation placements, including as an option for drug users on the criminal justice pathway.

Additional capacity to prescribe the Buvidal maintenance option

Funding allocated: £40k per annum.

Buvidal is a new preparation of Buprenorphine, which is a substitute medication used to treat and manage opioid dependency. Buvidal is manufactured as a prolonged-release medication, administered as a weekly or monthly subcutaneous injection, and must be given by a healthcare professional. It is approved for treating opioid dependence in adults and young people aged 16 years and over within a framework of medical, social and psychological treatment and is seen to be a useful alternative option to daily administered substitute drugs, offering an opportunity to get away from a habit of daily drug use, reduce the prominence that the substitute medication has in daily routines, and support greater independence as part of a person's recovery plan.

Funding will be utilised to make Buvidal available locally as a treatment option. This treatment option will be offered as an option to suitable candidates to initiate a treatment regime prior to release from custodial sentences and to support continuity of care when back in the community. It will also be offered to service users who are stable and well established on oral maintenance as a step towards stopping their dependence.

Enhance links to social care, particularly Children and Young People's services and family services

Funding allocated: £114k per annum.

- Improve treatment options for young people, by recruitment to a "Z drugs" specialist post within Wirral Ways to Recovery. "Z drugs" refer to prescribed medications used for the treatment of sleep problems, they are known as Z-drugs as many of them begin with the letter "z" e.g., zopiclone. This specialist post will offer training opportunities for Wirral services to improve knowledge of Z drugs and treatment options:
- Recruitment of an additional post within Wirral ways to Recovery focused on drug using families with children who are engaged with the criminal justice system
- Recruitment of an additional post to work with the families of those associated with substance misuse. This will support a whole family approach, developing opportunities for families to come together to address the issues of a family member, and will connect with social prescribing. Family workshop events will be provided, website development will take place, and the 24-hour helpline provision will be strengthened.

Increased system commissioning, project management and data analysis capacity

Funding allocated: £136k per annum.

- Recruitment of additional Project Management and data analysis capacity within Wirral Ways to Recovery to support the effective mobilisation, performance monitoring, data analysis, and delivery of outputs and outcomes for this substantial programme. This post will support programme evaluation to ensure that the learning offered by this programme is integrated into service delivery.
- Recruitment of additional programme management capacity within the Wirral Council Public Health team to act as a system co-ordinator, ensuring this time limited programme is delivered effectively and efficiently.

3.5 **Joint work with Merseyside Police**

As part of the ADDER programme Merseyside Police have received £1.6million. This is to support their operations across the three ADDER areas in Merseyside: Wirral, Liverpool, and Knowsley. The ADDER programme is strengthening joint working between Merseyside Police, Wirral Ways to Recovery and local programme partners, this has included developing of joint training, strengthening of referral pathways between agencies and outreach work.

Merseyside Police are using ADDER funding across the following activity:

Investigations

- Specialist training to tackle Organised Crime Groups
- Increased diversion and support for sex workers
- Enhancing capacity to deliver targeted operations

Financial Activity

- Seize proceeds of crime and invest into the community
- Targeted investigation- intelligence based

Intelligence

- Dark Web- fighting the unknown
- Invest in specialist IT and training
- Advanced analysis to drive activity

Local policing activity

- Targeted action - re-assurance and visibility focussed on:
 - County Lines
 - Transport hubs
 - Criminal use of the roads
 - Targeting hotspots
 - Intelligence led intervention

Custody Opportunities

- Out of Court Disposals/ Drug testing on arrest
- Diversion to Deferred Prosecution Scheme & support

Drug testing capability

- Enhance forensic support

4.0 FINANCIAL IMPLICATIONS

- 4.1 The delivery of the ADDER/Accelerator programme is funded via a ring-fenced two-year grant of £2.8m (£1.4m p.a.) from the Home Office/ Office for Health Improvement and Disparities (previously Public Health England). This funding can only be used to deliver those activities outlined within the Menu of Interventions that comes with the programme. The grant cannot be overspent, if there is any underspend, the Council will be required to return this to the Home Office/Office for Health Improvement and Disparities.
- 4.2 There is a strong case for investment in this field and the whole-system approach that Project ADDER promotes. The Government estimates a £4 social return on every £1 invested in drug treatment with a total of £21 over 10 years.¹

5.0 LEGAL IMPLICATIONS

- 5.1 For the Project ADDER funding, Regulation 72 of the Public Contracts Regulations has been used, which allows contracts to be varied by up to 10% of the current contract value. The reasoning for utilising this was based on the immediate timeframe for establishing delivery, the prescriptive set of interventions that are required to be delivered and the specific nature of the funding's objectives- reducing drug related deaths, hospital admissions and offending.
- 5.2 Legal and procurement advice has been sought and continued legal support will be provided in relation to these matters. Monthly returns and quarterly financial reconciliations are in compliance with the terms and conditions of the Memorandum of Understanding between Wirral Council and Public Health England (now OHID) and will enable us to gain assurances that the funding is being effectively used.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Details of interventions (including roles) to be funded utilising these Wirral grants is outlined above. Due to the funding being available for fixed periods all posts will be recruited on fixed-term contracts.

7.0 RELEVANT RISKS

- 7.1 Risks to the delivery of the project include:
- Delay in implementing partnership work due to continuing pressures presented by COVID-19.
 - Difficulties in recruiting staff quickly enough to get the programme up to an optimal level of performance within the necessary time frame.
 - Difficulty in recruiting appropriately qualified staff for a 2-year funding scheme.
 - Continuation of service developments and enhancements, including additional posts, beyond 2 years if central funding is not extended.

¹ <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

- 7.2 These risks will be managed and mitigated by the Wirral Steering Group and monthly Programme review meetings with national programme co-ordinators from the Home Office. Conversations are already planned with partners to identify how we can ensure sustainability and continue developments beyond the 2023/24 financial year.
- 7.3 There is no risk to the Council in accepting this grant funding. The funding can only be used to deliver these specific activities as outlined within the Menu of Interventions. The grant cannot be overspent, if there is any underspend, the Council will be required to return this to national Government.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 In order to co-ordinate and develop the delivery plan, and to ensure successful delivery and reporting, a Wirral Steering Group has been established. This Steering Group is led by Wirral Council Public Health and includes a wide range of partners as detailed in Appendix 2.

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. Equality considerations were a key component of the original guidance for the programme activities, stating that “all interventions should bear in mind the need to ensure access for a range of disadvantaged populations: parents who use drugs; black, Asian and minority ethnic (BAME) groups; women; LGBTQ+; people with disabilities etc”. Work is underway to ensure equality implications are reviewed as part of the project delivery. Equality impact assessments are being undertaken to ensure all interventions are delivered in a way that does not discriminate.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Illicit substance misuse is a global trade that can damage the environment in a number of ways:
- The cultivation of cocaine is a significant contributor to deforestation in Latin America.
 - Opium production contributes to water shortages in Afghanistan
 - Environmental harm from dumping of chemical waste from MDMA and ecstasy production

It is hoped by reducing demand for illicit substances, the interventions outlined in this report will minimise environmental harm.

- 10.2 Climate implications are being considered as part of the delivery of the interventions outlined above. For example, in order to reduce carbon emissions associated with the delivery of the programme naloxone distribution will be undertaken utilising bicycles (reclaimed bicycles donated by Merseyside Police colleagues).

11.0 COMMUNITY WEALTH IMPLICATIONS

Delivery of the Wirral ADDER Accelerator programme will support community wealth building and provide significant local social value by working to improve the lives of some of our most vulnerable residents. Interventions delivered as part of the programme will:

- Support community development through building resilient local communities and community support organisations, this activity will be focused in areas and communities with the greatest need.
- Support the creation of local employment and training opportunities

REPORT AUTHOR: Dr Elspeth Anwar
 Public Health Consultant
 Telephone: (0151) 666 5177
 Email: elspethanwar@wirral.gov.uk

APPENDICES

- Appendix 1: ADDER programme metrics
- Appendix 2: Membership of Wirral ADDER steering group
- Appendix 3: Powerpoint Presentation

BACKGROUND PAPERS

[Action to tackle misery of drug misuse - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	7 TH June 2021
Adult Social Care and Public Health Committee	8 th September 2021
Adult Social Care and Public Health Committee	16 th November 2021

APPENDIX 1: ADDER PROGRAMME AIMS, OBJECTIVES AND METRICS

Clear aims and objectives for the programme have been set out by the Home Office and Office for Health Improvement and Disparities (Previously Public Health England). These include:

Aims

- Reduction in drug-related deaths
- Reduction in drug-related offending
- Reduction in the prevalence of drug-misuse

Objectives

- Reduced likelihood of drug-related deaths
- A reduction in drug-related reoffending amongst prolific offenders
- Increase in the numbers of drug users engaging in treatment as well as increases in those achieving and sustaining recovery
- Increase in the number of people moving into paid employment from drug services
- A reduction in drug supply
- Reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts)
- Increase in number of young and vulnerable people safeguarded.

Programme Metrics

To monitor progress against delivering the outcomes above a range of metrics will be monitored using the National drug Treatment monitoring system.

These include:

1. Number in treatment at the beginning of each quarter, also broken down by:
 - number starting treatment
 - number previously in treatment
 - those who treatment naïve
 - those entering via the Criminal Justice system
2. Number entering treatment self-reporting a mental health need
3. Treatment interventions received
4. Housing, Employment and Education support received
5. Treatment exits (successful completion, dropped out, died in treatment, still in treatment)
6. Number receiving Naloxone

In addition, some further metrics will be reported by the service to the National ADDER team. These are,

- Number of individuals contacted by Outreach

- Naloxone kits distributed (excluding those distributed through the treatment service)
- Number of drug users who engage with prison in-reach services

And working with the Police, Probation Service and the courts,

- Numbers entering treatment through an Out of Court Disposal/diversion scheme.

APPENDIX 2: WIRRAL ADDER STEERING GROUP MEMBERS

In order to co-ordinate and develop the ADDER Accelerator Delivery Plan and ensure successful delivery and reporting a Wirral ADDER Programme Steering Group has been established. This Steering Group is led by Public Health and includes a wide range of partners, as listed below:

Wirral Ways to Recovery,
Merseyside Police,
NHS Wirral CCG,
Wirral Council: Public health, Housing & Homelessness Team, Wirral Intelligence Service,
Children & Young People's Services, Response, Regeneration Team, Health & Wellbeing
Service,
Wirral Growth Company,
Department of Work and Pension (DWP),
Merseyside Probation Service,
Local Community Pharmacy Cheshire & Merseyside Network,
Wirral Primary Care Networks,
Wirral University Teaching Hospital,
Cheshire & Wirral Partnership Mental Health Trust,
Liverpool John Moores University Centre for Public Health.
Lived Experience representation

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Wirral Health and Wellbeing

Board

16th December 2021

PROJECT ADDER Wirral Partnership Delivery



Wirral Project ADDER Merseyside Police

Detective Chief Superintendent Lisa Mahon



PROJECT ADDER 2021-2023



‘ A whole system approach to enhancing local enforcement, diversionary, treatment and recovery ‘

INITIAL* FUNDING- Delivery Plans

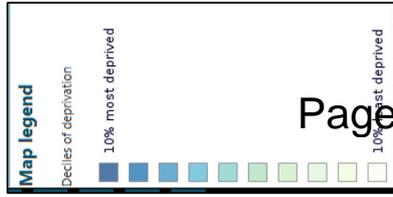
- Knowsley £500,00
- Liverpool £2.4m
- Wirral £1.4m
- Merseyside Police activity £1.6 m

Links to other projects- County Lines, OCP, serious violence, Venetic, crime reduction and prevent initiatives as well as local authority and health based initiatives.

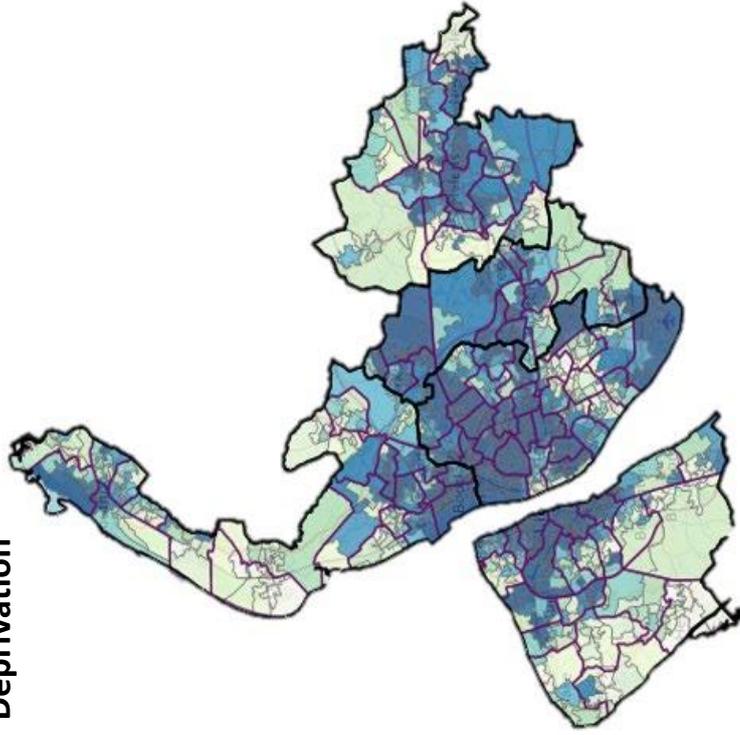


Merseyside in Context

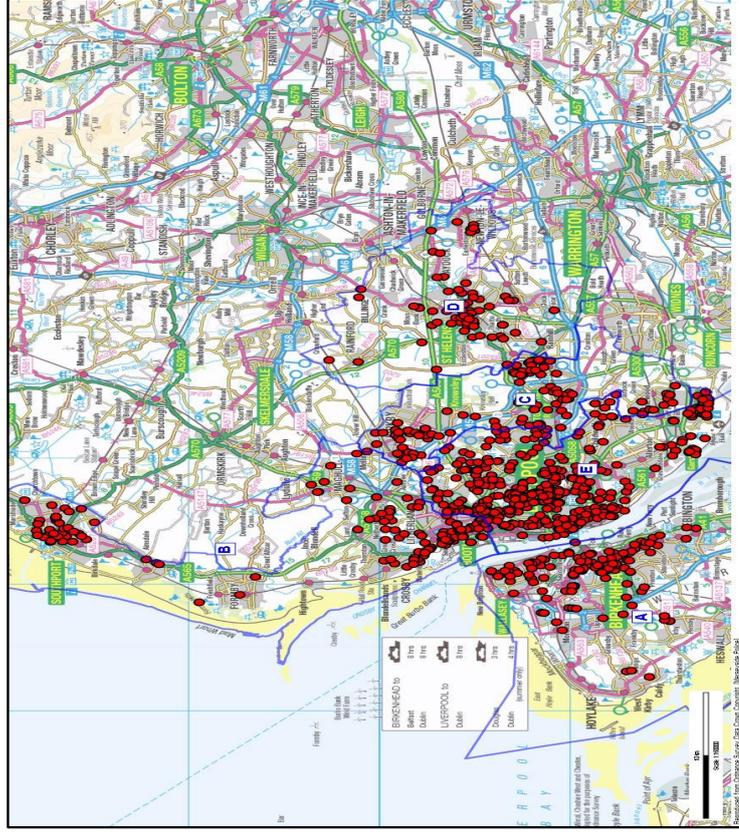
Map of Index of Deprivation and Drug related crime



Deprivation



Merseyside Drug Trafficking Arrest Data – 01/01/21 – 21/06/21



Media Attention Liverpool gangs 'dominate' gun and drugs trade outside London

National Crime Agency uses encrypted chat to uncover gun factories in north-west



▲ Tight security at the trial of a Liverpool gangster. Photograph: Chris Radburn/PA

Organised criminal gangs from Liverpool have risen to the summit of the UK underworld and “dominate” the firearms and drugs-trade outside London, the latest intelligence from senior officers at the National Crime Agency

ECHO NEWS 2 - IN YOUR AREA WANTS ON - LIVERPOOL FC - EVERTON FC - CLUBS - SPORT - BUSINESS SPECIAL FEATURES

Humiliation of the big spenders - drugs baron in the dock in custody slippers after being stripped of wealth

New legislation has reversed the roles and given detectives the chance to show that crime does not pay

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By **Jack Thomas** 17:22, 12 MAR 2015

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'Drugs' disguised to look like sweets and soft drinks 'to appeal to children'

The suspected cannabis was found in packets and bottles disguised as Chewits, Tango and Reese's sweets

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By **Lee Grimshaw** 17:22, 12 MAR 2015

COMMENTS

NE



▲ A police raid on a home in Longmoor Lane in Fazakerley uncovered boxes of suspected cannabis disguised as packets of sweets and soft drinks. A 15-year-old boy was arrested. (Image: Metropolitan Police)

NEWS

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[UK](#) [England](#) [N. Ireland](#) [Scotland](#) [Alba](#) [Wales](#) [Cymru](#)

Drug gangs 'extending out of cities', report warns

12 August 2015 UK

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Underworld life of drug and gun gang boss who became a killer at 15

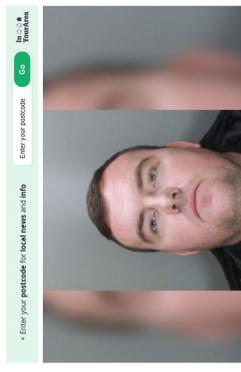
A judge was told of Terence Nash's past, which included a sentence for manslaughter, before she sentenced the 35-year-old earlier this week

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By **Jack Thomas** 17:22, 12 MAR 2015

COMMENTS

NEWS



ECHO NEWS 2 - IN YOUR AREA WANTS ON - LIVERPOOL FC - EVERTON FC - CLUBS - SPORT - BUSINESS SPECIAL FEATURES

Gallery of Shame: South Park drug dealers jailed after police bust network of safehouses

Seven men and two women were jailed over links to a drug gang that organised Bottle community

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By **Jack Thomas** 17:22, 12 MAR 2015

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Bomb squad called after two arrested and eight kilos of cocaine found during police raid

Along with the cocaine, officers also found firearms, ammunition and a number of suspected explosives

ECHO NEWS 2 - IN YOUR AREA WANTS ON - LIVERPOOL FC - EVERTON FC - CLUBS - SPORT - BUSINESS SPECIAL FEATURES

By **Memo Dickham** Senior Digital Night Reporter 21:13, 29 APR 2015

COMMENTS

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Merseyside Police- Enforcement Activity



INVESTIGATIONS

- Red Umbrella- diversion & support- sex work and addiction
- Operation Hammer- enhancing capability
- Specialist training to tackle OCGs



FINANCIAL ACTIVITY

- Seize proceeds of crime & invest into the community
- Targeted investigation- intelligence based

INTELLIGENCE

- Dark Web- fighting the unknown
- Invest in specialist IT and training
- Advanced analysis to drive activity



Merseyside Police- Enforcement Activity



LOCAL POLICING

- Targeted action- Re-assurance and visibility

County Lines

Transport hubs

Criminal use of the roads

Targeting hotspots

Intel led interventions

- **Street Lifestyles & multi-agency joint activity**

CUSTODY OPPORTUNITIES

- Out of Court Disposals/ Drug testing on arrest
- Diversion to Deferred Prosecution Scheme & support

DRUG TESTING CAPABILITY

- Enhance forensic support

COMMUNICATIONS

- Preventative campaigns
- Target offenders-Operation Toxic/ Medusa
- Pro-active intelligence gathering-community based



Merseyside Police- Wirral Local Policing



One individual who was a victim of cuckooing has now been re-housed and has accepted drug intervention and entered rehabilitation owing to this ongoing work and between Local Policing and CGL as part of Op Adder.

Op Adder = Increase in partnership working

⌘ Better able to address the root causes of drugs misuse

⌘ Work with partners and the community to develop intelligence

⌘ Who are those most vulnerable?

- Who are the drug dealers?

Target drugs supply hotspots

- Maximising intelligence opportunities to obtain and execute drug warrants

- Utilise the County Lines Task Force to support the Local Policing Team to target drugs supply and controllers of Internal County Lines



LCR Treatment & Recovery

	Local Authority	Police	Total
Knowsley	£1m	£0.52m	£1.52m
Liverpool	£4.6m	£1.6m	£6.2m
Wirral	£2.8m	£1.08	£3.88m
Total	£8.4	£3.2m	£11.6m

79



Integrated Recovery Service

Knowsley

withyou



Provided by



Change Grow Live



LCR Treatment & Recovery Interventions

Criminal Justice	Outreach	Health / Treatment
<ul style="list-style-type: none">• Prison in-reach	<ul style="list-style-type: none">• Hard to reach	<ul style="list-style-type: none">• Clinical / non-clinical staff
<ul style="list-style-type: none">• Prison liaison	<ul style="list-style-type: none">• Young people	<ul style="list-style-type: none">• Co-located primary health care
<ul style="list-style-type: none">• Lived-experience workers	<ul style="list-style-type: none">• Attrition workers	<ul style="list-style-type: none">• Dual Diagnosis
<ul style="list-style-type: none">• Probation / Courts / Custody Suites	<ul style="list-style-type: none">• Targeted street and settings based outreach	<ul style="list-style-type: none">• Naloxone

Integration and Navigation

- Co-location
- Sharing intelligence
- Enhanced and new referral systems / pathways

LCR Treatment & Recovery Structures

Tri-meeting

85

Additional LCR Posts

Local Strategic groups

Local Ops groups

Criminal Justice

- CJ Workers
- CJ Case Managers
- IOM leads
- Probation leads
- Prison throughcare

Outreach

- YOS workers
- Outreach workers
- Harm reduction workers

Health/Treatment

- Dual diagnosis
- NMPPs
- Navigators
- Naloxone trainers
- Health care partners

Wirral Experience



Provided by



**Change
Grow
Live**

Criminal Justice - Introduction

- Community Integration Team; Enhanced visibility across multiple locations, including courts, custody suites and probation settings
- Implementation of diversionary sentencing to widen the service user scope, including even more 'recreational' drug users
- Holistic, Recovery centric approach; connecting housing, ETE and personal development, creating learning experiences and opportunities to change
- Implementing a proven Through The Gates offer

Tomorrows Women Wirral

- **Project Adder**
- TW has a strong partnership with Wirral Ways to Recovery that has, to date, enabled a rounded approach to supporting women with all of their needs between the two services.
- Project ADDER funding will provide a full time member of staff to be based at Tomorrow's Women focussing on Criminal Justice. This placement at TW will enable her to fully engage clients with the full wrap around services and interventions offered at TW – which will in turn prevent reoffending by addressing issues, both health and non-health related, from previous or current drug use.

Conditional Cautions

- TW are proudly receiving funding from Project Adder through Merseyside Police to deliver a Conditional Cautioning Scheme to women whose offence involved drug use.
- **Together, we work better!**



The Probation Service



- North West Reducing Reoffending Plan

“At the heart of our North West Reducing Reoffending Plan [RRP] is the belief that community justice can only be fully realised by criminal and social justice agencies working together through a fully joined up approach. In essence, reducing reoffending and crime is about ensuring the provision of services that will support and enable offenders to transform their lives. In order to be effective, these ‘pathways’ need to be integrated with each other through the development of a ‘Whole System’ approach”.

- Commissioned Rehabilitative Services - potential expansion of Sefton’s acclaimed CSTR Complex Case Court to Wirral Magistrates Court
- Specialist Local Court –
- Integration of Services & Pathways for Prison Leavers
- Dependency & Recovery Commissioning
- IOM - Refresh

Clinical Interventions- Introduction

- Reducing Drug Related Deaths
 - Hostel outreach
 - Peer Naloxone provision
- Enhanced Harm Reduction Approach
 - Harm Reduction Health Care Assistants
 - Agile Prescribing NMP
- Improved connectivity with Primary & Secondary Care
 - GP Special Interest Clinics
 - Practice nurse assessments
 - Healthcare Connectors

Andrew Cass,
Service Manager
Change Grow Live

Collaboration Between CWP & Wirral Ways To Recovery

- Joint Working Protocol & Reciprocal Training
- Substance Misuse Link Workers in each Mental Health Team
- Multi agency Complex Care Panel & Frequent Attenders meetings
- Introduction of a Dual Diagnosis Link Nurse Post

Page 87

Helping people to be
the best they can be

Angela Davies
Head of Clinical Services,
Cheshire and Wirral Partnership
NHS Foundation Trust

Respiratory Project - ADDER

Page 88
Joanne Seaborne – Wirral Integrated
Respiratory Service Manager

23th August 21

Respiratory Disease

Page 89

- 3rd biggest cause of death in England
- National priority – Long Term Plan
- Early Intervention
- Case finding, accurate and early diagnosis

Unstable Respiratory Disease

Page 90

- Increase risk admission to hospital
- Premature morbidity and mortality
- Service users - poor engagement with traditional models of care – decline
- New ways of working

The Wirral

Page 91

- Increased number heroin smokers
- 1980's/90's
- High NHS costs
- Deprivation
- Addiction – lung damage
- Increasing drug related deaths

together
we will



wuth.nhs.uk

Collaborative Project

Page 92

- Bring specialist service to WWTR
- Innovative integrated working
- ‘One Stop Shop’
- Improve collaborative working/joint clinics
- Sustainable respiratory skills

together
we will



wuth.nhs.uk

Respiratory Clinics

Page 93

- COPD, Asthma, Bronchiectasis, ILD, Lung Cancer
- COPD smoking related lung disease
- Smoking illicit drugs – increases risk
- COPD debilitating lung condition

Specialist Reviews

Page 94

- In-depth history
- Medicines optimisation
- Pulmonary Rehabilitation
- Self Management
- Referrals to wider system
- Respiratory Consultant support

together
we will



Rationale

- Page 85
- Safe/comfortable/familiar space
 - Improve engagement/compliance
 - Build rapport/trust
 - Increase accurate diagnostics
 - Health connectors
 - Evaluate





**Community Pharmacy
Cheshire and Wirral**



Community Pharmacy elements

Adam Irvine BPharm (hons) MRPharmS
CEO Community Pharmacy Cheshire & Wirral





Community Pharmacy Context

- To support patients undergoing opiate substitution therapy (OST), community pharmacies provide supervised consumption of methadone and buprenorphine
- Supervision provides a structured approach to receiving OST along with reducing the risk of diversion or harm caused by others consuming the medication, especially children
- Supervision at least in the first three months of OST, seeks to reduce this risk. Following the introduction of supervised consumption in England and Scotland, methadone related deaths reduced fourfold.
- Community Pharmacists are the healthcare professional that most service users encounter most frequently.
- We are seeking to use these contact points to a greater level

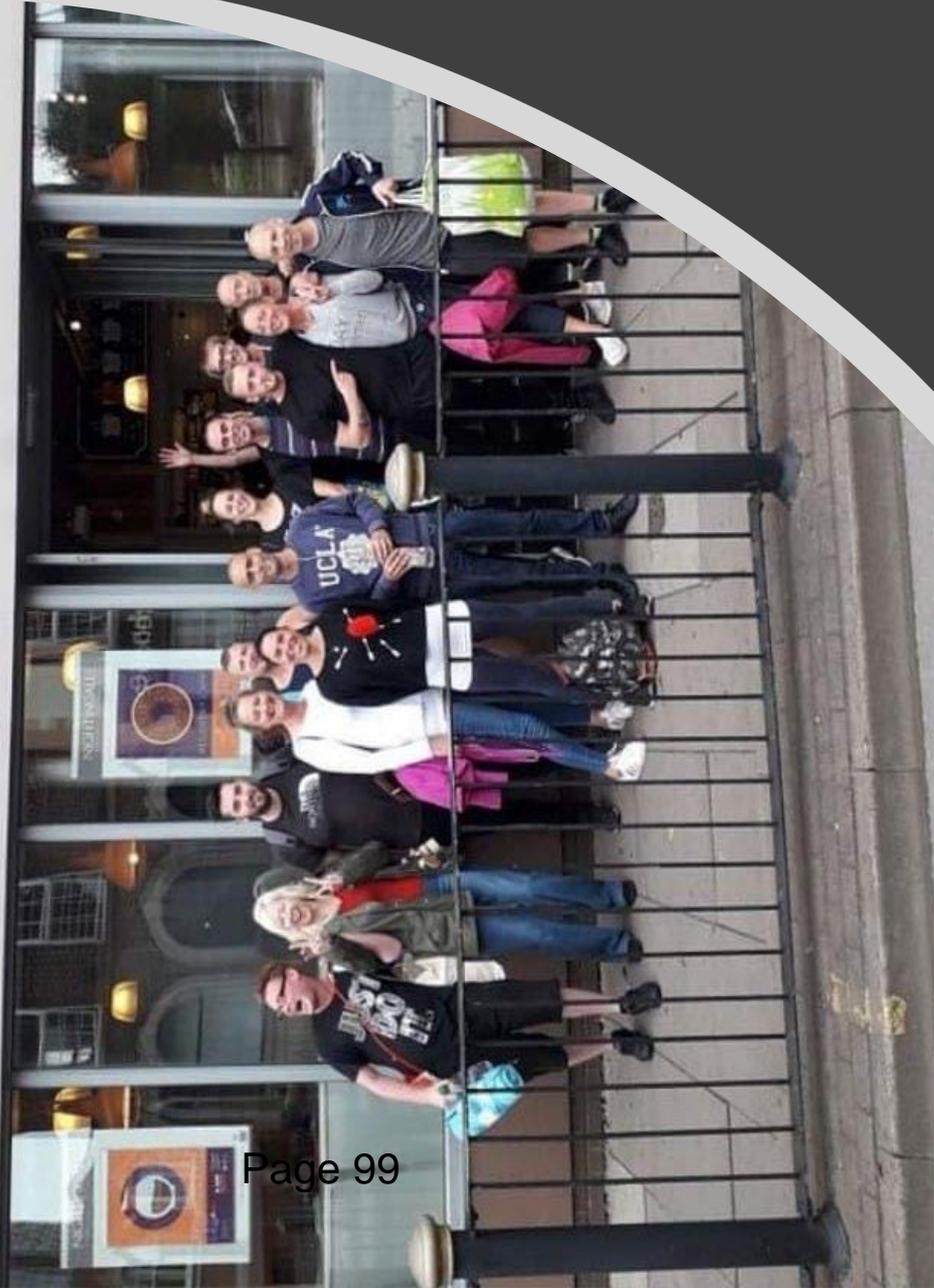


ADDER proposals

- Pharmacy co-ordinators based within CGL's service to increase two-way communication between services and community pharmacies
- Naloxone provision through pharmacies to provide access to harder to reach individuals
- Wellness screening checks to pickup how people are coping, bring in intelligence to the services – service user's response to treatment, signs of “on top” use of illicit substances and early identification of deterioration
- Pharmacy health improvement project for this hard to reach population – working with the assist-lite tool and taking relevant elements of the NHS Health Check (potential scope: Blood Pressure, BMI, Diabetes Screen, Cholesterol)

NIGHTINGALES

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Outreach

Overview of Progress in implementing the Wirral ADDER Programme

- 18 WWtR posts now recruited to, 5 further posts at point of interview, 5 still being developed with partners.
- Service based Respiratory Clinics already established in treatment hubs.
- Community Pharmacy posts in development with Community Pharmacy leads
- Stronger links with Police colleagues now in place, including fast track referral routes into treatment.
- Work with NPS underway to increase community sentencing provision.
- Increased contact and liaison with homeless hostels
- Supported Housing project being developed with support from Minister
- Working with colleagues from Children and Families to integrate ADDER programme with Wirral’s “**Breaking the Cycle**” programme.



HEALTH AND WELLBEING BOARD

15th DECEMBER 2021

REPORT TITLE:	RESTORATION AND DEVELOPMENT OF NHS SERVICES AFTER COVID-19
REPORT OF:	SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING

REPORT SUMMARY

The restoration and development of NHS services after COVID-19, or more accurately whilst in an operating environment where COVID-19 still poses a public health risks, is being guided by the NHS 2021/22 priorities and operational planning guidance. The guidance set out the following priorities for April 2021 to March 2022:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

The report provides an overview of the activities the NHS is being asked to undertake in each of these priority areas.

RECOMMENDATION

This report is for the information of the Health and Wellbeing Board. It is therefore recommended that the Health and Wellbeing Board notes the report and decides what further action it wishes to take.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

- 1.1 This report is for the information of the Health and Wellbeing Board. It is therefore recommended that the Health and Wellbeing Board notes the report and supporting documentation and decides what further action it wishes to take.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

3.1 Introduction

- 3.1.1 The restoration and development of NHS services after COVID-19, or more accurately whilst in an operating environment where COVID-19 still poses a public health risks, is being guided by the NHS 2021/22 priorities and operational planning guidance. The guidance set out the following priorities for April 2021 to March 2022:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services .
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

- 3.1.2 NHS planning has been split into two half years in 2021/22. The guidance for Half Year 1 (H1) was published on 25th March 2021 and covered April to September 2021. The guidance for Half Year 2 (H2), covering October 2021 to March 2022, was published on 25th September 2021.

- 3.1.3 The following paragraphs provide an overview of what activities the NHS is being asked to undertake in each of the priority areas. Representatives of NHS providers and other partners will also be able to provide verbal updates on progress to the Health and Wellbeing Board.

- 3.1.4 NHS Wirral Clinical Commissioning Group (CCG) has oversight of the progress of the Wirral system in regard to restoration and development of services following COVID-19. Regular reports are made to the NHS Wirral CCG Governing Body on

system performance, which can be found at <https://www.wirralccg.nhs.uk/about-us/governing-body-meetings/> .

3.2 Supporting the health and wellbeing of staff and taking action on recruitment and retention

- 3.2.1 The NHS is encouraging NHS provider trusts to allow staff to carry over all unused annual leave and offer flexibility for staff to take or buyback unused leave. To support this system financial performance assessments have excluded higher accruals for annual leave in 2020/21. All staff are encouraged to take time off to recover, making use of annual leave which may be carried over from 2020/21.
- 3.2.2 Individual health and wellbeing conversations are a regular part of supporting all staff with an expectation that a plan is agreed at least annually and should take place over the course of first half of the year. Staff safety remains a priority and these plans should include risk assessment, flexible working, compliance with infection prevention and control policy, and testing policy, as well as drawing on the range of preventative health and wellbeing support available.
- 3.2.3 Occupational health and wellbeing support should be available to all staff, including rapid access to psychological and specialist support. There has been national investment to roll out mental health hubs in each Integrated Care System.
- 3.2.4 NHS providers have been asked to maximise the use of and potential benefits of e-rostering, giving staff better control and visibility of their working patterns, supporting service improvements and the most effective deployment of staff. Providers have been asked to show how they intend to meet the highest level of attainment as set out by our 'meaningful use standards' for e-job planning and e-rostering.
- 3.2.5 NHS providers have also been asked to develop and deliver a local workforce supply plan with a focus on both recruitment and retention, demonstrating effective collaboration between employers to increase overall supply, widen labour participation in the health and care system, and support economic recovery.
- 3.2.6 People continue to be at the heart of all plans for recovery and transformation for the second half of 2021/22. The priorities, based on the pillars of the NHS People Plan, therefore remain as set out in March 2021. Systems are being asked to continue to deliver on these commitments as well as those made in local people plans, recognising the pressures on each and every member of staff, line manager and senior leader. The way the NHS honours this commitment to look after staff and keep the 'People Promise' during the winter months will be crucial and will be remembered by them. In this context the NHS has been asked to:
- focus on the delivery of workforce plans that support elective recovery in the second half of the year and winter resilience through increasing workforce availability, and putting in place or scaling up new and more productive ways of working and transformation opportunities.
 - continue to move to whole system workforce planning to support sustainable delivery against the priorities for the NHS and preparations for the transition to statutory integrated care boards (ICBs) from April 2022.

3.3 Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

3.3.1 The NHS has successfully delivered a COVID-19 vaccination programme during 2021/22. The majority of the adult population in Wirral has received two doses of an approved COVID-19 vaccination. The programme has recently been extended to offer a third dose to people who are immunosuppressed and to young people aged 12-15 years old. There is also a re-vaccination programme for people aged 50 years and over, health and care staff and others who are clinically vulnerable.

3.3.2 The vaccination programme has been delivered through implementing a mixed model of vaccine delivery through vaccination centres, hospital hubs, general practice and community trust nursing capacity. The support of Wirral Council and other system partners has been invaluable in delivery of this programme in Wirral and increasing uptake, particularly in under-served populations.

3.3.3 The NHS has also worked on the continued use of home oximetry which, alongside 'virtual wards', create proactive care pathways that can be delivered virtually in people's homes. These also enable safe and timely discharge and, based on our learning, potentially have longevity in responding to other conditions or diseases.

3.3.4 NHS Wirral CCG has co-ordinated work to attract national funding to maintain dedicated Post COVID ('Long COVID') Assessment clinics across each place in Cheshire and Merseyside. Through Wirral Community Health and Care NHS Foundation Trust (WCHC), there is a Wirral service for Long COVID. WCHC are providing and co-ordinating treatment as appropriate, ensuring an individualised patient focus and ensuring that individuals are referred to the right support. Citizens Advice Wirral are sub-contracted to provide the social prescribing component. Separate funding arrangements are already in place for the provision of psychology and respiratory components of the multi-disciplinary approach to long COVID.

3.3.5 The NHS has also continued to maintain Infection Prevention and Control (IPC) standards in response to the pandemic. All NHS organisations have been required to ensure continued reliable application of the recommendations in the UK Infection Prevention and Control guidance updated by Public Health England to reflect the most up-to-date scientific understanding of how to prevent and control COVID-19 infection.

3.4 Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

3.4.1 Maximising elective activity, taking full advantage of the opportunities to transform the delivery of services

3.4.1.1 The NHS has been working to maximise elective activity, taking full advantage of the opportunities to transform the delivery of services. The pandemic has had a significant impact on the delivery of elective care and, as a result, on the lives of many patients who are waiting for treatment. The NHS has put in place delivery

plans across elective inpatient, outpatient and diagnostic services for adults and children that:

- maximise available physical and workforce capacity across each system (including via the Independent Sector- IS).
- prioritise the clinically most urgent patients, e.g. for cancer and P1/P2 surgical treatments.
- incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk (drawing on both primary and secondary care).
- include actions to maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable.
- address the longest waiters and ensure health inequalities are tackled throughout the plan, with a particular focus on analysis of waiting times by ethnicity and deprivation.
- safeguard the health and wellbeing of staff, taking account of the need for people to recover from what they have been through.

3.4.1.2 NHS providers have also been advised to take all possible steps to avoid outpatient attendances of low clinical value and redeploy that capacity where it is needed, alongside increased mobilisation of Advice & Guidance and Patient Initiated Follow-Up services. Where outpatient attendances are clinically necessary, NHS providers have been encouraged to deliver at least 25% remotely by telephone or video consultation.

3.4.1.3 Recovery of the highest possible diagnostic activity volumes is critical to support elective recovery. Capital and revenue funding has been made available to deliver additional capacity and efficiencies through new Community Diagnostic Hubs (CDHs) and pathology and imaging networks. Work is progressing on increasing diagnostic capacity across Cheshire and Merseyside and with Wirral as a place.

3.4.1.4 During the first half of the year elective activity started to rapidly recover towards pre-pandemic levels. More recently, non-elective pressures, including a rise in COVID-19 admissions as well as workforce supply constraints due to staff needing to isolate, have slowed this progress. Children, young people and adults should continue to be treated according to clinical priority. The aim is to return to – or exceed – pre-pandemic levels of activity across the second half of the year to reduce long waits and prevent further lengthening of waiting lists. The ambition is for the NHS to:

- eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer.
- hold or where possible reduce the number of patients waiting over 52 weeks.
- stabilise waiting lists around the level seen at the end of September 2021.

3.4.2 Restore full operation of all cancer services

3.4.2.1 NHS staff have worked hard to prioritise cancer services during the pandemic, and the overwhelming majority of cancer treatment has continued. However, some people have not contacted their GP with symptoms. In Wirral we are drawing on the support, advice and analysis of the Cheshire and Merseyside Cancer Alliance to seek to ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer to:

- return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and
- meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.

This also involves encouraging patients to come forward and access screening, improve access to diagnostics and ensure treatment is promptly delivered.

3.4.2.2 The number of patients seen following an urgent suspected cancer referral has been at a record high since March 2021, helping to recover some, but not all, of the shortfalls seen during the pandemic. However:

- there remain a significant number of patients who we would have expected to have started treatment during the pandemic, but who have not yet come forward.
- diagnostic and treatment volumes are not keeping up with restored levels of demand at a national level, meaning more patients are waiting longer.

The priorities for cancer recovery therefore remain the same as in the first half of the year, with a particular focus on:

- continuing to maximise all available capacity, including by extending hub models and ensuring all system plans reflect the independent sector capacity needed to meet demand for cancer care.
- ensuring sufficient diagnostic and treatment capacity to meet the increased level of referrals and treatment required to address the shortfall in number of first treatments, by March 2022. Breast cancer screening accounts for around a quarter of this shortfall and remains a specific priority.
- accelerating the development of rapid diagnostic centre (RDC) pathways for those cancer pathways which have been most challenged by COVID-19. Cancer Alliances have been asked to should accelerate current RDC implementation to achieve 50% population coverage for non-site-specific RDCs and work with colleagues to ensure Cancer Diagnostic Hubs (CDHs) support and meet the needs of the RDC programme and patients with suspected cancer.

And the objectives to:

- return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022
- meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests and, where 10 | 2021/22 priorities and operational planning guidance: October 2021 to March 2022 appropriate, colon capsule endoscopy is expected (to reduce colonoscopy demand and shorten the pathway).

3.4.3 Expand and improve mental health services and services for people with a learning disability and/or autism

3.4.3.1 Our mental health workforce has continued to provide people with the support they need during the pandemic. We know, however, that COVID-19 has not only affected the delivery of services but is also likely to cause an increase in demand. Our key delivery partner in addressing these challenges in Wirral is Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

3.4.3.2 The ambitions set out in the Mental Health Implementation Plan 2019/20–2023/24, which expand and transform services, remain the foundation for our mental health response to COVID-19, enabling local systems to expand capacity, improve quality and tackle the treatment gap.

3.4.3.3 In 2021/22 the NHS has been focusing upon:

- Delivering the mental health ambitions outlined in the Long Term Plan, expanding and transforming core mental health services. This includes:
 - Continuing to increase children and young people’s access to NHS-funded community mental health services.
 - Delivery of physical health checks for people with Serious Mental Illness (SMI).
 - Investing fully in community mental health, including new co-funding requirements for embedded additional Primary Care Network (PCN) posts.
- Maintaining the transformations and beneficial changes made as part of COVID-19, where clinically appropriate, including 24/7 open access, freephone all age crisis lines and staff wellbeing hubs.
- Maintaining a focus on improving equalities across all programmes, noting the actions and resources identified in the Advancing Mental Health Equalities Strategy
- Through CCGs, as a minimum, investing in mental health services to meet the Mental Health Investment Standard.

3.4.3.4 The NHS is also committed to keeping our commitments for people with a learning disability, autism or both. The NHS is making progress on the consistent delivery of annual health checks for people with a learning disability. Work is also ongoing in regard to improving the accuracy of GP Learning Disability Registers to make sure the identification and coding of patients is complete, in particular for under-represented groups such as children and young people and people from Black, Asian and Minority Ethnic backgrounds.

3.4.3.5 There also remains a strong commitment to reducing reliance on inpatient care for both adults and children with a learning disability, autism or both. This is being supported by improved community capacity to enable more people to receive personalised care, closer to home. Pilots and early adopter sites for keyworkers for children and young people with the most complex needs will continue, with remaining areas preparing for delivery in 2022/23.

3.4.3.6 To tackle the inequalities experienced by people with a learning disability

highlighted and exacerbated by the pandemic, the NHS is also implementing the actions that have come from the Learning from Life and Death Reviews (LeDeR) programme. The NHS is also introducing a new system for delivering LeDeR, capturing learning and making improvements.

3.4.3.7 For the second half of the year the NHS has been asked to continue to deliver on the 2021/22 Mental Health plan, with a specific focus on:

- delivery against in-year workforce plans, making full use of new roles, and development of a multi-year mental health workforce plan.
- accelerating the recovery of face-to-face care in community mental health services and submitting the re-categorisation of community mental health spend over autumn.
- reducing out-of-area placements, long lengths of stay and long waits in EDs for mental health patient
- continuing to increase access to: – children and young people’s NHS-funded community mental health services, including eating disorders, crisis and school-based mental health support teams – NHS-funded talking therapies, individual placement and support (IPS) and specialist perinatal mental health services
- advancing equalities, including delivering against the target for physical health checks for people with severe mental illness (SMI) and recovering the dementia diagnosis rate
- delivering actions to enable whole pathway commissioning for provider collaborative front runners from April 2022
- ensuring that digital capabilities are in place across mental health services to drive interoperability and improvements in patient safety. Systems are encouraged to use resources, developed jointly by NHSX and NHS England, to support digitally enabled pathway redesign and the use of digital services to improve access and personalisation in mental health care.

Systems are also asked to continue to make progress on the NHS Long Term Plan commitments for children, young people and adults with a learning disability, autism or both.

3.4.4 Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review

3.4.4.1 The Ockenden review challenged everyone who works in maternity services to redouble efforts to continue to improve outcomes and patient experience and to reduce unwarranted variation. All providers of maternity services, including Wirral University Teaching Hospitals NHS Foundation Trust (WUTH), have responded to the seven immediate and essential actions from the Ockenden report.

3.4.4.2 Local maternity systems (LMSs) are taking on greater responsibility for ensuring that maternity services are safe for all who access them. As part of their work to make maternity care safer, more personalised and more equitable, LMSs have an oversight of local trust actions to implement the actions arising from the Ockenden report.

3.4.4.3 The NHS is expected to continue delivery of the maternity transformation measures

set out in the Long Term Plan, including offering every woman a personalised care and support plan, implementing all elements of the Saving Babies' Lives care bundle, and making progress towards the implementation of the continuity of carer model of midwifery.

3.5 Expanding primary care capacity to improve access, local health outcomes and address health inequalities

- 3.5.1 General practice is the bedrock of the NHS. The NHS has always relied on its resilience. Its importance and value have once again been demonstrated during the pandemic response. Our GP surgeries, through primary care networks (PCNs), have shouldered the lion's share of the COVID-19 vaccination programme alongside their existing workload. This financial year, they have also provided more appointments for patients than in the equivalent period before the pandemic. Recent GP appointments activity data comparison between September 2019 and September 2021 shows a cumulative increase of approximately 114,000 more appointments for the same period (April to September 2021).
- 3.5.2 Practices are still coping with the additional demand and constraints of the pandemic. The release of pent-up demand, accumulated during the pandemic when people were less likely to consult their practice or seek specialist care, as well as general practice needing to catch up on the backlog of care for patients on its registered list who have ongoing conditions, to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital admissions or even premature mortality.
- 3.5.3 The majority of practices have been able to adapt and innovate during the pandemic, maintaining and improving access, including using remote appointments. For many patients, remote consultations can often be more convenient. The response to COVID-19 in spring 2020 saw an impressive almost overnight adoption of remote consultations and triage-first pathways to ensure care could continue during the first wave of the pandemic. Many of these changes offer long-term benefits for patients and practices.
- 3.5.4 Even before the pandemic, thousands of patients were being assessed effectively and safely in general practice every day via remote consultations, whether over the telephone or online. For many this was the best option for them, so they did not have to take time out of their day to attend the surgery, while others preferred a face-to-face consultation in person. Online triage models will continue to improve and become easier for patients to navigate. Patients' input into this choice should be sought and practices should respect preferences for face-to-face care unless there are good clinical reasons to the contrary.
- 3.5.5 All practices are currently grappling with the emergent challenge of working out the optimal blend of face-to-face appointments alongside remote appointments, wherever these are clinically warranted and taking account of patient preferences. There are limited evidence-based professional standards or guidance to help show what constitutes good practice or what is likely to be an unacceptable standard of care. Practices are working out the answers for themselves and their patients. Many are doing so brilliantly – often with much improved satisfaction – and not through a simplistic reversion back to pre-pandemic ways of working.

- 3.5.6 The UK Health Security Agency is recommending a more flexible approach to patient consultations in primary care and general practice after reviewing the current infection prevention and control guidance on patient consultations in primary care. At the same time, it is true that patients' ability to access primary care has not been as good as it should be. Concerns and complaints, typically about appointment availability, waiting times, and in particular, the ability to see a GP, and specifically face-to-face, have been raised and are address directly with each practice.
- 3.5.7 A new national £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences for face to face appointments, rather than attending hospital for non-emergency needs. A number of Wirral PCNs have submitted proposals totalling approximately £1.1m for increasing the number of overall appointments and the proportion of face to face appointments across November 2021 to March 2022.
- 3.5.8 All Primary Care Networks continue to recruit new roles into primary care under the Additional Roles Reimbursement Scheme; roles such as Pharmacists, Paramedics, Physiotherapists, Physician's Associates continue to be added to the wide-ranging skill mix available at practices, which in turn provides increased capacity to meet patients' demand. This multi-skilled offer at practices helps the triage approach to ensure the right healthcare professional is helping the right patient for the right care outcome.
- 3.5.9 Alongside new roles into primary care the new national Community Pharmacist Consultation Service (CPCS) can help alleviate pressure on GP appointments by harnessing the skills and knowledge of community pharmacists to treat a range of minor illnesses. Using the service gives a patient a same-day appointment in a community pharmacy and helps improve patient experience, as well as directing demand to the most appropriate setting.
- 3.5.10 For dental services, the focus is on maximising clinically appropriate activity in the face of ongoing infection prevention control measures, and targeting capacity to minimise deterioration in oral health and reduce health inequalities. NHS England/Improvement (NHSE/I) offers support dental teams to deliver as comprehensive a service as possible.
- 3.5.11 COVID-19 has highlighted the correlation between poorer health outcomes and ethnicity and deprivation, specifically. The NHS is increasingly adopting population health management techniques as part of targeted recovery strategies, aiming for equitable access, excellent experience and optimal outcomes for all groups. NHS England and NHS Improvement will continue to work with systems to develop the real-time data tools and techniques being used so effectively by the COVID vaccination programme, at a granular local level. It also includes the use of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex needs, and those awaiting multiple appointments.
- 3.5.12 The NHS Long Term Plan sets out a path for improvements for people with conditions such as diabetes, Cardiovascular Disease (CVD) and obesity. These are

even more important given we now know the clear association with poorer outcomes with COVID-19. Actions in these areas include supporting the expansion of smoking cessation services, improving uptake of the NHS diabetes prevention programme and CVD prevention. The NHS digital weight management services are also being made more widely available. There is also ongoing work on actions to support stroke, cardiac and respiratory care provision.

3.5.13 The delivery of the NHS Comprehensive Model for Personalised Care remains a priority in 2021/22. Personalised care gives people more control over their own health, it also underpins efforts to recover services and address health inequalities. The NHS is continuing to accelerate the delivery of existing requirements, including personal health budgets, social prescribing referrals and personalised care and support plans. Implementation is supported by recruitment to three additional roles in primary care: Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators.

3.6 Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay

3.6.1 The NHS is accelerating the rollout of the 2-hour crisis community health response at home to provide consistent cover (8am-8pm, seven days a week) by April 2022. This is designed to prevent inappropriate attendance at emergency departments (ED). Work also continues to deliver timely and appropriate discharge from hospital inpatient settings with the aim of improving average length of stay with a particular focus on stays of more than 14 and 21 days. Together, these actions will enable more patients to be cared in the optimal setting and will reduce the pressure on our hospitals by improving flow through the emergency pathway and freeing up capacity to support the restoration of elective care.

3.6.2 Work is also progressing through the NHS 111 First and Same Day Emergency Care (SDEC) programmes. This involves:

- promoting the use of NHS 111 as a primary route into all urgent care services.
- maximising the use of booked time slots in A&E with an expectation that at least 70% of all patients referred to an emergency department by NHS 111 receive a booked time slot to attend.
- maximising the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services
- adopting a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions.

3.6.3 The Government has confirmed that it will continue to fund the first four weeks of post-discharge recovery and support services that are provided on or before 31st March 2022 for those with new and additional care needs. The scheme will end on 31st March 2022 and will not fund care delivered after this date - consequently no costs for care delivered in 2022/23 will be funded by this scheme. Working together, health and social care systems are asked to ensure that the Hospital Discharge and

Community Support policy and operating model are fully implemented. This will ensure that more people are discharged home and that the length of stay for people in acute care (particularly over 21 days) is reduced.

- 3.6.4 Joint planning is already taking place across clinical commissioning groups (CCGs), local authorities and providers within the Better Care Fund. The focus on improving people's outcomes following a period of rehabilitation and recovery, reducing the need for long-term care and reducing the time spent in hospital is key. As a place, Wirral will be planning to implement hospital discharge arrangements that are sustainable and affordable from core NHS and local authority expenditure into April 2022.
- 3.6.5 There has been sustained pressure on Urgent and Emergency Care (UEC) services throughout the summer because of increasing demand and capacity constraints within non-elective pathways. Seasonal pressures over the second half of the year are likely to be exacerbated by the ongoing impact of the COVID-19 pandemic with the potential for a significant number of COVID hospital admissions. Health and social care organisations have been asked to embed the actions in the UEC Action Plan to support recovery of services. In particular, systems have been asked to take immediate action that will:
- reduce the number and duration of ambulance to hospital handover delays within the system – keeping ambulances on the road is key to ensuring that patients needing an urgent 999 response are seen within national Ambulance Response standards
 - eliminate 12-hour waits in EDs – flow out of EDs ensures that expert clinical resource can be directed to those most in need
 - ensure safe and timely discharge of those patients without clinical criteria to reside in an acute hospital, especially individuals on Pathway 0. This should be done in partnership with system colleagues, including community and social care, to ensure a focus on Pathway 1-3 discharges.

In Wirral we have developed a whole system, integrated operational delivery plan that is underpinned by the UEC Action Plan. This plan is designed to ensure that there are robust and effective assurance and escalation processes to rapidly identify and mitigate against bottlenecks and risks from across the system that may add pressure to UEC services.

- 3.6.6 Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021/22 are currently unknown, but mathematical modelling indicates the 2021/22 influenza season in the UK could be up to 50% larger than typically seen and it may start earlier than usual. The uptake ambitions for this coming season set out in the national flu letter reflect the importance of protecting people against flu this winter and should be regarded as the minimum level to achieve.
- 3.6.7 Since the lifting of non-pharmaceutical interventions to prevent the spread of COVID-19 in the summer, we have seen earlier than usual increases in a range of

respiratory illnesses in children, including respiratory syncytial virus (RSV). Wirral has put in place paediatric acute care plans to prepare for a rise in demand. We will continue to oversee these plans and put in place mitigations as appropriate.

3.7 Working collaboratively across systems to deliver on these priorities

3.7.1 Integrated Care Systems (ICSs) are required to progress their development and preparation for the statutory establishment of integrated care boards (ICBs), drawing on the guidance on the NHS England website and the ICS Guidance collaboration platform. This guidance includes the ICS design framework and the ICB 'readiness to operate' checklist and assurance process. Designate ICB CEOs and regional directors will be asked to sign a readiness to operate statement in March 2022, confirming that all relevant preparations and due diligence have been carried out to enable the ICB to fulfil its statutory functions from 1st April 2022.

3.7.2 The H2 financial arrangements are broadly consistent with a continuation of the H1 framework. This means that systems will continue to receive a fixed system funding envelope based on the H1 2021/22 envelopes adjusted for additional known pressures, such as the impact of the pay award. H2 envelopes include an increased efficiency requirement from H1 and where systems are able to go further, in preparation for 2022/23, they should take action with any savings re-invested in supporting non-recurrent recovery initiatives. Block payment arrangements will remain in place for relationships between NHS commissioners (comprising NHS England and CCGs) and NHS providers (comprising NHS foundation trusts and NHS trusts). Signed contracts between NHS commissioners and NHS providers are not required for the 2021/22 financial year.

4.0 FINANCIAL IMPLICATIONS

4.1 None as a direct result of this report.

5.0 LEGAL IMPLICATIONS

5.1 None as a direct result of this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 None as a result of this report.

7.0 RELEVANT RISKS

7.1 None as a result of this report. Risk registers are produced to cover this activity and appropriate mitigations have been taken against any relevant risks.

8.0 ENGAGEMENT/CONSULTATION

8.1 None as a result of this report.

9.0 EQUALITY IMPLICATIONS

- 9.1 NHS organisations and Wirral Council have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. These will be taken into account in this work.

This report is for information and no EIA is required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The NHS takes its responsibilities to the environment very seriously. It undertakes a range of measures that are mindful of the future environment, these include:

- Recycling paper and plastics
- Use of motion operated lighting and hence when rooms are not utilised, lights automatically switch off
- Staff are actively encouraged to turn off their laptops when not in use
- All procurements require potential bidders to describe their approach to sustainability
- Using tablet computers and laptops for staff who frequently attend meetings
- Storing scanned documents electronically where legally appropriate

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The NHS in Wirral is a key contributor to an economy that benefits all of our residents and one which keeps money within Wirral; a prosperous, inclusive economy where local people can get good jobs and achieve their aspirations.

Examples of this include:

- Local Employment – creation of local employment and training opportunities, the NHS is one of the biggest employers in the borough.
- Maximising the Wirral Pound – buying locally where possible to reduce unemployment and raise local skills.
- Community development - development of resilient local community and community support organisations, especially in those areas and communities with the greatest need, as demonstrated in our work with local communities and partnerships with the voluntary, community, social enterprise and faith sectors.
- Good Employer - support for staff development and welfare within our employment policies and practices.
- Green and Sustainable: protecting the environment, minimising waste and energy consumption and using other resources efficiently.

REPORT AUTHOR: **Simon Banks**
Chief Officer, NHS Wirral CCG and Wirral Health and Care
Commissioning
telephone: 0151 651 0011
email: simon.banks1@nhs.net

APPENDICES

There are no appendices.

BACKGROUND PAPERS

- NHS Operational Planning and Contracting Guidance, <https://www.england.nhs.uk/operational-planning-and-contracting/>
- NHS Wirral CCG Governing Body Papers - <https://www.wirralccg.nhs.uk/about-us/governing-body-meetings/>

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COMMITTEE : HEALTH & WELLBEING BOARD

Date 15th December 2021

REPORT TITLE:	HEALTHWATCH WIRRAL UPDATE DEC 2021
REPORT OF:	KAREN PRIOR, HEALTHWATCH WIRRAL

REPORT SUMMARY

The following report is to share with the H&WBB the emerging trends and themes gathered from public views and personal experiences relating to health and care. The information collected, to form this update, is sourced from the people who have contacted us via email, phone or by using our Feedback Centre; or during our community engagement work.

RECOMMENDATION/S

The HWB Committee is recommended to:

1. Ensure the evolving systems keep public views and experiences at the centre of planning, designing, commissioning and delivery of health and care
Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'
Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The quarterly report submitted to HWB is compiled from the users and front line deliverers of service. It is imperative that we learn from them and take them on the journey as change evolves.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Healthwatch Wirral; your voice on health and social care services in Wirral. We are here to make sure the views of local people on health and social care services are heard. Every voice counts and we reach deep into our communities through our outreach work. We have good knowledge of our Borough and strong relationships with all partners including LA, NHS and 3rd sector and have the flexibility within our remit to be unbiased, open and honest.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from the report.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from the report,

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications arising from the report

7.0 RELEVANT RISKS

- 7.1 No risks have been identified

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable

9.0 EQUALITY IMPLICATIONS

- 9.1 Not applicable

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no environmental and climate implications arising from the report

11. COMMUNITY WEALTH

11.1 There are no community wealth implications

REPORT AUTHOR: Name: Jenny Baines and Mike Shakeshaft on behalf of Karen Prior, for Healthwatch Wirral.

Title Karen Prior, CEO Healthwatch Wirral
email: karen.prior@healthwatchwirral.co.uk

APPENDICES

BACKGROUND PAPERS

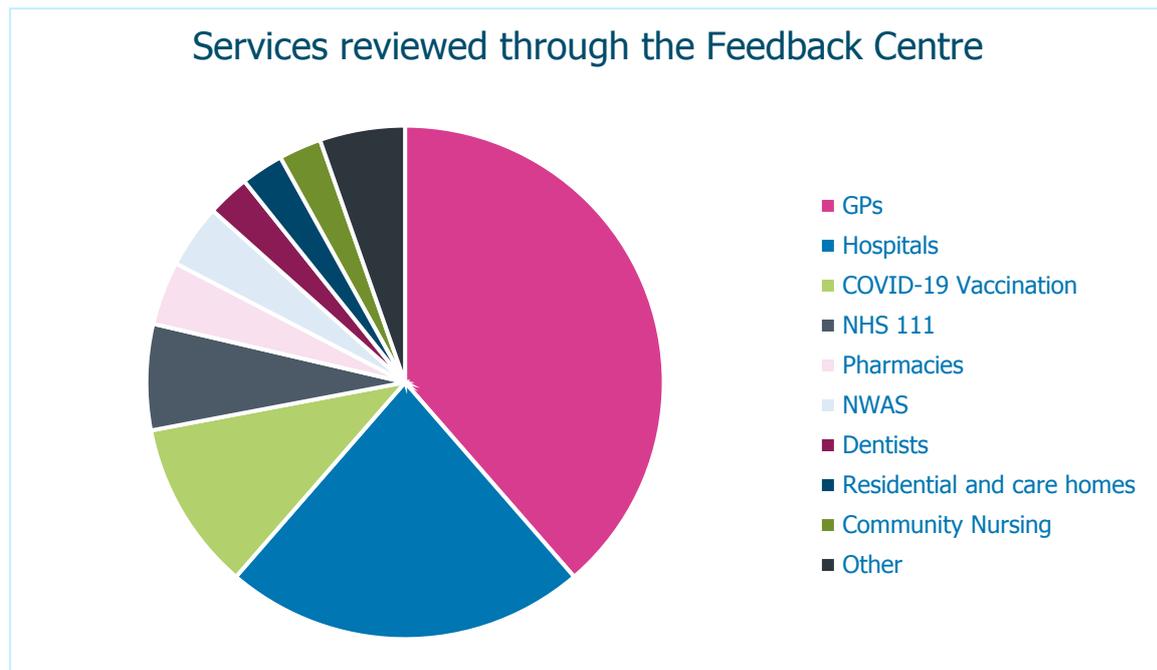
SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Feedback Centre – November 2021 Quarterly Report data (exported 24th Nov)

This report covers feedback received during the period Aug 2021-Nov 2021.

Services reviewed

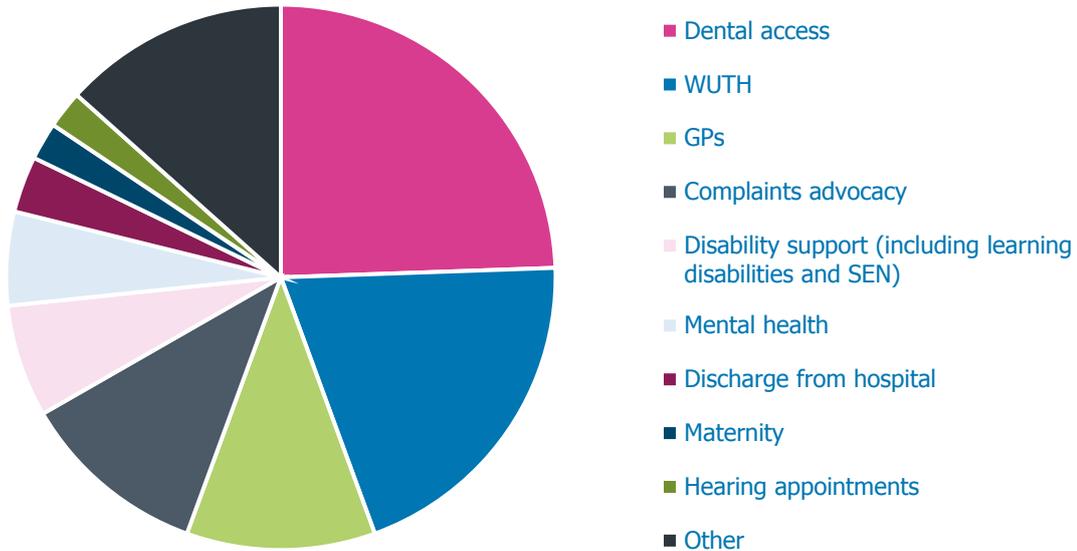


- **39%** of all online feedback was about **GPs** – this is down from 54% in August but remains the single largest topic of feedback
- **23%** of online feedback covered **hospitals** (the majority relating to **WUTH** but also including **Wirral Women’s and Children’s Hospital** – no feedback was received about **Clatterbridge** during this period)
- **11%** of online feedback covered **COVID-19 Vaccinations** including boosters
- We received limited feedback on services including **NHS 111, pharmacies, NWAS, dentists, residential and care homes** and **community nursing**
- ‘**Other**’ covers services where we only received one review – this includes domiciliary care, mental health, opticians and GP PALS

Single point of contact

The single point of contact encompasses issues that are relayed to Healthwatch Wirral via phone or email that have not gone directly to the Healthwatch Wirral Feedback Centre.

Themes from the single point of contact



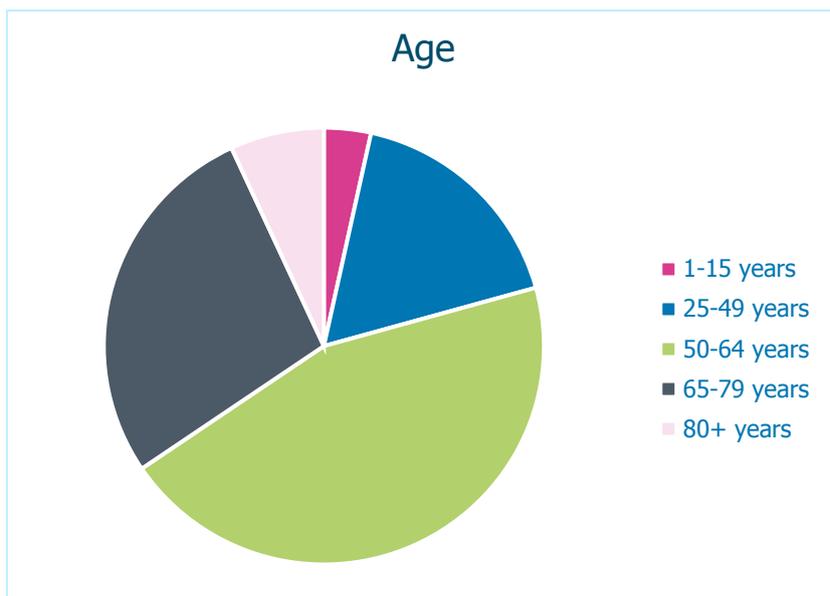
Dental access has now become the most common reason for contacting Healthwatch Wirral (24% of contacts, up from 17% in August.) We have also had more contacts about WUTH (20%, up from 15%). Calls and emails about GPs have fallen (11%, down from 17%) as have calls directly related to complaints advocacy (11%, down from 25%).

Some calls cover multiple themes (e.g. WUTH and discharge from hospital.) The 'other' category covers issues raised by a single contact, which include:

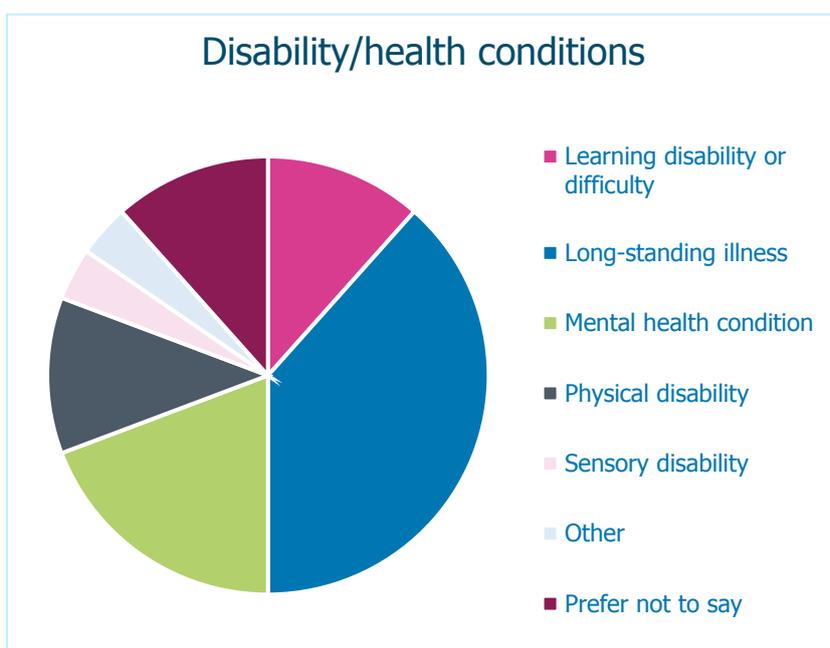
- E-consult
- Carer support
- NHS 111
- Transport to appointments
- Social prescribing
- COVID-19 safety
- Ear syringing

Demographics

- **40%** of all respondents answered one or more monitoring questions – this is a significant jump from 7% in August
- Of those who answered the monitoring questions:
 - **57% female, 40% male, 3% other**
 - **All from a White background aside from 1 'prefer not to say' (74% White British, 13% White Irish, 9% Any Other White background)**
 - **75% heterosexual, 8% gay man, 17% prefer not to say**
 - **55% Christian, 30% no religion, 3% prefer not to say**
 - **34% identified themselves as carers** (very similar to August – 33%)



The majority of online feedback came from (or related to the experiences of) people aged **50-64 years old** (45%) followed by **65-79 years old** (28%). During this time period nobody who answered the monitoring questions was aged 16-24 years old.



25% of all respondents identified themselves as having a disability or long-term health condition (including those who answered 'prefer not to say'.) People can choose multiple responses to this question: the most common answer was a combination of long-standing illness and either a mental health condition or a physical disability.

Overall themes

Overall themes remain largely consistent with our last quarterly report.

- **Access to appointments** remains the largest topic, especially for **GPs** and **dentists**. Access issues include:
 - Some practices only offer appointments through e-consult which isn't accessible for all
 - Long waits on the phone, or unable to get through at all
 - Long waiting times for appointments if able to get through
 - We have had fewer concerns in the last quarter about **access to face-to-face appointments**, although some people have highlighted the inconsistency from practice to practice

- **Communication** was raised as an issue for many services including GPs, NHS 111, hospitals, dentists and care homes. Communication issues include:
 - Lack of response after being told someone will call back
 - Lack of communication within the service or across services, including referrals
 - On the positive side, multiple reviews have highlighted examples of good communication, such as staff explaining what they are doing and why, which makes people feel safe and cared for
- **Huge praise for staff** when people do access care – the vast majority of comments about staff across all services have been positive
- **Extremely positive** feedback for the **COVID-19 Vaccination programme**

GPs

GPs remain the most common service we receive feedback about through the Feedback Centre. Last quarter we highlighted the mixed experiences people had with their GPs: this quarter, the main negative themes about GPs centred on communication and access to appointments, whereas the majority of people who had been able to see or speak to a GP were very happy with their care.

Positive themes:

- Clear answerphone message recorded by doctor made the experience of phoning the practice much better
- Excellent nurse practitioners
- Staff going above and beyond to make people feel cared for – multiple people mentioned their GPs calling regularly to check in regarding their mental health conditions
- Regular medication reviews now taking place

Negative themes:

- Poor practice management, especially relating to face-to-face appointments
- Some practices seem only to offer appointments through e-consult, which isn't accessible for all
- No call back from GP after e-consult or telephone appointment
- Unable to access urgent appointment – ended up going to A&E in ambulance
- Long waits for appointments or unable to access them at all
- Miscommunication around COVID-19 testing – informed of positive test and need to self-isolate, but it was an antibody (rather than antigen) test

Wirral University Teaching Hospital

Experiences at WUTH remain very mixed. One concern that has been raised throughout the pandemic is the need for carers to be able to attend with patients in order to help them communicate and access appropriate care.

Positive themes:

- Excellent, caring staff despite the pressure, staff going above and beyond
- Extremely good emergency treatment
- Clean wards

Negative themes:

- Staff seem overwhelmed which can lead to communication breakdown
- Carers not being allowed to visit or attend appointments can be very challenging, especially for patients with additional needs
- Multiple instances of late night discharge, sometimes with no support in place at home
- Need for more training around learning disabilities and difficulties
- Lack of patient involvement in care
- Slow response after loss of relative
- No out-of-hours dental provision at A&E

Wirral Women's and Children's Hospital

Positive themes:

- Excellent, caring staff

Negative themes:

- Poor communication around delays
- Parking difficult and stressful

Dentists

We have heard from very few people regarding their actual experience with a dentist, and the reviews we have had have been positive. The overwhelming theme has been lack of access to an NHS dentist, including multiple cases where lack of dental treatment led to other health conditions (e.g. not being able to eat and losing weight as a result).

COVID-19 Vaccination

All feedback received this quarter around the COVID-19 vaccination was positive.

Positive themes:

- Great staff made the process stress-free; staff at multiple sites worked well with those who could have found the vaccination upsetting, including autistic people and those who don't like needles
- Efficient process

- Good booking system
- Praise for the 'grab a jab' bus – quick and easy

NHS 111

Positive themes:

- Calm, clear and compassionate staff

Negative themes:

- Hard to get through – long waits, multiple call attempts or no answer at all
- No call back from a clinician

Pharmacies

Positive themes:

- Caring and supportive staff

Negative themes:

- Chaotic service, missing medication in some orders

NWAS

Positive themes:

- Great staff, always explain what they're doing and put you at ease

Negative themes:

- Late night discharge with lack of care at home, patient left in unsafe environment

Residential and care homes

Negative themes:

- Relative was unwashed and unkempt during visit
- Inconsistent testing and paperwork on arrival

Community Nursing

Positive themes:

- Excellent staff who communicate well

Negative themes:

- No referral made after routine post-op appointment when patient needed additional support

Mental health

Positive themes:

- Excellent experience with Companeros Crisis Café

Negative themes:

- New mums feeling isolated, anxious and unsupported
- Carers not able to visit relatives in hospital which is having an impact on patients' mental health

End.



HEALTH AND WELLBEING BOARD

Wednesday, 15th December 2021

REPORT TITLE:	WIRRALS PLACE-BASED PARTNERSHIP DEVELOPMENTS
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The purpose of this report is to update the Health and Wellbeing Board on the developments of Wirral’s Place-based Partnership. The Council’s ambition is from April 2022 Wirral will have a Place-based Partnership and a Wirral Integrated Provider Collective established.

The Wirral Plan 2021-25 Vision for place is the overarching strategy for Wirral’s Place-based Partnership.

The vision for the Wirral Plan 2021-26 is: Equity for People and Place: To create equity for people and place and opportunities for all to secure the best possible future for our residents, communities and businesses.

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

RECOMMENDATIONS

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 The Health and Wellbeing Board has a key role in the development and oversight of the Place-based Partnership, and regular briefings will be provided to keep the Board members informed of regional and local progress.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other governance options for Wirral's Place-based Partnership have been discounted through previous discussions with partners and the preferred model of a Joint committee with the ICB has continued to be discussed with local and regional partners to develop the arrangements ready for April 2022.
- 2.2 This report provides an update on Wirral's preferred governance arrangements to develop a Joint committee from April 2022 with Cheshire and Merseyside Integrated Care Board (ICB) to jointly drive forward and oversee local integration.

3.0 BACKGROUND INFORMATION

- 3.1 Partners across Wirral have a long history of working together to agree and deliver shared outcomes. The Wirral Place-based Partnership will be inclusive, bringing together commissioners, providers and colleagues from Social Care, Health and Voluntary Sectors.
- 3.2 Wirral's Place-based Partnership will build on the Boroughs Health and Wellbeing Strategy by developing the partnership strategy/priorities and associated outcomes for health and care across Wirral.
- 3.3 Wirral's Place-based Partnership will be responsible for the delivery of an Integrated Health and Social Care system through effective stakeholder collaboration and improved health and social care services to deliver better outcomes for the population of Wirral.
- 3.4 Officers from a range of health social care and voluntary organisations will attend Wirral's Place-based Partnership to work together to transform services across the health and social care system to deliver sustainable change with maximum benefits to communities, residents, and patients.

Integrated Care

- 3.5 Integrated care is delivering better outcomes and experiences for residents, patients and service users.

- 3.6 Integration is the combination of processes, methods and tools that facilitate integrated care. Integrated care results when the culmination of these processes directly benefits communities, patients or service users, it is by definition 'patient-centred' and population oriented.'
- 3.7 Integrated care may be judged successful if it contributes to better care experiences; improved care outcomes; delivered more cost effectively. Without integration at various levels of health systems, all aspects of health care performance can suffer.
- 3.8 Integration will involve providers collaborating, but also entail integration between commissioners, developing pooled budgets between the Council and the Integrated Care Board (ICB).
- 3.9 The Joint Commissioning arrangement and Provider Collaboratives will drive integration which can take place in a range of forms as detailed below:
- Integrated care between health services, social services, and other care providers (horizontal integration)
 - Integrated care across primary, community, hospital and tertiary care services (vertical integration)
 - Integrated care within one sector (eg, within mental health services through multi-professional teams or networks)
 - Integrated care between preventive and curative services
 - Integrated care between providers and patients to support shared decision-making and self-management
 - Integrated care between public health, population-based and patient-centred approaches to health care

Workshops

- 3.10 It was agreed that to strengthen Wirral's local partnership arrangements partners would commit to a range of workshops for Officers and Councillors. The first governance workshop was held on 14th September 2021 with Councillors, in which all 66 members were invited to discuss the future of Wirral's Place-Based Partnership.
- 3.11 A workshop was facilitated by Hill Dickinson Solicitors on the 8th of October 2021 with Senior Officers from partner organisation to develop Wirral's Place-Based Partnership arrangements. The following areas were agreed at the workshop as detailed below:
- An understanding of the requirements and expectations of the Cheshire and Merseyside Health and Care Partnership in the design of place-based arrangements and process of the appointment of a Lead for Wirral who will discharge the duties of ICB.
 - Agreement that the Wirral Plan 2021-25 Vision for place is the overarching strategy and the core principles for Wirral's Place-based Partnership (as created by the

System leads and Healthy Wirral Partnership) remain valid and appropriate. However, there is still some work to socialise such vision and principles to ensure they are fully embedded.

- Support for the Wirral Integrated Care Partnership Delivery Group to continue shaping and designing the detail of the Governance Structure aligned to the guidance and legislation.
- Confirmation that a programme of continued consultation and engagement with a diverse range of stakeholders, led by the recently mobilised fourth Workstream of Communication and Engagement, is a priority.
- A commitment by all to continue to work together to drive forward integration, joint working and new ways of working to improve outcomes for residents and partners to truly make a sustained difference.
- Partners will continue to work together to fulfil the high-level functions of Wirral's Place-based Partnership as defined by the 'Thriving Places' guidance.

3.12 A third workshop was held on the 11th of November 2021 with Senior Officers and Board Members/Chairpersons from Partner organisation to continue discussions around the governance arrangements for the Wirral's Place-based Partnership.

3.13 A fourth workshop is to be scheduled in December 2021 or January 2022 to finalise proposals for the Place-based Partnership.

3.14 Wirral's Place-based Partnership will drive a culture towards greater collaboration and joint working and build upon what partners have already worked hard to develop over the years. Governance arrangements will continue to develop over time, with the potential to develop into more formal arrangements as working relationships and trust increases.

Wirral Place-based Partnership Terms of Reference

3.15 Wirral Place-based Partnership Terms of Reference are being developed and discussed with key partners and will be brought to the next Health and Well-being Board and Public Health and Adults Social Care meeting for approval and discussion.

Wirral Plan 2021-26

3.16 The strategy for place is the Wirral Plan 2021-26 which was developed with partners building on the five thematic priorities of the previous Plan. The vision for the Wirral Plan 2021-26 is: **Equity for People and Place: To create equity for people and place and opportunities for all to secure the best possible future for our residents, communities and businesses.**

3.17 The thematic priorities for the Wirral Plan 2021-26 are:

- A thriving and inclusive economy, creating jobs and opportunities for all.

- A clean-energy, sustainable borough, leading the way in tackling the environment crisis.
- Brighter futures for all regardless of their background.
- Safe and pleasant communities that our residents are proud of.
- Healthy and active lives for all, with the right care, at the right time.

Wirral Place-based Partnership

Purpose of the Partnership

3.18 The purpose of Wirral Place-based Partnership is to provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the place-based partnership and to achieve the objectives of the Health and Wellbeing Strategy to improve the health and wellbeing of the Wirral population.

Objectives of the Partnership

- 3.19 The objectives of the Place-based Partnership are:
- To define decision-making functions for commissioning
 - To produce health and care strategy and planning at place
 - To drive population health management
 - To connect support in the community
 - To promote health and wellbeing
 - To lead activities where there is a need to work across a larger population to address issues
 - To contribute to the delivery of national expectations attached to NHS funding
- 3.20 Partners will continue to work together to develop Wirral's Place-based Partnership arrangements as defined by the 'Thriving Places' guidance. The Terms of Reference for the Place-based Partnership will be presented at the next Health and Well-being Board and Public Health and Adults Social Care meeting for approval.
- 3.21 Wirral Place-based Partnership will:
- **Recognise** the inclusiveness of the wider health and social care partnership whilst recognising the statutory and democratic roles, governance, oversight and accountability of both the ICS and individual organisation governance.
 - **Follow** the guidance given in the White Paper, ICS Design Framework, Thriving Places and Bill as to how Place-based Partnerships may operate within a system.
 - **Promote** the role Health and Wellbeing Board as the formal committee of the local authority but also providing the strategic oversight for the borough for health and well-being activities.
 - **Support** the legal view that there needs to be a clear distinction between the strategic and assurance role of the Health and Wellbeing Board from the health and care delivery functions of a Place-Based Partnership. There is a clear stance that the

Health and Wellbeing Board is not constituted to make decisions on NHS health arrangements or decisions regarding funding.

- **Provide** capacity to the Health and Wellbeing Board to continue to focus on the wider determinants whilst recognising the uniqueness of the Wirral Place Partnership Board reporting to the C&M Integrated Care Board.
- **Lead** the detailed planning and delivery discussions with the place-based model approaches in relation to all matters of Health and Social Care resources.
- **Build** on the existing Wirral system relationships which are effective and aids joint working and integration, including pooled funds.

Development Framework Self-Assessment

3.22 There are nine Local Authorities working together at Cheshire and Merseyside System level: Wirral, Warrington, Sefton, St Helens, Liverpool, Knowsley, Halton, Cheshire West & Chester and Cheshire East. Cheshire and Merseyside System required all 'Places' to self-assess against each of the domains of their partnership maturity.

3.23 On the 5th of November 2021 Simon Banks, Chief Officer, NHS Wirral CCG and Wirral Health and Care Commissioning submitted the completed Development Framework Self-Assessment to Cheshire and Merseyside System on behalf of partners in Wirral.

3.24 The self-assessment included four categories as summarised below: 1. Ambition and vision, 2. Leadership and culture, 3. Design and delivery, 4. Governance, in which partners assessed the local development against four measures: 1. Emerging, 2. Evolving, 3. Established, 4. Thriving, and the results are summarised below.

Category	Descriptor	Place assessment
1. Ambition & vision	Clarity of purpose & vision	Established
	Objectives & priorities	Established
	Population health management to address health inequalities	Established
2. Leadership & culture	Place-based leadership	Established
	Partnership working	Established
	Culture / OD / values & behaviours	Established
	Responding to the voice of our communities / public & patient engagement	Established
3. Design & delivery	Financial framework	Thriving
	Planning & delivery of integrated services	Established
	Enabler: Digital	Established
	Enabler: Estates & assets	Emerging
4. Governance	Governance	Established

Place Lead Role

- 3.25 There are a range of leadership roles that may be fulfilled at place, and they will depend on the responsibilities the Place-based Partnership has agreed to undertake together. Partnerships will have an overall lead for the place, which will likely comprise the role of convening the partnership but may also include responsibility for managing delegated statutory functions. This will typically be accompanied by other leadership roles in the partnership for defined functions or programmes of work. In many cases, leaders at place will balance multiple roles in the system.
- 3.26 It is important that the leadership roles of the Place-based Partnership are agreed and defined clearly, based on the functions and programmes of the partnership, and there is an agreed process to manage any potential conflicts of interest.
- 3.27 Those taking on a leadership role in a Place-based Partnership will be responsible for bringing together a wide range of perspectives, where mutual respect for different viewpoints and organisational sovereignty is critical to maintaining progress. These leaders will need to use facilitative leadership and personal influence to find a common vision and purpose for the partnership, and to manage disagreement constructively.
- 3.28 Wirral have requested that a Joint appointment for Place Lead be recruited in partnership between the Council and the ICB.

Establishing the New Integrated Care Board (ICB) for Merseyside and Cheshire

- 3.29 Cheshire and Merseyside Health and Care Partnership wrote to partners on 22nd October 2021 to update about the process of developing the new ICB's Constitution and engagement with system partners and stakeholders.
- 3.30 The ICB will be responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance, and ensuring partners that the right activities are focused on securing the best outcomes for our communities.
- 3.31 The ICB Constitution is heavily prescribed nationally to reflect the need for clear and consistent process on the management of NHS resources and decision making. However, specific choices are required in relation to the membership and size of the ICB including the number of executives, non-executives, and partner members.

Next Steps

- 3.32 National timescales are moving rapidly, although they remain subject to legislation.

3.33 Wirral health and social care system partners have made great progress towards the development of the Place-based Partnership, which will continue to evolve from December 2021 to April 2022 as summarised below.

Timescale	Actions
November to December 2021	Partners finalise Place Based Partnership Terms of Reference / MOU
November 2021	Completed the mandatory C&M HCP Maturity Framework (Maturity Self-assessment)
December / January 2022	Workshops – Chair of NHS Trusts, CEO’s, Members, Development and Delivery Group
February / March 2022	First informal Place Based Partnership Meeting
By March 2022	Cheshire and Merseyside ICS Model Constitution confirmed and shared
By March 2022	Agree the Section 75 arrangements and pooled budget for integrated commissioning
By March 2022	Appoint Place Lead Role
By March 2022	Health and Care Bill to be finalised
By March 2022	Agree Place Based Partnership Development Plan
March 2022	Agree timetable of Place-Based Partnership Meetings for April 2021 to March 2022
April 2022	Health and Care Bill comes into effect
April 2022	Establish Place-Based Partnership Joint decision-making committee once the new legislation permits
April 2022	Staffing Structure for Joint Commissioning with ICB commences.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report.
- 4.2 The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England’s commissioning functions. It will also be accountable for NHS spend and performance within the system.
- 4.3 Wirral’s Place-Based Partnership will commence contract model based on modelling of current and future population health and care needs with ICB.

5.0 LEGAL IMPLICATIONS

- 5.1 The Health and Care Bill, published in July 2021, sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation for health and care in England since the Health and Social Care Act 2012.
- 5.2 The Bill will allow for the establishment of Integrated Care Boards and Place-based Partnerships across England. This will be done at the same time as abolishing Clinical Commissioning Groups (CCGs). NHS England will agree ICBs' constitutions and will hold them to account for delivery.
- 5.3 A number of guidance documents issued by NHS England set out how the NHS, local authority and other partner organisations in Integrated Care System will be expected to operate from April 2022. The guidance includes functional details, particularly structural relationships, governance arrangements and duties of the new ICS.
- 5.4 The Health and Care Bill aims to support Government in doing the following:
- Promoting local collaboration.
 - Reforming the NHS Provider Selection Regime.
 - Improving accountability and enhancing public confidence in the health and care system; and
 - Delivering a range of targeted measures to support people at all stages of life.
- 5.5 At the time of producing this report in November 2021 the Health and Care Bill was still at Report stage in the House of Commons and has not yet been formally approved.
- 5.6 The statutory instruments establishing each Integrated Care System cannot be made formally until the Bill has been enacted. However, system partners are charged to preparations for the expected new arrangements, to commence in April 2022.
- 5.7 Once legislation is passed, a new NHS Framework will be shared which is likely to have impact on several policies and will need to be reviewed in due course.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The CCG staff in Wirral are directly affected by the Health and Care Bill. There are staffing implications in relation to developing the integrated commissioning team in Wirral. The Council will work in partnership NHS Wirral CCG to ensure that the new integrated commissioning team is supported throughout the transition from 2021 into April 2022 when the ICB will replace the previous CCG organisations.

6.2 Staff currently employed by CCGs will transfer to ICBs, and NHS England has made an employment commitment to staff to provide stability and minimise uncertainty.

7.0 **RELEVANT RISKS**

7.1 There is a risk associated to the timescales to ensure that all arrangements are fully agreed and implemented with local partners by 1st April 2022 to ensure Wirral's Place-based Partnership is thriving, benefiting residents, patients and people who access local health and social care services.

7.2 The Health and Care Bill has not yet been formally approved, therefore there is a risk that further changes may be published that impact upon the proposed Place-based partnership arrangements.

7.3 Arrangements to assess and share risks and gains across providers will be fully established and supported by transparency around resource availability and allocation within the place.

7.4 The Council will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.

8.0 **ENGAGEMENT/CONSULTATION**

8.1 Wirral's CEO Integrated Care Partnership Development Group and Integrated Care Partnership Delivery Group continue to meet regularly to develop Place-based Partnership arrangements. The Integrated Commissioning and Governance Project Board attended by Council and CCG Officers continues to meet monthly. Council and Health Officers from Wirral continue to engage with Cheshire and Merseyside System leads throughout the development journey to be prepared from April 2022.

8.2 Integrated Care Partnership Delivery Group continue to develop and update their communication plan to ensure that all key stakeholders are engaged and informed over the course of the development journey.

8.3 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood. Design, delivery and improvement are shaped through co-production with communities.

8.4 Resident's voice will be embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. The Council and place partners will utilise existing networks for effective reach into communities.

8.5 The Place-based Partnership will have Voluntary Sector representation, which is embedded in all elements of population planning, decision making and delivery.

Voluntary Sector intelligence and insight will be collated, including wider community feedback, to ensure the Placed Based Partnership can hear from critical voices within different communities, escalate priority issues, and take action on these issues.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment has been completed in May 2021. An Equality Impact Assessment is a tool to help public 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 Assessment will be reviewed regularly and updated in April 2022 once the Health and Care Bill has been finalised.
- 9.3 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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environmental or climate implications as a result of this report.
- 10.2 Wirral Council is committed to carrying out its work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The case for Community Wealth Building is stronger than ever, with the pandemic having a clear and significant impact on our residents, communities, and businesses. It is vital that everything we do at the Council contributes to the recovery and the development of a resilient and inclusive economy for Wirral.
- 11.2 Community Wealth Building in Wirral focusses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council will work together with partners and residents to develop the Place-based Partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

REPORT AUTHOR: Graham Hodkinson, Director of Adult Social Care and Health

Telephone: 0151 666 3650
Email: grahamhodkinson@wirral.gov.uk

APPENDICES

There are no additional appendices attached to this report.

BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- *Integration and Innovation: working together to improve health and social care for all*, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.
- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>
- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen's Speech 2021 – Background Briefing Notes, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf
- *Integrated Care Systems: Design Framework and Guidance on the Employment Commitment* (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>
- NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>
- Thriving Places - September 2021 – Found at [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)

- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership - September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)
- Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector- September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)
- Health and Care Bill (2021) <https://bills.parliament.uk/bills/3022>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Previous reports presented to Health and Wellbeing Board: <ul style="list-style-type: none"> • Health & Wellbeing Board Refreshed Purpose Integrated Care System Project Update • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments 	31st March 2021 16th June 2021 20 th July 2021 29 th September 3rd November 2021
Previous reports presented to Adult Social Care and Public Health Committee: <ul style="list-style-type: none"> • Strategic Developments in the NHS • Proposals for Integrated Care Partnership • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments 	2nd March 2021 7 th June 2021 29 th July 2021 8 th September 2021 13 th October 2021
Previous reports presented to Partnerships Committee <ul style="list-style-type: none"> • Strategic Developments in the NHS • Strategic Developments in the NHS • Strategic Developments in the NHS • Integrated Care System and Integrated Care Partnership Developments 	9th November 2020 13th January 2021 29th June 2021 28 th September 2021

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HEALTH AND WELLBEING BOARD

15 DECEMBER 2021

REPORT TITLE:	JOINT STRATEGIC NEEDS ASSESSMENT DEVELOPMENT
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

Joint Strategic Needs Assessment (JSNA) is ‘a process to identify the current and future health and wellbeing needs of a population in a local authority area’. It is a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies, and strategies that in turn informs local commissioning and service planning to improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Health and Wellbeing Boards have a statutory duty to oversee the production of a Joint Strategic Needs Assessment (Department of Health, 2013). Boards should decide the process and outputs for their local Joint Strategic Needs Assessment. The Joint Health and Wellbeing Strategy should be based on the needs identified in the Joint Strategic Needs Assessment.

The report outlines Wirral’s Joint Strategic Needs Assessment current position and workplan. It outlines the benefits of collective partnership development and use of the Joint Strategic Needs Assessment and the opportunity to align this work with the development of the Health and Wellbeing Strategy.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

(1) Provide oversight for the annual Joint Strategic Needs Assessment workplan and support the development of a workplan for 2022/23 focussed on the wider determinants of health and reducing health inequalities.

(2) Contribute to the production of the Joint Strategic Needs Assessment to ensure all partners are working collectively in Wirral using the same intelligence to support joint decision making.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure that the Joint Strategic Needs Assessment underpins the work of the Health and Wellbeing Board and shapes the development of the Health and Wellbeing Strategy.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options considered as the production of a Joint Strategic Needs Assessment is a statutory duty of the Health and Wellbeing Board.

3.0 BACKGROUND INFORMATION

- 3.1 There is a statutory duty for the Health and Wellbeing Board to produce a Joint Strategic Needs Assessment. The reasoning for this is that strategic planning for health and wellbeing is best done in partnership and based on evidence of local need. The JSNA is intended to promote joint working in local areas. The principles underlying its production are:
- No need exists in isolation. Partnership is the only solution to the big challenges.
 - A single agreed picture of true needs is essential for strategic planning.
 - A clearer picture of needs means stronger partnerships.
 - Demand is not the same as need. The JSNA helps understand the true health and wellbeing needs of the local population, including potentially marginalised groups.
- 3.2 A Joint Strategic Needs Assessment provides population health intelligence to understand the needs of the population, as well as smaller population groups within it. It assesses current and future health, care and wellbeing needs of the local community to inform local decision making. This includes wider social factors that have an impact on people's health and wellbeing, such as housing, poverty, and employment as well as a focus on behaviours which affect health such as smoking, diet and exercise. It provides a common view of health and care needs for the local community, identifies health inequalities, and provides evidence of effectiveness for different health and care interventions. It can also identify gaps in health and care services, document unmet needs and identify priority areas or key challenges for different areas.
- 3.3 Information from both national and local sources including a range of organisations such as the Council, local and regional health partners is collected and collated to inform the Joint Strategic Needs Assessment. A key factor in its production is that all organisations and sectors engage in its production to ensure that the evidence base is used to improve the health and wellbeing and outcomes of Wirral's residents. A key factor that can also be considered as part of Joint Strategic Needs Assessment development is to develop it as a 'single source of truth' where all partners working collectively in Wirral access and use the same insight to support joint decision making. The collaborative model for Joint Strategic Needs Assessment development is illustrated in Figure 1.

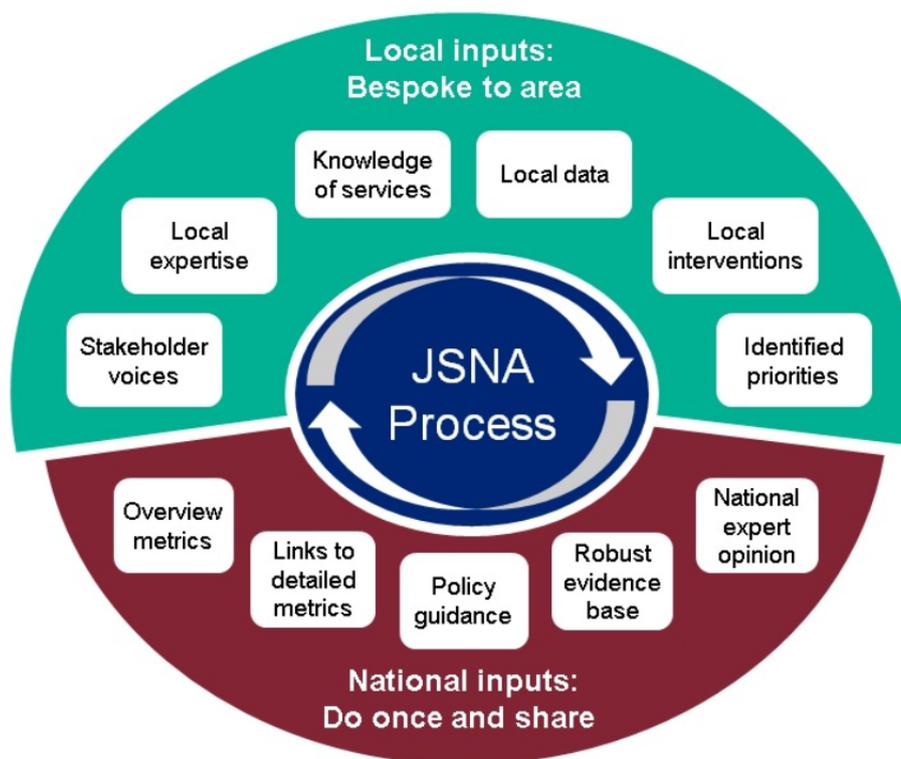


Figure 1: Collaboration Model for JSNA Development.

Source: Public Health England Guidance. 1. About the mental health and wellbeing JSNA toolkit.

- 3.4 There is no one size fits all model for a Joint Strategic Needs Assessment. The approach is designed to be flexible enough to fit with and assist local processes, capacity, and resources. Work for the Joint Strategic Needs Assessment should have an agreed scope, timescales to align with key decision-making dates, defined resources, and governance to ensure the work is signed off and utilised. The effective use of resources to produce the Joint Strategic Needs Assessment from all organisations in Wirral is crucial to ensure the right key evidence is available at the right time. The system should ensure that all commissioned insight work is aligned with the Joint Strategic Needs Assessment and available for all to use.
- 3.5 The current position of the Wirral Joint Strategic Needs Assessment is an annual workplan with a focus on identified priority areas and insight provided as an evidence base for strategic decision making. The COVID-19 Pandemic has meant that resources from all organisations that were working on building evidence bases have been diverted to other roles to manage the pandemic. This has meant that although prioritised work has been delivered there has been a reduction in updates compared to previous years. The current Joint Strategic Needs Assessment workplan 2021-22 is at Appendix 1. The Joint Strategic Needs Assessment is accessible to all through the Wirral Intelligence Service website.
- 3.6 Demand for different types of intelligence to inform decision making has evolved with increased requests for access to real time intelligence rather than historical information. Work has been underway to fulfil these requests and Intelligence Teams have improved the offer and use of digital tools to provide automation of reporting

and direct access for requestors. Specific tools include Power BI reporting and Local Insight, a mapping tool which provides reports for specific areas of Wirral. Local Insight is regularly updated and allows people to 'self-serve' to get reports themselves. This tool is used regularly as an evidence base for regeneration work including the Local Plan. Key documents that are also provided as part of the Joint Strategic Needs Assessment are the Compendium of Statistics and Mosaic a population segmentation tool useful to gain understanding of residents.

- 3.7 In addition to access to real-time intelligence there is still a requirement for more detailed intelligence. A recent example of this approach being the technical document designed to accompany the Director of Public Health's Annual Report for 2021, this provides more detailed data, intelligence, and analysis on the underlying causes of health inequalities in Wirral. The Public Health Annual Report and technical report is available on the Wirral Intelligence Service website. This intelligence will be used for future work including the development of the Health and Wellbeing Strategy.
- 3.8 The Intelligence Team have also worked with officers across the Council to enhance the use of stakeholder voice in decision making. The Council now hosts an online engagement portal 'Have your say' which collates a range of resident and stakeholder engagement. Reporting from this is accessible to all and used in key decision-making including regeneration of the borough. The site has been in place for one year and optimising its use to further develop stakeholder voice is continuing.
- 3.9 Production of a Joint Strategic Needs Assessment that is up to date and relevant remains an iterative and continuous process. Strong governance and oversight of a shared and relevant Joint Strategic Needs Assessment work programme provides an effective tool for collaborative system-based population health decision making. COVID-19 has exacerbated existing health inequalities within the Borough. Locally a working group with representation from Health and Wellbeing Board members is being established to take forward the recommendations of the 2021 Public Health Annual Report and findings from the Marmot workshop held in November 2021, to develop a local Health and Wellbeing Strategy. Use of the Joint Strategic Needs Assessment can have a direct impact on addressing the social determinants of health, the conditions in which people are born, grow, live, work and age can impact on health inequalities. It is proposed that the 2022/23 and future Joint Strategic Needs Assessment workplans are mainly focussed on the wider determinants of health to support progress in reducing health inequalities in Wirral.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Production of a Joint Strategic Needs Assessment and Health and Wellbeing Strategy shared between organisations as one single source of truth and joint strategic plan can offer financial benefits to all organisation through shared commissioning and joint service development. There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

- 5.1 Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing the Joint Strategic Needs Assessment with partners required to collaborate to understand their local community's needs, agree priorities and encourage organisations to work in a more joined up way.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Council has invested in a Programme Manager who maintains the Joint Strategic Needs Assessment workplan and works with partner agencies to develop and deliver the Joint Strategic Needs Assessment. There are also intelligence officers who work collaboratively to produce content. The Council also provides the Wirral Intelligence Service website where the Joint Strategic Needs Assessment and tools and resources are available for all to access; this approach is to assist with the development of the single source of truth model.

7.0 RELEVANT RISKS

- 7.1 The Joint Strategic Needs Assessment is a key part of the evidence base for development of a Health and Wellbeing Strategy. There is a risk that this will not be optimised if alignment of the Joint Strategic Needs Assessment with strategy development is not put in place by the board. There is a risk of failing to comply with the statutory duty to produce the Joint Strategic Needs Assessment.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Stakeholder voice is a key component of the Joint Strategic Needs Assessment. Engagement work is carried out as part of programmes of work when developing new insight to support evidence-based decision making.

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. The Joint Strategic Needs Assessment supports Wirral's strategic aims of tackling health inequalities by using qualitative and quantitative evidence to produce an action plan to address inequalities in the social determinants of health. These approaches will have a positive impact on a number of protected characteristic groups as well as those living in our more deprived communities. Any associated actions resulting from the Joint Strategic Needs Assessment may require an individual Equality Impact Assessment.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Our local environment is an important influence on health behaviours. Use of the Joint Strategic Needs Assessment can have a direct impact on addressing the social determinants of health, the conditions in which people are born, grow, live, work and age can impact on health inequalities. Health inequalities are largely preventable.

Not only is there a strong social justice case for addressing health inequalities 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.

In addition, utilisation of the environment and climate change areas of the Joint Strategic Needs Assessment the expected impact would be commissioning that builds in climate change implications to all new contracts to reduce emissions of greenhouse gases. As a result, the content and/or recommendations contained within this report are expected to reduce emissions of Greenhouse Gases

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Joint Strategic Needs Assessment is a tool that directly impacts on local community development and resilience. Insight is used by organisations and individuals to drive evidence-based decision making in the local area with a direct impact on health inequalities. This includes the voluntary, community and faith sector where Joint Strategic Needs Assessment insight is used to develop funding bids, bringing funding into the area to support local employment and local organisation and community resilience.

REPORT AUTHOR: **Julie Webster**
Director of Public Health
email: juliewebster@wirral.gov.uk

APPENDICES

Appendix 1: JSNA Work Programme 2021/22

BACKGROUND PAPERS

Health and Wellbeing Board Committee 3 November 2021 Report: Developing a Wirral Health and Wellbeing Strategy with Support from the Marmot Community Programme ([Public Pack](#))[Agenda Document for Health and Wellbeing Board, 03/11/2021 14:00 \(wirral.gov.uk\)](#)

Department of Health (2013) – Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies
[Microsoft Word - 130319 - Response to JSNA and JHWS guidance consultation \(publishing.service.gov.uk\)](#)

Public Health England – Guidance. 1. About the Mental Health and Wellbeing JSNA toolkit.
<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/1-about-the-mental-health-and-wellbeing-jsna-knowledge-guide>

The Wirral Intelligence Service Website
[Home - Wirral Intelligence Service](#)

The Public Health 2021 Annual Report
[2021 Public Health Annual Report - Wirral Intelligence Service.](#)

The Have your say engagement portal link:
[Have your say Wirral](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Appendix 1: Joint Strategic Needs Assessment - Work Programme 2021/22

<p>Tools to provide immediate access to insight</p>	<ul style="list-style-type: none"> • Wirral Community Insight • Wirral Compendium of Statistics • Wirral MOSAIC • WIS Website redesign • Life Expectancy by Trainline (Maps) • Wirral Snake Health • Population Data • Daily Wirral COVID-19 statistics • Wirral's COVID-19 Weekly Surveillance Report • COVID-19 (Data, Impacts, Response)
<p>Health and Wellbeing Board statutory work</p>	<ul style="list-style-type: none"> • 2022 – 2025 Pharmaceutical Needs Assessment (Sept 2022) (In development on behalf of the Health and Wellbeing Board)
<p>In development – to be published shortly</p>	<ul style="list-style-type: none"> • Children & Young People: Population & Demographics • Evidence Base: ADDER project • Wirral Suicide Audits (2018-2020)
<p>Completed 2021/22</p>	<ul style="list-style-type: none"> • Cancer (Cheshire & Merseyside) • PHAR Technical Document • Mental Health • Wirral Compendium of Statistics 2021 published • Life Expectancy in Wirral report published (17-19 data) • COVID-19 Mortality in Wirral (March 2021) • Wirral Mosaic Profile 2021 • Wirral Indices of Deprivation Power BI profile • Digital Exclusion Report • Special Educational Needs for Disabilities report for Wirral (comparison update) • Special Educational Needs for Disabilities report for Wirral • Older Peoples Commissioning Evidence Base • JSNA Protected Characteristics and Equality Profile - Demographics update (October 2021)
<p>Planned (resource dependent)</p>	<ul style="list-style-type: none"> • Special Educational Needs and Disabilities • Long Term Conditions • Child and Family Poverty

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HEALTH AND WELLBEING BOARD

15 DECEMBER 2021

REPORT TITLE:	HEALTH AND WELLBEING BOARD WORK PROGRAMME
REPORT OF:	DIRECTOR OF LAW & GOVERNANCE

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.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no direct implications arising from this report.

REPORT AUTHOR: Victoria Simpson
telephone: 0151 691 8271
email: danielsharples@wirral.gov.uk

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)

Council Meeting	Date

Health and Wellbeing Board Work Programme

15 December 2021

Report	Lead Officer
ADDER Project	Elspeth Anwar
Young People with Special Educational Needs	Simone White
Healthwatch	Karen Prior
Restoration and Development of NHS Services after Covid-19	Paula Cowan/Simon Banks
Integrated Care System Update	Graham Hodgkinson
CVF Business Case and Delivery Plan	CVF Reference Group/CVF Working Group

9 February 2022

Report	Lead Officer
Integrated Care System Update	Graham Hodgkinson
Sir Michael Marmot Presentation	Julie Webster
Young People with Special Educational Needs	Simone White
2019/20 Council Lifelong Learning Service Adult Education Delivery	Simone White
Early Years and Health	Simone White
Tackling Health Inequalities through Physical and Social Regeneration	Rachael Musgrave

23 March 2022

Report	Lead Officer
Wirral Pharmaceutical Needs Assessment 2022-2025 First Draft	John Highton
Integrated Care System Update	Graham Hodgkinson
Suicide Prevention	Julie Webster
CWP Community Services	Dr Faouzi Alam
Towns Fund	Wirral Community Health and Care NHS Foundation Trust/Wirral Met College
Mental Health and Emotional Wellbeing	Rachael Musgrave

FUTURE ITEMS TO BE SCHEDULED

Item	Lead Officer	Proposed Timescale
Leisure Strategy	Nicki Butterworth	
CHAMPS	Julie Webster	
Community Safety Initiatives	Mark Camborne/Julie Webster	

CCG Finances	Simon Banks	
Climate Change	Rachael Musgrave/Mark Camborne	June 2022
Implementation of the Public Health Annual Report	Rachael Musgrave	

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Officer
Healthwatch	Quarterly	Karen Prior

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Report	Lead Officer	Timescale
Community, Voluntary and Faith Sector Working Group	Nikki Jones/Rachael Musgrave	Ongoing
Community, Voluntary and Faith Sector Reference Group		Ongoing